The Mormon Psychotherapists: A Synthesis

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THE MORMON PSYCHOTHERAPISTS:
A SYNTHESIS
Genevieve De Hoyos,* Ph.D.
and Arturo De Hoyos,* Ph.D.

A WARNING BY THE AUTHORS
The writers realize the danger of trying to categorize journal articles: 1) categories have boundaries and, as such, are rigid and often inexact; 2) to be placed in set categories, articles must be grossly over-generalized; 3) perceptions are not always accurate; and 4) judgment is limited by the fact that an article cannot communicate the varied facets individuals exhibit so much better in personal interaction.

Therefore, the writers hope for mercy and generosity from those they might have offended in this article; they also hope for an opportunity to consider their feedback.

The story of the genesis of this paper may help the reader understand the feelings with which the writers have approached this synthesizing attempt. The major author, having practiced social work for a number of years, has continued providing some psychotherapy while teaching at BYU. Some of the clients she has seen have shown obvious eagerness to include Gospel principles in the therapy sessions. Eventually this became too much of a temptation and Gospel discussions developed side by side with therapeutic intervention. But having been "properly trained not to share personal feelings and opinions, not to teach, and certainly not to teach Gospel in a professional setting," she felt troubled. About two years ago, she seriously considered writing an article on her discovery that teaching simply emerges out of a conviction one has that a given model is true, is others had the same sense of ambivalence and unrest.

She discussed these feelings with her husband, and they both decided to do some research to find out if others had the same sense of ambivalence and unrest.

It was a relief to find that indeed many had. It was even more satisfying to find that many were struggling, no longer about whether or not the Gospel should be included in therapy, but about how much and how the Gospel should be integrated into the therapeutic model. And it was with grateful hearts that the authors saw their professional standing to affirm their religious beliefs and make use of them to help their fellowmen.

Again the authors would be grateful for any feedback about the classification presented here which might improve, correct, or augment its usefulness.

INTRODUCTION
Ever since Western man discovered the scientific method, science and religion have been at odds, vacillating somewhere between conflict and uneasy conciliation. The social sciences in particular, have presented some major challenges to religion, and many of today's social scientists have declared religion to be a major obstacle to objectivity and rationality; an obstacle that, they claim, must be stamped out. Similarly, professions, particularly those with a foundation in the social or behavioral sciences, seem determined to treat moral issues within a supposedly amoral frame of reference. Thus, the behavioral scientists' claim to be concerned only with measurable phenomena, is matched by the psychotherapists' claim that a value-free therapy is not only possible, but mandatory.

In such an atmosphere, it must have taken some courage for Alan Bergin, a Mormon psychologist, to openly declare his dissonance, take a stand, and announce his thesis that religious values could and should be explicitly considered not only as a valid but as a central perspective in the social sciences and the therapeutic professions. (Bergin, 1981; 1982) And as it turned out, Bergin was not alone in his feelings. Other Mormon practitioners were also expressing this same sense of dissonance.

As early as March of 1964, Mormon psychotherapists who belonged to the American Personnel and Guidance Association and wanted to share their dissonance, met as a group during the APGA meetings in San Francisco, forming the LDS Personnel and Guidance Association (LDS PGA). At that time Mormon psychotherapists declared that the LDS PGA was organized to serve as a forum where counselors who had the common bond of the principles and standards of the Church of Jesus Christ of Latter-day Saints could get together and share ideas about both religious and professional concepts and practices. (Jensen, 1978)

This association functioned for ten years as an appendix to the APGA, until it became strong enough to be reorganized independently as the Association of Mormon Counselors and Psychotherapists (AMCAP), meeting in their First Annual Convention on October 1st, 1975. That same year the association published its first issue of the AMCAP Journal. (Jensen, 1978)

Today, the AMCAP by-laws state the purpose of the association as follows:

To promote fellowship, foster communication, enhance personal and professional development, and promote a forum
for counselors and psychotherapists whose common bond is membership in and adherence to the principles and standards of the Church of Jesus Christ of Latter-day Saints, both in their personal lives and professional practice. (Jensen, 1978)

The association further encourages members to provide leadership in stemming the tide of materialism, amorality, and immorality that threatens to engulf professional organizations and society at large. And it demands that its members, who are professional counselors and psychotherapists and members of the LDS Church, be willing to declare a commitment to the principles and standards of the Church, both in their personal lives and professional practice. (Jensen, 1978)

Thus during the last decade, many Mormon psychotherapists have written and come together to discuss and resolve this sense of dissonance. Their writings typically manifest a desire to integrate their religiosity with their professional thinking. And for most of them, the dilemma no longer is whether professional psychotherapy can or should include a religious orientation, but rather, how such an orientation can be incorporated in the therapeutic process without compromising professionalism.

