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Response

L. Alan Westover, MS

I am writing in response to Brother Clyde Parker’s presidential address in our October 1988 convention. Normally, I would wait until I had received a printed copy of his address before formally responding to its content. Because of the length of time which passes between AMCAP newsletters and journals, I have decided not to wait. Something is lost in a dialogue when months pass between point and counterpoint. Nonetheless, there is a danger that by relying upon notes and subjective memory, I may not accurately represent Brother Parker’s views. I will begin, therefore, by summarizing my understanding of our past president’s remarks, so that you will understand the basis of my comments.

Summary

1. Research has not shown that any particular therapeutic approach to be superior to alternative therapeutic methodologies.
2. New theoretical perspectives have historically been forwarded by noted charismatic therapists. Successful therapy precedes the adoption of a theoretical perspective, not vice versa as is often supposed.
3. Clinical practice is an art, and good clinical work grows out of the therapist’s ability to draw from his or her personal lifestyle, personality, value system, and knowledge base in establishing a comfortable therapeutic relationship with his or her clients.
4. Brother Parker is concerned when he sees arguments that (at least in part) appeal to religious views that validate or support a particular theory or applied clinical methodology.
5. Brother Parker does not personally support efforts to generate gospel-based theories of behavior and behavior change nor gospel-based clinical intervention strategies within AMCAP.

It is my hope that the recommendations and arguments outlined above will be rejected by the AMCAP membership. Let me address the various assertions listed above individually.

1. Research has not shown that any particular therapeutic approach to be superior to alternative therapeutic methodologies.

Here, Brother Parker is, in large part, relating what Alan Bergin noted in two 1977 addresses, namely, that there is an absence of empirical evidence demonstrating the superiority of any particular clinical intervention strategy, or even that professional counselors are more effective than untrained, yet charismatic individuals who render support. What is the best way to interpret this apparent reality?

In answer to this question, Brother Parker suggests that there exists no “right” way to intervene clinically. He asserts that if a therapeutic relationship is established with the client, a strong potential for productive change exists. He reasons that because therapists have different personalities and lifestyles, that there are, of necessity, many means of establishing such therapeutic relationships.

This argument is reminiscent of an argument I have occasionally heard from individuals invited to hear the gospel. Some of these people would observe, “All religions are good. There are many roads to Heaven.” From this adopted position, it is inconsistent to seek after a single “true church” or “true gospel of Jesus Christ.” Once having stated this generous view regarding the accessibility of Heaven via various routes, it is not unusual for these people to become offended with challenges to hear the discussions, read the Book of Mormon, or pray concerning its veracity. When one adopts the premise that all religions are fundamentally equal in ability to obtain Heaven, it seems presumptuous and absurd to assert that only one church possesses legitimate priesthood authority, and a fulness of revealed truth. As will be explored subsequently, Brother Parker’s position appears to arrive at a similar conclusion: namely, that it is not useful for individuals or groups of individuals (such as AMCAP) to seek to generate
gospel-based theories of behavior and behavior change nor gospel-based clinical intervention strategies.

There are, of course, alternative explanations for the failure of clinical approaches to distinguish themselves empirically: (1) As a scientific community we have failed to agree even upon what good “mental health” is, let alone measure it, and explain it; (2) People, as free agents, may well change their behavior only when they want to change, regardless of the clinical approach of the therapist or whether they receive therapy at all; and, (3) No prevailing clinical practice is sufficiently advanced and sophisticated as to consistently bring about effective change, just as none of the churches Joseph Smith investigated enjoyed the acceptance and recognition of deity. Considering these points, why should we be surprised that existing secular theories and methodologies are relatively equal in their inability to get the job done? Joseph Smith was told in the First Vision to join none of the churches. He was not counseled by the Lord to select a church which matched his lifestyle, personality, and existing values and knowledge base, or he might well have become a good Methodist. Neither was he told to pick and choose attractive bits and pieces of existing church doctrines and practices in the “eclectic” tradition. While all the churches possessed a measure of truth, none of the churches possessed the power to sanctify and exalt.

I believe that any one of these final three explanations contributes more to the failure of any clinical methodology to empirically lay claim to demonstrated superiority than does Parker’s assertion that no universally “right” or “best” therapeutic approach exists. While it is human to believe that, that which has not been personally achieved cannot be achieved, and, therefore, should not be attempted, there is considerable scriptural evidence that such an attitude is self-limiting and retards the process of learning and growth. We know, for example, that one rebellious and troubled people in the days of Enoch (Moses 6:27–29) made such remarkable changes that their entire city was translated. It seems doubtful these people would have been translated if suffering from personality disorders, profound emotional disturbance, as well as marital and family discord. Lamentably, the book of Enoch (Doctrine and Covenants 107:57) is currently unavailable to us for reference. But why should we, in the Dispensation of the Fulness of Times, intentionally set our sights for less than that which has been done before?
2. New theoretical perspectives have historically been forwarded by noted charismatic therapists. Successful therapy precedes the adoption of a theoretical perspective, not vice versa as is often supposed.

