Telestial, Terrestrial, and Celestial Therapy: A Mormon Therapeutic Model

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TELESTIAL, TERRESTRIAL,
AND CELESTIAL THERAPY:
A MORMON THERAPEUTIC MODEL

Genevieve De Hoyos, Ph.D.

For a number of years now, the AMCAP Journal and the AMCAP conferences have served as an arena within which many Mormon counselors and psychotherapists try to work out their sense of dissonance as they try to integrate their professional and religious lives. Having felt a similar sense of dissonance through much of my life, I share the concerns of my fellow professionals.

The primary purpose of this paper is to share my own personal resolution. Before doing this, however, I will provide a framework within which my sharing will have meaning. Therefore, in this paper I will first present the results of a brief, informal survey of the AMCAP Journal, in order to identify the various ways in which Mormon counselors and psychotherapists appear to integrate their professional and religious roles. Second, I will discuss my own struggles to resolve my sense of dissonance and will also present and analyze a model which has eventually helped me to reconcile my profession to my religion.

Patterns in Sacred/Secular Dissonance Resolution
Among AMCAP Writers

An earlier and more thorough analysis of the AMCAP Journal (De Hoyos and De Hoyos, July 1982) identified, among other trends, that many Mormon counselors and psychotherapists are using the Journal and the conferences to reconcile their secular knowledge with their sacred knowledge.

To gain a greater understanding of precisely how Mormon counselors and psychotherapists resolve their sense of dissonance, in this updated survey I will review briefly all the AMCAP articles that deal primarily with therapeutic issues. I will tentatively divide the authors
of such articles into three major groups: (1) the rather small group of AMCAP writers who take a secular approach when discussing therapeutic issues; (2) the larger group of AMCAP writers made up of those who attempt, in diverse and unique ways, to integrate their sacred and secular thinking; and (3) the group who have opted to give primacy to the gospel. Let us now look at these three groups.

The purpose of the first part of the paper is simply to provide a framework for the second part; the categories do not have intrinsic value. They were devised only to identify some basic patterns that are later used as a tentative frame of reference for the second part of the paper which constitutes the main thesis. Therefore, placement in a given category must not be seen as a definitive position of the authors involved, but rather as a suggestion of a pattern.

**AMCAP Writers Who Use the Secular Approach**

Articles are included in this group when they are concerned with some aspect of therapy and when the approach is primarily secular. Only four articles are found in this category.

One of these (Pearson, 1980, April) suggests the use of clinical humor as a therapeutic technique. Another (Scoresby, 1979, February) discusses family systems therapy. Still another (Lambert, 1981, April) evaluates the effects of cognitive therapy on certain types of depression. The last one (Hoopes and Barlow, 1980, April) presents an eight-week structured group treatment for divorce and death adjustment. Each of these articles is written in a primarily rational, nonreligious style, using the *AMCAP Journal* as any other professional journal.

Of course, that these writers make no mention of religion obviously cannot be interpreted as a lack of interest in reconciling their sacred with their secular thoughts. It simply means that, in this particular presentation, they did not choose to discuss their sense of dissonance. This is made clear by the fact that several of these writers are equally adept in the secular, in the sacred, and in their ability to blend the two.

**AMCAP Writers Who Want to Integrate the Sacred and the Secular**

The AMCAP writers included here have chosen neither totally the secular over the sacred, nor the sacred over the secular. Rather, their papers are attempting to establish some degree of integration between the two.
Within this group, four different types of integration can be identified:

1. Using Secular Therapies to Achieve Church-Approved Goals

   Here I include a few AMCAP writers who share their concern that, occasionally, clients seek help to achieve goals which are inimical to Mormon beliefs.

   Obviously, it is mostly while working with non-LDS clients that value conflicts emerge. Card admits that he has simply opted to respect his clients' goals, whatever these are (1975, October). Others have opted for exactly the opposite. Hurst (1981, April) feels that therapists need to make clear their personal values to their clients, because doing so enhances the quality of the therapeutic relationship and intervention. Others go even further. Brown (1975, October) states that homosexuality demands what he calls "therapeutic guilt," the guilt which brings change. Similarly, because Madsen and Millet (1981, April) believe that sin brings pain and that all people have access to the Spirit of Christ, they make a point of teaching righteous principles to any client who comes to them with unacceptable goals.