The present study attempts to identify the issues raised by Mormon psychotherapists and to analyze the various dimensions or directions the discussions have taken. It does so by surveying the published material found in the AMCAP Journal, the official organ of the Association of Mormon Counselors and Psychotherapists. In this paper, through content analysis, we first categorize all the journal articles in an effort to understand the concerns of Mormon psychotherapists today. Second, selecting those articles that attempt to integrate psychotherapy and religion, we try to identify the basic unresolved issues raised. And third, we propose a framework that might help resolve the ongoing debate concerning the degree to which Gospel material should be introduced in psychotherapy.

METHODOLOGY
The AMCAP Journal was first published in 1975. From 1975 through 1977, one issue was published yearly, two issues were published in 1978, three issues in 1979, and four issues each in 1980 and 1981. Ninety-one articles have appeared in these sixteen issues. However, after the preliminary content-analysis, six articles were rejected because, written by non-Mormon psychotherapists, they were considered irrelevant to our concern.

The rest of the articles (85) were then read, analyzed, and classified in terms of their format, their purpose and function, and their content so as to determine overall trends. Next, 36 articles primarily concerned with psychotherapy per se, were scrutinized in greater depth to identify the emerging patterns as Mormon psychotherapists attempt to resolve the perceived dilemma between professional expectations and the Gospel imperatives.

GENERAL TRENDS
As the 85 articles representing the views of Mormon psychotherapists in the AMCAP Journal are analyzed by format, purpose, and content, there are strong indications that the Journal is becoming not only increasingly professional but increasingly religious as well. Such atypical findings can only be explained by the peculiar ethos of Mormonism which has always encouraged the blending of education and religion, ethos which is reflected in the AMCAP by-laws.

1. Format: The 85 articles reviewed included six panel discussions 36 transcribed speeches, and 43 formal articles. Taking into consideration the time of publication, this distribution emerges:

| Format of Articles Published by AMCAP Journal, 1975-1981 |
|-----------------------------------------------|---------------|
| Panels | 15% | 3% | 7% |
| Speeches | 52% | 38% | 51% |
| Articles | 33% | 59% | 52% |

Thus during the first four years, the AMCAP Journal depended mostly on transcripts of panel discussions and speeches presented in earlier conventions. Now the trend has changed and the AMCAP Journal seems to be increasingly regarded as a good potential outlet for formal publications by psychotherapists, which attests to its professional maturity and credibility.

2. Purpose and Function: Of the 85 articles, five reported on original research, 31 were concerned with the mechanics of psychotherapy; and 49 were informational papers covering a variety of subjects. These informational papers were further subdivided into three categories: speeches by Church leaders to psychotherapists, presentations by non-therapists, and articles by psychotherapists.

| Purpose and Function of Articles Published by AMCAP Journal, 1975-1981 |
|-------------------------------------------------------|-------------|
| Informational Articles | 81% | 47% | 58% |
| By Church Leaders | 22% | 7% | 12% |
| By Non-therapists | 15% | 2% | 6% |
| By Psychotherapists | 44% | 36% | 40% |
| On Therapy | 19% | 44% | 20% |
| On Research | - | 9% | 6% |

These figures again indicate the increasing sophistication of the AMCAP Journal. That is, the more professional the Journal becomes, the less the use of general informative articles (particularly by non-professionals) and the more the concern with research and the therapeutic approaches and techniques.

The tradition of inviting a Church leader or a representative of the Church services to speak at each
AMCAP convention has persisted. And this appears to have brought about a real blending of religion and psychotherapeutic thought, with Church officials often discussing psychotherapeutic practices and the psychotherapists analyzing therapy in religious terms.