Brother Parker does a disservice to noted charismatic therapists when he suggests that their theories grew only from their clinical experience. It is more likely that theoretical principles upon which they based their clinical approaches were only of interest to others once they had achieved notoriety. Surely Brother Parker would not suggest that these clinical intervention strategies evolved from random counseling behaviors. Joseph Smith commented in his first lecture on faith that all rational behavior is chosen in the belief that some consequence of value will result from the chosen behavior (*Lectures on Faith, Lecture 1*). This is as true for clinical therapy as it is for other rational human behaviors. Joseph Smith's oft-quoted statement—"I teach them correct principles and they govern themselves"—suggests that productive self-governance is enhanced by a prior understanding of correct principles or accurate theoretical models. In the 88th Section of the Doctrine and Covenants, verses 77 through 80, the Lord appears to assert that one is better prepared, if more perfectly taught and instructed in theory, in principle, and in the law of the gospel.

If we must begin somewhere by exercising faith in some set of principles, theories, laws, or doctrines, why not begin with revealed truths and then build upon this foundation as we gain additional experience and understanding?

3. Clinical practice is an art, and good clinical work grows out of the therapist's ability to draw from his or her personal lifestyle, personality, value system, and knowledge base in establishing a comfortable therapeutic relationship with his or her clients.

It is true that clinical practice is an art. Great artistry, however, is preceded by the disciplined practice of proven fundamentals. Such disciplined practice may ultimately result in obtaining a masterful ability to apply these acquired skills in a discretionary fashion in each unique piece of art, or, in our case, counseling circumstance. When we seek to participate in the healing of the human soul, we would do well to begin with revealed fundamentals rather than "walking in our own way" (*Doctrine and Covenants 1:14-16*), or "doing our own thing."
It is true that none of us in AMCAP have a corner on revealed truth. We may honestly disagree regarding the application of such revealed principles in our work. We may disagree as to the extent to which secular theories and practices are harmonious with the gospel. AMCAP as an organization provides a forum for expressing such divergent views. We at AMCAP should not disagree, however, that the initial assumptions we adopt as principles to guide our clinical work will be the revealed truths of the gospel of Jesus Christ as taught by The Church of Jesus Christ of Latter-day Saints. There should be no question but that we will individually seek to validate and refine our theories in clinical practice by an appeal to the revealed principles of our religion. This leads me to Brother Parker’s fourth point.

4. Brother Parker is concerned when he sees arguments that (at least in part) appeal to religious views that validate or support a particular theory or applied clinical methodology.

In the acknowledged absence of empirical evidence to support any given mode of therapy, I cannot understand why a president of the Association of Mormon Counselors and Psychotherapists comprised of individuals 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” (Article 1, Section 2, AMCAP by-laws) would reject as inappropriate religious arguments for or against specific theories and applied methodologies in our field.

5. Brother Parker does not personally support efforts to generate gospel-based theories of behavior and behavior change nor gospel-based clinical intervention strategies within AMCAP.

If we indeed believe that truth is absolute, that we can advance in the knowledge of the truth, line upon line (2 Nephi 28:30), until the perfect day (Doctrine and Covenants 50:24), why should we do anything but seek to generate gospel-based theories of behavior change and gospel-based clinical interventions? It is not necessary that we abandon our professional training, personal experience, and acquired skills in our quest for truth. Joseph Smith taught, “One of the grand fundamental principles of ‘Mormonism’ is to receive truth, let it come from whence it may” (Discourses of the Prophet Joseph Smith, p. 55).
Neither should we fear that we will become a mob of thoughtless clones if we continue to adopt gospel truths as the criterion against which we assess current theory and clinical practice. We are sufficiently divergent and independent that there is little risk of this happening within our lifetime.

We should not be disheartened and abandon the quest for gospel-based theories and interventions because our efforts are currently flawed and imperfect, anymore than we will abandon our quest for eternal life because we are not yet exalted. And in the process of growing and learning, let us not naively believe that we can safely pass through the mist of darkness, avoid forbidden paths, and avoid joining the great and spacious building (which stands for the pride of the world), without clinging tenaciously to the iron rod.