   Broderick (1975, October) is in between these two positions. He estimates that only about two percent of his clientele come with goals that he cannot quite espouse. He draws the line at abortion, but he tries to work with everything else. However, he considers issues very carefully as he tries to make the very best decisions he can.

   Thus some AMCAP writers are concerned that, occasionally at least, clients bring to therapy goals which are not consonant with LDS beliefs. They all admit feeling dissonance when this occurs, but the ways they choose to resolve this dissonance appear to be quite different.

2. "Mormonizing" Secular Models

   In this subgroup, we find a few AMCAP writers who follow a very common practice in order to avoid feelings of dissonance. They have studied a particular model and have found it attractive. By ignoring inimical assumptions, or emphasizing a few specific aspects of the gospel, they integrate this secular model into their religious thinking. Now they are at peace, feeling secure that their work reflects both good secular therapy and gospel thinking.

   For example, Tanner (1979, June) and Berrett (1979, October) advocate the use of cognitive therapies. Russell (1979, October) advocates Gestalt therapy. And Morris (1980, July) advocates an eclectic approach which includes Existentialism, Frankl, Jourard, and
Glasser. They all express their feeling that the model of their choice fits comfortably within gospel thought.

Others (like Brown and Cowley, 1977, Spring) make their secular models more comfortable by introducing into them some gospel-oriented content. This is what Probst (1981, January) does when she demonstrates that religious imagery reduces mild depression. It is also what Chamberlain (1979, June) does when he uses a "mormonized" version of implosive therapy and takes his clients "to hell and back" in the process of helping them abandon self-destructive behavior. I find the book reviews of Raynes the most fascinating. In her reviews she analyzes recent books to gain new models (1985, March) and new ideas on how to integrate the sacred and the secular (1985, November).

So, quite a few AMCAP writers "mormonize" their secular thinking, a practice that many of us participate in, to justify their favorite theoretical and therapeutic models.

3. Blending Secular Therapies with the Gospel

Many AMCAP writers do their best to blend the sacred and the secular. Just to name a few, Hull (1981, July) informs us that, in the military, chaplains are men of faith who are equally prepared in religious and secular training. Rowley (1979, February) uses an eclectic approach, seeking not only to restore families but to develop Christlike attributes within family members. When Broderick (1980, January) shares some real cases out of his marital counseling practice, when Allred and Smith (1975, October) discuss their techniques to make a good marriage better, or when Ashton (1979, June) tells us about his work with unwed mothers, we all can feel that their gospel orientation transcends and directs their professional lives.

Thus we can tentatively conclude that a large number of Mormon counselors and psychotherapists attempt to integrate the sacred and the secular without necessarily giving up their secular therapeutic goals and skills.

4. Placing the Gospel at the "Hub of the Wheel"

This last subgroup is made up of two writers who, after deciding to place the gospel at the center of their work, appear to have some problems feeling good about secular models. They stand in between those who seek to integrate the sacred with the secular and those who give full priority to the gospel.

Madsen and Millet (1981, April) take up President Jeffrey Holland's challenge to place the gospel at the hub of the wheel, arranging secular disciplines around it, as spokes. When they do this, however, they find
that the traditional theoretical and therapeutic models of the world
do not fit with the gospel model, because they are either too deter­
ministic or too humanistic. Yet, not wanting to openly advocate dropping all secular models, they simply suggest that therapists add to their therapeutic intervention the teaching of God and of eternalism (1981).

Apparently, then, most AMCAP writers want to integrate the sacred and the secular. And they do so through helping clients achieve Church-approved goals, through “mormonizing” their own secular models, through blending their secular therapies with the gospel, and/or through adding the teaching of gospel principles to their therapeutic skills.

In so doing, some AMCAP writers are seeking a theoretical resolution while others want a therapeutic resolution as well. That is, some are primarily concerned with being sure that their secular theoretical approaches do indeed reflect their religious convictions. But some actually introduce gospel content in their practice. Of course, those who do are typically working with the LDS population. Yet it is interesting to note that they introduce at least a few aspects of the gospel into their therapy even with non-LDS.