3. Content: A relatively large number of professional issues are covered in the AMCAP Journal. To make the list manageable, the contents were grouped under the following categories:

**TABLE III**
Content of Articles Published by AMCAP Journal, 1975-1981

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Gospel and People; Gospel and Psychotherapy</td>
<td>33%</td>
<td>52%</td>
</tr>
<tr>
<td>Family, Marriage, Children, etc.</td>
<td>26%</td>
<td>15%</td>
</tr>
<tr>
<td>Church Organization and People</td>
<td>7%</td>
<td>7%</td>
</tr>
<tr>
<td>Secular Psychotherapy</td>
<td>-</td>
<td>9%</td>
</tr>
<tr>
<td>History of AMCAP</td>
<td>4%</td>
<td>-</td>
</tr>
<tr>
<td>Special Areas of Interest:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental Illness/Maladjustment</td>
<td>4%</td>
<td>7%</td>
</tr>
<tr>
<td>Sexual Problems</td>
<td>7%</td>
<td>3%</td>
</tr>
<tr>
<td>The Single and Single Parents</td>
<td>11%</td>
<td>2%</td>
</tr>
<tr>
<td>Women</td>
<td>4%</td>
<td>3%</td>
</tr>
<tr>
<td>Mass Media</td>
<td>4%</td>
<td>-</td>
</tr>
<tr>
<td>Unwed Mothers</td>
<td>-</td>
<td>2%</td>
</tr>
</tbody>
</table>

This last distribution seems to indicate a growing interest, among AMCAP members, in the pursuit of the goal of integrating Gospel principles and professionalism as proposed in the by-laws.

Thus, generally speaking, there is a strong indication that AMCAP and its Journal have taken root and matured professionally. And at present, with this maturity, it is leaving behind its vague interest in a variety of narrow areas to concentrate on discussing the challenging dilemma of integrating religious thought and psychotherapeutic knowledge.

**Gospel and Psychotherapy: The Integrating Process**

Of the 36 articles dealing with the dilemma of integrating religion and psychotherapy, 35 seem to agree that such integration is legitimate for Mormon psychotherapists. Only one writer claims that his primary objective is to help his clients reach, through a rational and secular therapeutic process, whatever goals they set for themselves. Yet, even this writer admits attempting to help his female clients gain more marital freedom . . . by suggesting to them that they quote D&C Section 121 to their husband. (Hepworth, 1978)

On the other hand, the 35 articles give strong indications that Mormon psychotherapists are overwhelmingly interested in avoiding personal dissonance or compartmentalization between what they do in therapy and the religion they practice. These articles, in fact, tend to be candid attempts at explaining and justifying whatever amount of religious content the therapists introduce into their therapy sessions.

As we inductively and systematically analyze their writings, we find that Mormon psychotherapists appear to be struggling with two dilemmas. One is concerned with the goals of the client, the other is concerned with the therapeutic means used by the practitioner. To understand this further, we divided the therapists into four groups on the basis of (1) their claim that they use either secular or “Mormon” therapy, and (2) their self-perceived reaction to their clients’ goals. The following table illustrates the resulting four groups:

**TABLE IV**
Reaction to Client’s Goals and Type of Therapy Used by Mormon Psychotherapists

<table>
<thead>
<tr>
<th>Therapists’ Reaction to Clients’ Goals</th>
<th>Accept Client’s Goals</th>
<th>Challenge Client’s Goals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of Therapy</td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td>(Group I)</td>
<td>14</td>
<td>40%</td>
</tr>
<tr>
<td>“Mormon” (Group II)</td>
<td>4</td>
<td>11%</td>
</tr>
</tbody>
</table>

Of the resulting four groups of therapists, two represent opposite extremes in terms of their choice of therapy and response to clients’ values and goals. The other two groups represent a more middle-ground position. Therapists in Group I prefer secular therapy while those in Group IV prefer “Mormon” therapy. These four groups merit further analysis.

**Group I: Common Goals to be Achieved Through Secular Therapy**

Fourteen articles represent this approach in which the psychotherapist accepts his client’s goals and tries to help achieve these goals by using his secular professional skills. However, because not all of these psychotherapists felt equally satisfied with this practice, we further divided them into two groups on the basis of their satisfaction, or lack of it.

Group I-a includes ten psychotherapists who see their use of secular therapy as helping their clients attain greater comfort, happiness, righteousness and even greater perfection. For example, Thatcher describes her use of traditional social work skills to deal with the hostility and depression of LDS women (Thatcher, 1980); Ashton mentions a reality-based therapy to help teenage unmarried mothers decide about their babies (Ashton, 1979); Craig refers to learning theories to help clients discontinue masturbation (Craig, 1980); Russell writes of the Gestalt approach to help his clients reach out for perfection (Russell, 1979); and Rowley mentions an eclectic approach to help families gain more Christ-like attributes (Rowley, 1979).