AMCAP Writers Who Give Priority to the Gospel

No longer committed to secular models, some AMCAP writers have turned to the gospel as the source of all wisdom. While all within this category share this position, these writers do not yet present a united front, and, so far, they can be divided into two subgroups: (1) those who are using specific gospel material to help clients resolve problems and (2) those who have become interested in creating new rational models primarily based on gospel-thinking.

1. Using Gospel Material in Therapy

A number of AMCAP writers seem to have resolved their dissonance simply by giving priority to the gospel in their professional thinking and practice. This thinking leads them to believe that the best therapies are those that are based on the gospel (Bennion, 1983, April) and that the best therapists are those who live by the gospel (Berrett, 1981, January; Wagstaff, 1981, October; Voros, 1979, October). It leads Cox (1981, July) and Brower (1981, October) to develop models through which clients can understand how to receive personal revelation. And it leads Kelly to suggest that, because scriptural insights facilitate behavior change (1980, July), clients can best solve their problems through “feasting upon the words of Christ” (1981, June).
This view is often supported by visiting General Authorities as they suggest that the gospel can help build strong families (Hanks, 1985, March), can help maintain good mental health (Pinegar, 1983, October), can make therapists better therapists (Kikuchi, 1982, April; Featherstone, 1975, October; Faust, 1981, January), and can make good therapy even better (Fyans, 1985, March; Rector, 1976, Fall; Featherstone, 1980, July), because good therapy must bring clients to obedience and repentance (Rector, 1976, Fall), as well as to the gospel (Maxwell, 1979, February).

2. Creating New Gospel-Based Theoretical and Therapeutic Models

In the past few years, through the AMCAP Journal, two Mormon models have been publicized. One is primarily a therapeutic model, based on a specific gospel principle. The other was originally developed as a theory.

The first model was published as a book (Getting to Know the Real You, written by Sterling G. and Richard G. Ellsworth, Deseret Book, 1981, and reviewed by James D. MacArthur, 1981, July). This model suggests that clients can gain some self-confidence simply by remembering the very special position they enjoyed in the first estate. With renewed awareness of their previous status as children of God in the premortal existence, they can be helped to see that their poor self-image is only a temporary result of their suffering from love deprivation here on earth.

The second model, the theory of self-betrayal, was developed by C. Terry Warner (1982, April; 1983, April) who, along with others, is currently implementing it (Warner and Olson, 1984, January; Chidester, 1981, April) and testing it (Brower, 1982, April). This theory of self-betrayal is very obviously based on a central theme in the gospel, as it suggests the need to repent, the need for a change of heart. But is presented in such a rational and sophisticated way that apparently it has been well received by both Mormons and non-Mormons. This theory certainly adds an interesting dimension to our therapeutic thinking, a dimension which can be quite useful, particularly with clients who desire to change.

As increasingly better Mormon theories and psychotherapies are being developed, the gospel will truly be where it should be: at the center of our secular and sacred thinking.

In summary, this brief review of the AMCAP Journal tells us that while a few AMCAP writers can (at least occasionally) feel comfortable with their secular theoretical and therapeutic models, most Mormon counselors and psychotherapists feel at least some degree of dissonance...
between their religious and secular understandings. They try to resolve this dissonance through:

1. using their secular therapies to achieve Church-approved goals;
2. "mormonizing" their secular models;
3. blending their secular therapies with the spirit of the gospel;
4. placing the gospel at the "hub of the wheel" and secular therapies as the spokes;
5. adding the teaching of true gospel principles to secular psychotherapy; and/or
6. creating new gospel-based theoretical and therapeutic models.

These six resolutions obviously are not mutually exclusive. In fact, some of the AMCAP writers are mentioned in more than one category. Rather, these resolutions can be seen as a sequence through which our sacred-secular dissonance can eventually be totally resolved.

The second part of this paper will, I hope, provide some insight into this resolution.

My Personal Sacred/Secular Dissonance Resolution

As I review the six previously mentioned resolutions, they all look extremely familiar to me. And this is very obviously because they were stages in the process of reaching a final resolution of my own dissonance.

Going through the Stages of Dissonance Resolution

I remember going through at least five of the six stages in my process of dissonance resolution. The only stage I skipped was the first one. This is because when I first started in social work the moral values of non-Mormons were not as different from Mormon values as they are today; and later, when I returned to social work practice, after teaching college for a number of years, I worked with only LDS clients.

On the other hand, early in graduate school, and throughout my early teaching career, I became an expert at "mormonizing" secular models. Only years later, after a serious religious recommitment, did I start blending my secular therapy with the spirit of the gospel. After that, things proceeded quite fast. Soon, I placed the gospel at the hub of my psychotherapy, forcing me to add teaching gospel principles to my therapeutic skills. And suddenly I found that, somehow, my psychotherapy was being guided by an emerging model.
"Mormonizing" Secular Models

When in the late fifties I attended Michigan State University, I felt proud of completing my MSW degree and proud of my new understanding of human personality and behavior through totally secular models. But occasional twinges of dissonance forced me to reexamine some secular models and make them fit my Mormon ethos. At that time, most social workers were trained within the neo-Freudian tradition. It was easy for me to dismiss Freud and his emphasis on sexual adjustment while accepting his central explanation of neuroticisms by transforming his concept of the Id into the LDS concept of the natural man. The rest I could accept as providing me with very special insights into the effects of the "sins of the fathers" on new spirits coming to earth. Many times I wondered about the nature of mental illness and its connection with evil spirits. But this type of thinking was not rational and professional enough, and for many years, it became compartmentalized out. The medical model fitted my belief in the need for repentance and change. And so I was satisfied for a number of years.

It was shortly after getting a Ph.D. in sociology from Indiana University that I started doubting the real value of "mormonizing" secular models. Personally influenced by Albert K. Cohen (the author of Delinquent Boys) and by the writings of Talcott Parsons, I chose structural-functionalism as a major theoretical model. Of course, I "mormonized" it. I felt internally consistent, even though, at that time, the conflict school and the open systems approach had been adopted by the rebellious youth of the sixties. I might have been out of step with society, but I was not, I felt, out of step with the Church or the gospel.

However, when I started teaching sociological theories at BYU, I found that my colleagues also had "mormonized" their preferred theory. One of them was explaining conflict theory as the reality of life according to Satan's promise to make this earth his complete dominion. Another explained his choice of the open systems theory in terms of Lorenzo Snow's idea about the process of becoming gods.

Eventually I returned to social work and found that many Mormon psychotherapists had also chosen one therapy in preference to all others. And they all justified their choice through careful "mormonizing" of their favorite model. Thus I have heard advocates of such diverse theories as behaviorism, humanism, cognitive theory, the Gestalt approach, and a few others all claiming that their favorite model provides the "best" explanation of our gospel reality.
Because of this diversity of claimed Mormon-fitting theories, for a few years now, this approach to bringing together secular and religious thinking has lost its attractiveness to me. Yet in teaching, it is still not beyond me to rationalize my favorite models and explain them in terms of the gospel. I am fair enough to admit that in doing so, I am “mormonizing” the models, that is, distorting them enough that they do fit the gospel.

**Blending Secular Therapies with the Spirit of the Gospel**

One day, in Salt Lake, in a committee meeting, I heard Margaret Hoopes share that when she first came to BYU to teach she wanted to help students. Therefore, she prayed that students would come to her with their problems. And they came. I was very impressed. In fact, I was ready for such a message. So I also prayed, and they also came! Of course, this also led me to pray for my clients and for me to be inspired in my intervention with them. And I felt I was! This, little by little, led me to placing the gospel at the hub of the wheel, and to teaching true gospel principles. Eventually, I realized that I had developed my own gospel-oriented therapeutic model.

**Developing a Mormon Therapeutic Model: Telestial, Terrestreal, and Celesttal Therapy**

For years now, I have been working with a small number of students (students from our own department, their roommates or friends) and an occasional ward member. I invite some, and others come by themselves, are referred, or are somehow brought to my door. I do not charge them, and I tend to meet with them around two hours, simply because after an hour I feel that we are in the middle of something that will take another hour to resolve properly.

My clients come with all types of problems: scholastic problems, a bad roommate situation, loneliness, relationship problems, marital problems, unresolved feelings about a difficult childhood, etc., etc.

I typically see my clients for a semester or two, although some students have kept in touch with me for years, often until they move or get married. And I am very grateful to them, because it is through them I have developed my personal gospel-oriented therapeutic model.