The three psychotherapists in Group I-b (representing four articles, accept their clients’ goals (with the stated exception of abortion) and describe their use of secular
professional skills. However, they do not feel perfectly comfortable about it. Card mentions that he suspects that the Church does not really approve of his work although he has never been told so directly. (Card, 1975) And Broderick, the first psychotherapist in the AMCAP Journal to admit publicly his feelings of dissonance, has occasionally wondered how his bishop would react to what he does during his therapy sessions with what he calls his “messy cases.” (Broderick, 1975, 1980)

Thus Group I-a is made up of Mormon psychotherapists who, using their secular techniques, feel comfortable helping their clients make a better life for themselves. But in Group I-b we find psychotherapists who, using the same techniques, feel less comfortable because their clients do not always want what is functional for them. Apparently, these writers have not yet resolved this problem. As we will see, the three other major groups have, though not in the same manner.

Group II: Common Goals to be Attained Through “Mormon” Therapy

In four articles, three psychotherapists readily accept their clients’ general goal of gaining greater satisfaction in life. However, because the therapists operate within the assumption that when human beings violate basic Gospel principles (often unknowingly) problems emerge, they teach their clients awareness and “repentance.” For example, James D. MacArthur (MacArthur, 1981; 1981) reviews the Ellsworths’ book, Getting to Know the Real You (Ellsworth and Ellsworth, 1980), and explains how he uses this approach to help his clients get rid of the poor self-image they acquired through the conditional love they have received in their lives. Later, free from their poor self-image, these clients will be able successfully to face any of the problems that brought them to therapy in the first place.

C. Richard Chidester (Chidester, 1981) suggests that rather than teach couples to communicate their true feelings, in marriage enrichment classes, therapists should teach them to “repent” and transform their negative feelings into positive ones through understanding Warner’s theory of self-betrayal. And Jonathan M. Chamberlain refers to Alma’s experience to create a modified form of implosive therapy to bring about a desire to change in some of his clients. (Chamberlain, 1979)

Thus, the writers in Group II have resolved their sense of dissonance by becoming teachers of models which might bring changes in the way the client sees himself, his problems, and life in general. Understanding a model and applying it in his personal life, the client might now solve his problems with minimum help.

Group III: Dissonant Goals to be Aligned Through Rational Teaching of Gospel Values and to be Achieved Through Secular Therapy

Two of the eight articles in this group are written by Allen E. Bergin who advocates the policy of making explicit one’s values. (Bergin, 1980; 1981) Two other writers who work with LDS clients wholeheartedly support this policy. (Heaps, 1980; Brower, 1981)

Working with non-Mormons does not seem to be considered an impediment by this group. But one writer suggests caution, when the psychotherapist exposes, influences, persuades (but never imposes) his clients with his Mormon values. (E. Wayne Wright, 1980) Other therapists are bolder. James C. Hurst, after going through the trauma of one of his young clients choosing abortion as a solution to her problem, expresses his strong feeling that goal confrontation is part of good psychotherapy as it brings values of both parties into the open. (Hurst, 1981) And Madsen and Millet, basing themselves on the doctrine that everyone on earth has received the light of Christ, make the statement that it is the responsibility of the therapist to teach to both Mormons and non-Mormons appropriate values and goals, such as Joseph Smith’s eternalism. (Madsen and Millet, 1981; Millet and Madsen, 1981)

These psychotherapists appear to be different from those in Group II in that they are not using some new “Mormon” therapy. Instead, they suggest that any legitimate therapeutic approach can be enhanced by the teaching of Mormon values to any and all clients. They are also different from Group IV in that they are primarily rational in their approach.

Group IV: Dissonant Goals to be Aligned and Achieved Through Teaching and Preaching

Everyone in this last group unabashedly states being involved in providing Gospel-centered counseling. But while some insist that teaching the Gospel is the best therapy because it solves all problems, others emphasize the need for the therapist to be Christ-like. Because of these different emphases, we have also divided Group IV into two sub-groups.