**My Terrestrial Therapy**

Having been trained in the neo-Freudian tradition, I generally listen to ongoing problems, react to these problems with warmth and
acceptance, and look for patterns as I try to identify the locus of the problem. Because I have been trained to see present issues as related to past problematic relationships, I often probe into my clients' pasts to help them develop insight. This insight then can help them develop some power over their typical, set, "blind" reactions to the faulty perceptions they may have acquired in their painful past. But I tend to be quite present-oriented; I do not dwell on the past. I would rather concentrate on problem solving, serve as a reality check, and help clients identify their alternatives so they can make rational decisions.

However, I feel that through the years my style has changed. First, like most social workers, I have become more concerned with my clients' systemic adjustment. Second, after discovering that many people have never learned rational decision-making, I have adopted some of the techniques of cognitive therapy. Also, because a large percentage of people I see have taken at least one of my classes, and because I am more rational than emotional, I feel less reluctance occasionally to teach basic behavior principles through models that I have learned in social-psychology or sociology, as well as in social work. And because I am visual, I have developed the habit of using pen and paper to describe, graphically and very pragmatically, the patterns I identify in my clients' behavior. It helps me to figure out my clients' issues, and it helps them visualize their repetitive patterns of dysfunctional behavior. I have decided that for me the best therapy is one that blends the emotional and the rational. I see myself as eclectic, primarily using a blend of three therapeutic approaches (the neo-Freudian, the cognitive, and the ecological) with an occasional teaching of models.

Toward My Celestial Therapy

I was not alarmed by these "rational" changes because my dual role of teacher and social worker to many of my clients justified them. But the renewed commitment that I have made in my private life, to God and to the gospel led me to want to serve my fellow-beings, pray for them and for myself, so as to be more able to help in the way He wanted me to help. I gradually became more sensitive, more aware of my clients' pain. When in a session they tried to reconcile their view of God with what was going on in their lives, I used scriptures. And since the great majority of my clients were women, I learned to reach out to them, touch their arms, and when appropriate, hug them.

This becoming more emotional at first worried me. I had always prided myself for my professionalism, my rationality, and I had seen
this as a major asset in my work with clients. But soon I convinced
myself that I still was therapeutically rational when helping my clients
resolve some of their religious hang-ups. The fact was that they needed
to discuss these religious problems in the same way they discussed their
problems of adjustment in other areas. For example, some of them
had a rather poor relationship with God, and we discussed this openly
and rationally, using the scriptures as we explored rational religious
answers.

But I also found myself sharing some of the gospel understandings
I was acquiring . . . and becoming a gospel teacher. For instance, when
some clients lamented their problematic early background, I often
would read to them from Ether 12:27 to show that the Lord is willing
to take some responsibility for our being weak. Or if they wanted to
change their feelings, their behavior, their personality, I warned them
that they had better harness the power of God. I read to them from
the same verse: "If they humble themselves before me, and have faith
in me, then will I make weak things become strong unto them."

Occasionally students brought their patriarchal blessings, and as
we analyzed them, they found rather specific instructions regarding
their challenges in life, and, above all, the love of God and hope. A
number of them needed to forgive, and we talked about the mechanics
through which God can take away our feelings of resentment and
anger. Or we discussed the difficulty most of us have getting direct
answers from God and practiced the first part of "Oliver Cowdery's
method"—the studying the problem out in our mind (D&C 9:8). And
in the process they learned to communicate more effectively with our
Father in Heaven.

Because my students know from my classes that the gospel is
important to me, they themselves bring up the subject matter. If they
do not, and I feel that they do need the Lord's help in what they are
trying to do, I may introduce the subject by asking: "How is your
relationship to God these days?"

Yet, all in all, the sessions are still primarily rational, traditional,
that is, terrestrial. And even when the session goes celestial, everything
is done very pragmatically and rationally, with the purpose of learn-
ing celestial skills, to understand our Father in Heaven better, to
ascertain his will, to sharpen our ability to communicate with him,
to tap one additional and major support system in our ecological adjust-
ment. But even if our emotions are restrained, together we learn to
understand better God's plan for us, we learn to depend more on the
Lord, and we feel love: his love for us and our love for one another.
And we feel joy.
Eventually, I realized not only that I had fallen into the habit of blending secular and religious concerns but that I was able to identify the duality of my therapeutic style. And I could label it as terrestrial and celestial therapy.