In Group IV-a we have placed those psychotherapists who mentioned teaching the Gospel to their clients as being the most effective of all therapies: for example, James Cox who has developed a formula of prayer, (Cox, 1981) Gilbert W. Hull who suggests that clients be helped to become one with the Lord and with their fellowmen, (Hull, 1981) and Burton C. Kelly who admits sometimes referring to the scriptures in his therapy sessions to teach his clients the words of Christ. (Kelly, 1979, 1980, 1981)

In Group IV-b, the focus is more on the character of the therapist than on the relationship between therapist and client. Four writers fall in this category, all agreeing that the good therapist must be Christ-like. Richard D. Berrett, after confessing that he used to be a rational therapist, now suggests that the independent variable in psychotherapy outcome is the character of the therapist. (Berrett, 1981) Bergin draws the same conclusion after doing a thorough and objective review of the literature. (Bergin, 1981) Quinn Gardner agrees, (Gardner, 1979) and Howard Wagstaff adds that a good therapist can fast, pray, and seek inspiration on behalf of his clients. (Wagstaff, 1981)

Thus both subgroups in Group IV see good therapy in terms of the Gospel, but while one subgroup emphasizes the need for the therapist to become Christ-like, the other emphasizes the need for the therapist to know the Gospel and to teach it.

So far in this study, we have attempted to classify 35
different statements or discussions on psychotherapy published in the *AMCAP Journal*. Cautiously and inductively, and using goals and means as the analytical framework, we arrived at four basic groupings.

While a number of Mormon therapists (*Group I-a*) have achieved great satisfaction using their therapeutic skills to help their clients improve their quality of life in all areas, including the spiritual one, others (*Group I-b*) have at least some reservations.

Others feel even more dissonance. To resolve it, a few (*Group II*) have developed their own “Mormon” therapeutic approaches; others (*Group III*) have blended teaching and psychotherapy so as to share their personal values and goals with their clients. And still others (*Group IV*) suggest that the therapists become Christ-like and teach the Gospel, the source of all healing.

Such diversity of responses to the perceived dilemma is interesting and warrants further investigation.

**General Trends among Mormon Psychotherapists**

To better understand the factors related to this diversity of response among Mormon psychotherapists, we decided to divide the writers into two groups: (1) those who expressed a lesser need to include the gospel in their psychotherapy; and (2) those who expressed a greater need to use the gospel as a therapeutic tool. Then we compared these two groups in terms of their professional background and training, the Church-orientation of their work setting, and the date of their published contributions. This comparison is shown in Table V.

![Table V](image)

<table>
<thead>
<tr>
<th>Reported Need to use Gospel in therapy</th>
<th>Academic Degree</th>
<th>Work Setting</th>
<th>Year of Publication</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lesser need</td>
<td>Ph.D. 40% Other 10% Unknown 80%</td>
<td>LDS 60% Non-LDS 20%</td>
<td>1977 20% 1978 30% 1981 50%</td>
</tr>
<tr>
<td>Greater need</td>
<td>80% 20% 10%</td>
<td>1980 13% 21% 58%</td>
<td></td>
</tr>
</tbody>
</table>

This table, beginning at the bottom, indicates that: (1) Apparently it has become progressively easier for Mormon psychotherapists to write about their need to use the Gospel. (2) Introducing Gospel principles into therapy is done by professionals working not only in LDS settings but in non-LDS settings as well. (3) And this need tends to be expressed by psychotherapists with higher degrees and high professional prestige.

On this basis, one cannot simply dismiss the phenomenon of introducing Gospel principles into the therapy setting as the work of low-level psychotherapists working in LDS settings. In fact, 80% of those who express the need and/or admit introducing Gospel principles into their therapy, have a Ph.D. degree or its equivalent, and only 60% of them work in LDS settings. It should also be noted that three past presidents of AMCAP and a number of its officers claim they have been using Gospel principles in their therapy. All this almost suggests that when a few high-level, high-powered, well-known Mormon professionals dared to express their feelings that the Gospel could add a great deal to psychotherapy for both Mormon and non-Mormon clients, those who had privately resolved their sense of dissonance by using gospel principles in their practice were able to come out of the closet so to speak.

**To Summarize**

Briefly, in this survey of the *AMCAP Journal*, we have found (1) that the Journal has become increasingly sophisticated, respected, and credible, as well as increasingly Gospel-oriented; (2) that Mormon psychotherapists are increasingly voicing their sense of dissonance and increasingly solving this dissonance by introducing Gospel principles into their therapeutic practice; and (3) that this desire to blend secular and Gospel practices is initiated by the AMCAP leadership and other very reputable Mormon psychotherapists working in LDS and non-LDS settings.

Thus, we might conclude here that AMCAP is serving its purpose well: it is clearly fulfilling its stated purpose of providing a forum where Mormon therapists can share and integrate their professional and religious concerns.

But because not all Mormon psychotherapists agree, the dilemma for some is still a challenge. In fact Bergin, in an AMCAP Newsletter editorial dated January 1981, comments on the highly emotional reactions (both positive and negative) to the Madsen-Millet workshop on Gospel psychotherapy presented at the preceding Fall convention. Then he restates his perception of the issue and of the dichotomized alternatives proposed by the Mormon therapists in attendance:

I believe that divergent views concerning the primacy of religion versus profession in guiding our therapeutic work is the main issue. Some feel that religious concepts and practices should be at the very core of our theories and techniques; others prefer to keep profession and religion more separate. Some feel that in the psychological realm, the gospel is the ultimate and last word; whereas others believe that behavioral science is the key to understanding. Many others are in between these extremes. (Bergin, 1981)

Bergin cautions against premature judgment until a
viable coordination of Gospel and professional approaches can be attained. Meanwhile he insightfully recognizes that change is in the air, and that this change may be threatening the professional identity of some practitioners.

What is rather puzzling about this is that, at least as far as the AMCAP Journal is concerned, the upsurge of non-mainstream approaches appears to be directed against a relatively middle-of-the-road approach. (Group III) What do these same people say when they listen to the words coming out of Group IV?

A Possible Resolution of the Dilemma

One might try to solve the dilemma at hand by first understanding what expectations ecclesiastical leaders have of Mormon psychotherapists. Then, one might use a Gospel framework that could help clarify what the true alternatives are.

1. Church Leaders' Expectations of Mormon Psychotherapists: Eight articles selected as representing the thinking of our Church leaders provide us with three distinct messages. Psychotherapists, we are told, are expected:

   a. To live by and be actively involved in the Gospel. We must love our family and put our homes in order because, Elder James E. Faust reminds us, the family makes people. (Faust, 1981) We must always put the Gospel and inspiration through the Holy Ghost above professionalism, we are told by Elder Vaughn J. Featherstone. (Featherstone, 1980) And Elder Neal A. Maxwell encourages us to help our clients understand the deep things of God.

   b. To bring our clients to repentance. As evil sweeps the world, warns Hartman Rector, Jr., sinners must not be allowed to fill the Church and force the Lord to disown it. Therefore, the primary responsibility of psychotherapists is to teach obedience and repentance and to send people to their bishops to get clean. (Rector, Jr., 1978) Victor Brown, Jr., speaking more as an ecclesiastical leader than as a therapist, takes a similar position. He feels that bishops and therapists must learn to work together. But he sees therapists as having a legitimate role as they help clients go through therapeutic guilt and redemption, with the ultimate goal of sending them to their bishop. (Brown, Jr., 1975) Bishop Vaughn J. Featherstone, in a second article, recommends that therapists do not compromise with sin, but help their clients repent and go to their bishop. (Featherstone, 1975) Finally, Henry B. Eyring suggests that, as the crises of the last days hit, good, strong people are becoming stronger while weak people are falling through. The latter will require increasing help from both therapists and bishops who must learn to work together. Therefore, therapists must combine the concepts of sin, guilt, and repentance with their counseling techniques. (Eyring, 1976)

   c. To help clients acquire traditional values. In a very interesting talk, Elder L. Tom Perry reviews his youth showing how he learned from his parents such values as Gospel, family, honesty, industry, service, love of education, etc. However, many who are joining the Church today are not part of a traditional family and have not learned traditional values. Mormon therapists must help these people gain those values since therapists outside of the Church might encourage these new members to go back to their old ways. (Perry, 1981)

From these talks we see that, besides saving ourselves and our families, we are expected to be good stewards over our fellow members, helping them acquire the traditional Church and Gospel values, and helping them go through the steps of repentance, by putting the Gospel ahead of our professionalism.

Our professional training has not prepared us at all for such expectations. In fact, most of these expectations do violence to traditional professional ethics: most of us have been specifically taught not to mix religion and psychotherapy, not to be directive, and not to be judgmental. It follows then, that the only way we can even attempt integrating such demands is by accepting and using a Gospel-based framework.