Now let me try to define what might be included under three basic types of psychotherapy.

Defining Telestial Therapy

Telestial therapy is allowing or even encouraging our clients to maintain a telestial style of life. A telestial style of life consists of ignoring the reality of God, his power, his expectations, his laws, his commandments, more specifically, his Ten Commandments. This in turn may lead to violating the rights of those around us through failing to keep a relationship of fairness and honesty with our neighbors or to honor and respect members of our family. It may even lead to acts of abuse and violence against ourselves and others.

Telestial clients are those who are participating in telestial sins such as rebelling against God and his basic commandments, being involved in sexual behavior of some sort outside of marriage, using substances which leave them powerless to control their own behavior, wielding power over others through violence or some other unrighteous means, wallowing in negative feelings toward life and others around them, being unfair to those dependent on them. These types of sins are those which bring pain, first to the victim, eventually to the perpetrator.

Telestial therapists, instead of helping telestial clients to change, are primarily interested in helping them escape the consequences of their sins, in helping them gain what our Lord has told us could not be maintained: happiness in wickedness.

Defining Terrestrial Therapy

Terrestrial therapy is helping clients to gain and/or maintain a terrestrial style of life.

A terrestrial style of life involves living by the law of Moses. In religious terms, it means that obedience to the Ten Commandments and to basic religious and social rules results in many basic temporal blessings (Ex. 23:20-31). In more secular terms, the terrestrial style of life demands the recognition of a higher power of some sort (be it of God, nature, immutable laws, or whatever), and a recognition that careful obedience to fair societal and interpersonal laws and fairness in our relationship to others result in peace and prosperity. Thus the terrestrial life-style is based on reason and pragmatism, and it reflects, among other things, the Protestant ethic.
Terrestrial clients are individuals who understand this connection between fairness in relationships, and peace and prosperity. They may have strayed away from this, or they may be the victims of others who do not operate on the basis of this ethic. They usually come to therapy to reestablish a terrestrial life-style, but occasionally their pain forces them to move on to more celestial goals.

Terrestrial therapists, on this basis, can help both telestial and terrestrial clients. They can help telestial clients become aware of the consequences of sin and thus help them adopt a more fair, rational, terrestrial style of life. And they can help terrestrial clients develop insights into inner and external problems which get in the way of a happy terrestrial life. They may help both types of clients, widening the clients' frame of reference to include the hereafter, increasing their awareness of the consequences of their actions, providing them with better, more rational decision-making skills, and developing a more appropriate network of social support. And as they make use of these additional terrestrial skills, both of these types of clients can finally make a happy adjustment to the terrestrial life.

Defining Celestial Therapy
First of all, it must be emphatically pointed out that celestial therapy does not refer to the degree to which the therapist has become celestialized. Otherwise, none of us could practice it. Celestial therapy is facilitating clients' understanding and resolving of their religious hang-ups, as well as helping them develop (through teaching) a few of the basic skills found in the celestial life-style.

The celestial style of life involves building upon the Mosaic code of ethics and going beyond covenants and rituals. It demands that we

1. strive to obey the Lord in all things;
2. lovingly serve and help our fellow-beings gain eternal life; and in the process,
3. gain remission of our sins through faith, full repentance, and the acceptance of Christ as our personal Savior;
4. achieve sanctification as we gain the constant companionship of the Holy Ghost; and
5. gain the right to have all ordinances and covenants sealed by the Holy Spirit of Promise.

The term celestial clients, as such, may be contradictory. Celestial individuals certainly could have problems with noncelestial people, but instead of coming to secularly trained therapists, they would
probably go to their bishops, or go directly to God, and resolve their problem through personal revelation and inspiration.

Celestial therapists would help both terrestrial and telestial clients sharpen their terrestrial skills while helping them resolve their major problems. Simultaneously, to the extent that their clients are ready for this, celestial therapists are expected to help with religious maladjustment and teach basic gospel principles that can help their clients develop celestial insights, skills, and practices so as to reach their common goal of celestial glory.

Conclusion

In the process of integrating the gospel into my professional life, I obviously have done nothing more than follow the lead of many before me. I know that a number of my colleagues do what I do, which is to use my professional skills to do good, secular, rational psychotherapy, while occasionally, when appropriate, doing some religious psychotherapy and teaching a few useful gospel principles, skills, and insights.