2. Three Realms and Three Types of Therapy: The scriptures indicate that, here on earth, all of us are free to follow Satan and join a telestial-like realm; free to follow the wisdom of the world and join a terrestrial-like realm; and free to follow the Lord and His gospel and join a celestial-like realm.

The telestial-like realm is under the direction of Satan. It entices to sin and then to sin again to escape the consequences of the first sin. There is no true happiness in this realm, and, except for the few who yield power, there is much exploitation and pain.

The terrestrial-like realm is under the direction of the wisdom of man. It is typically based on some version of the Mosaic law mixed with reason and logic. At its best it can bring satisfaction and even some happiness. Lately, however, this terrestrial realm has come under a destructive attack by the telestial realm, bringing sin and affliction everywhere. In time, the terrestrial-like realm will dwindle and disappear leaving the telestial and the celestial battling it out until the Lord comes again.

The celestial-like realm is probably limited to a few individuals, a few families, and a few groups who are totally involved in trying to live the Gospel at all times and at all costs. Though often persecuted here on earth, these few can gain peace as they anticipate the joy they will receive as they enter their reward.

Each of these realms provides its own type of psychotherapists. Thus, the telestial therapist encourages his client to believe that he can gain happiness in sin. He helps a gay couple to make a more satisfactory adjustment; he helps an adulterer make plans to better fulfill his own selfish needs, while spreading pain all around him; he supports a young unmarried mother as she seeks an abortion, etc.

The terrestrial therapist is much more professional and responsible. He is aware of the fact that his client cannot violate with impunity the values of his community, family, and friends. Therefore, he helps him develop awareness about the reality he is dealing with, and helps him change his attitudes and behavior so that he may live in peace among his fellowmen. And he does this with acceptance and a non-judgmental attitude.

The celestial therapist, who is still a scarce commodity, is primarily concerned with the eternal salvation of his
client. It is his job, under inspiration, to influence, persuade, teach but never coerce; to reprove sharply then showing increased love, (D&C 121: 41-44) until the client has become one with Gospel principles, one with the therapist, and one with God.

3. The Development of a Mormon Psychotherapy. Now let us fit these three types of therapists to the expectations of our ecclesiastical authorities.

a. We have been told to live by and be actively involved in the Gospel. If we do so, we are promised the constant companionship of the Holy Ghost which is revelation. Then we will be able to wear two hats and use our therapeutic (terrestrial) skills when it is proper, and use our teaching (celestial) skills when it is proper.

b. We have been told to bring our clients to repentance. Through the ages, church leaders everywhere have functioned as the primary celestial therapists, teaching and calling people to repentance. But celestial therapists know that they are successful only with those who are willing and psychologically able to repent, those who have a good foothold in the terrestrial realm. And yet these men know also that those who are not ready cannot simply be abandoned. They need to be helped to grow and mature first.

In fact, for at least forty years now general authorities, stake presidents, and bishops have expected Mormon psychotherapists to work with those who could not repent yet. And for as many years, programs have been established within the Church through which priesthood leaders have gained some of our professional skills so as to avoid pushing too hard and hurting those they work with.

Therapists, like the bishops (but coming from the other end) should make a point of acquiring both types of skills so as to join forces with priesthood leaders, and help save souls.

c. And now we are told to help our clients acquire traditional values. More recently, our worldwide Church is facing the fact that many new members (and a few old ones) are burdened by a telestial background. To achieve unity of faith, we are now faced with the responsibility of using both our terrestrial and celestial therapeutic skills to help our fellow members with perhaps the most difficult assignment of all: changing values.

This can be done only if we use all our knowledge, both our religious understandings and our professional know-how, so that we may identify the real issues and the real problems, and be able and willing to play both the role of therapist and the role of teacher as the situation demands.

As we add celestial skills to our terrestrial professional skills, we will no longer argue whether our Group I is more professional than our Group IV, or our Groups II and III. We will all know that it depends on the type of clientele we happen to be working with at this particular time, on their degree of concern with spiritual well-being, and on our own ability to work with the Spirit.

And as we continue sharing our ideas, feelings, and learning experiences, we will be able to understand, conceptualize, structure, and monitor celestial skills until we become, as a group, the most effective psychotherapists in the world.

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