If I have made a contribution at all, it is that I have labelled what I do. By labelling, I have provided for myself a framework from which I practice. And this framework helps me be aware of not only my clients' physical, psychological, and social needs but of their religious needs as well. So I respond to their religious needs as I do to any other needs, letting their readiness set my pace.

On the other hand, I admit to having been bothered for quite a while upon finding that responding to clients' religious needs invariably led me to teaching the gospel. This smacked too much of giving advice, and it made me very uncomfortable for a long time. Finally I realized that whenever we work from any framework which suggests a right way (as opposed to a wrong way) of doing things, we have no alternative but to teach. One of the best examples I know, at the secular level, is that of Virginia Satir who, having discovered and labelled one good way (as opposed to four faulty ways) of communicating, became primarily a teacher to her clients.

If this is indeed a basic principle, and if an increasing number of secular therapists are using such a method to teach what they believe is true, should we not justify the teaching of religious principles that we know are true?

On this basis, I suggest that we, LDS professionals, in our concern with being good (secular) psychotherapists, have been quibbling too long about whether or not we should integrate the gospel and our
secular skills. The chances are that most of us already practice some version of celestial therapy. So let us come out of our closets, let us admit that we are already involved, let us give each other support, and let us start exchanging our experience, our thoughts and feelings, our new insights and understandings.

Even the earlier superficial survey of the AMCAP Journal indicated overwhelmingly that Mormon psychotherapists and counselors are interested in integrating secular psychotherapy and the gospel. So if most of us agree that we need to integrate, let us not waste time arguing about to what degree. Instead, let us move on and start working on a solid body of knowledge concerning religious psychotherapy by sharing the insights we all have gained.

For myself, in the process of trying to practice "celestial therapy," I have learned a number of things. I have learned that most active LDS clients need and want to develop two basic "celestial" skills:

- to do away with negative feelings toward others, and
- to get personal revelation.

And so far I have identified what we could call religious "hang-ups":

- Some have never developed trust in God because a poor relationship to their own father prevents them from trusting any man, and any father, including their Father in Heaven.
- Some very complex and interesting clients, in the course of a traumatic childhood, have made the decision to be totally righteous through using sheer self-control. Failing to avail themselves of divine help, they start feeling unrewarded and become dissatisfied in their relationship to God.
- Some who have been converted from a telestial background are not aware of the skills of rationality, self-control, and obedience needed to live the terrestrial life-style while learning little by little the celestial skills. As a result, without the anchor of obedience, they go back and forth from a telestial life-style to a celestial life-style. That is, they go from impulsive, emotional, telestial behavior to an amazing celestial, Christlike love of others, and often, back to sin again.

Because these few insights have whetted my appetite for more, much more, I, for one, invite all AMCAP participants to share the insights they are gaining through using celestial psychotherapy. In so doing, we will build a body of knowledge that will facilitate our fulfilling all our clients' needs and thereby create some of the very best therapists in the world.
Summary

In the first part of this paper, I present a brief survey of the *AMCAP Journal*, indicating that a majority of AMCAP writers appear to feel dissonance between the sacred and the secular. It appears also that AMCAP writers are concerned with resolving this sense of dissonance through integrating the sacred and the secular in their therapy. They show this concern (1) through worrying about clients' goals being unacceptable by LDS standards, (2) by "mormonizing" secular models, (3) by blending their secular therapies with the gospel, and (4) by placing the gospel at the "hub of the wheel." In addition, (5) a few AMCAP writers appear to give total priority to the gospel in their therapy, while (6) others have developed gospel-based models.

In the second part, I suggest that these six outcomes can be perceived as progressive stages in the process of reaching dissonance resolution. I recall that (as with other Mormon therapists) it was upon reaching the fourth stage that I felt the need to add teaching the gospel to my therapeutic skills. Then I was ready to develop a model explaining the dual practice of what I call terrestrial and celestial therapy.

Finally, now that so many LDS therapists are actually practicing celestial therapy, I suggest that this is the time for AMCAP to encourage the development of a body of knowledge concerning human religious behavior and the proper therapeutic skills to teach gospel knowhow and help clients with their religious maladjustments, that is, to practice knowledgeable, intelligent, enlightened celestial therapy.

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References


