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In his thoughtful paper, Dr. Robert Gleave (2012) explores what it might mean for one to claim that any therapy is gospel centered. He concludes that the idea of a gospel-centered therapy is in some sense at odds with the spirit of the restored gospel because it would slip into a prescriptive form, laying out principles that would necessarily apply across all people and circumstance, and therefore constituting a sort of grand theory. In response to Dr. Gleave’s description, however, the present paper suggests that a genuinely gospel-centered theory (or a therapy derived from it) will not necessarily devolve into the principle-driven “theory of everything” Dr. Gleave rightly criticizes. Therefore, a gospel-centered theory (or therapy) may be much more possible and acceptable than he suggests.

In his thoughtful paper, Dr. Robert Gleave (2012) indirectly raises an interesting question: Can there be such a thing as a “gospel-centered therapy”? He then explores what it might mean for one to claim that any therapy is “gospel centered.” He concludes that the idea of a gospel-centered therapy is in some sense at odds with the spirit of the restored gospel because it would slip into a prescriptive form, laying out principles that would necessarily apply across all people and circumstance, and therefore constituting a sort of grand theory. Such a grand theory, or any therapy derived from it, would have much in common with the sort of systematic theology that, according to traditional LDS understanding, was a significant manifestation of what had gone wrong with Christianity during the period of apostasy. The undoing of systematic theology by revealed religion came about by modern revelation and the restoration of the fullness of the gifts of the Spirit. Rightly, Dr. Gleave warns us of the dangers of taking an explanatory tack in our theories and a comprehensive, concept-driven tack in our therapy, which can potentially negate one of the principle benefits of the Restoration, namely, reliance on personal inspiration and revelation to understand the human condition and to help clients.

As implied in his title, Dr. Gleave (2012) argues in favor of “gospel-centered therapists,” that is, those who, through study and personal integrity, can be sensitive to the Spirit and who can trust the inspiration of the Holy Ghost to guide them in their therapeutic practice. Such practice will be, while not tied to the intellectual equivalent of dogma, consistent with the values, truths, and

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principles of our religion. Significant understanding of the ideas, as well as training in the principles of sound practice as taught in the helping professions, will enhance the professional repertoire of the practicing therapist. This repertoire may then be called upon in response to the Spirit and employed in the consulting room.

If Dr. Gleave (2012) is correct in his conclusion that a gospel-centered therapy will be principle-based and based fundamentally on universal principles, then I share his skepticism about the enterprise of creating such. In reaching his conclusion, however, Gleave suggests that any gospel-centered theory or therapy will aspire to be a "theory of everything," and, therefore, will be unachievable because (a) mortals are not promised such universal and encompassing knowledge, and (b) only prophets and seers are commissioned to reveal such things. This all follows only if, as Dr. Gleave suggests, a gospel-centered therapy or theory would, indeed, aspire to be a grand theory of everything. However, his description of a gospel-centered therapy seems to reflect an expectation that the gospel itself is ultimately a set of principles or a body of knowledge (perhaps in the form or principles). His description of a gospel-centered theory resembles a systematic theology of precisely the sort that the Restoration of the gospel was destined to overcome.

In response to Dr. Gleave’s description, I suggest that a genuinely gospel-centered theory (or a therapy derived from it) will not necessarily devolve into the principle-driven “theory of everything” Dr. Gleave rightly criticizes because the Restored Gospel itself does not consist of, nor is it captured by any set of propositions or principles that might form the core of the sort of comprehensive theory Dr. Gleave wishes to avoid. If we really are true to the Restored Gospel it will not lead us down the explanatory track he rightly cautions against. Therefore, a gospel-centered theory (or therapy) may be much more possible and acceptable than he suggests.

Finding the Center of the Gospel of Jesus Christ

I am not a counselor or psychotherapist, but in an academic setting I have dealt with issues related to an LDS perspective on psychology. As pointed out above, if one equates an LDS perspective with a systematic theology (a “theory of everything”), as Dr. Gleave (2012) apparently does, then Gleave’s conclusions do logically follow and his suggested alternative approach to therapy is a reasonable one; however, in this essay I want to suggest that there are some possibilities for a gospel-centered therapy that Dr. Gleave does not consider. It should also be noted that, as Dr. Gleave suggests, whatever is said in this light about a gospel-centered therapy applies equally to the possibility of a gospel-based theory of human behavior. It is my contention that there may well be gospel-centered therapies and gospel-centered theories, but they may not look like what we might expect them to look like. They will certainly not take the form of a systematic theology. In order to understand this, we need to arrive at the real center of what might constitute a gospel-centered theory or therapy, which requires that we also arrive at the center of the gospel itself. Once we are confident about what we find at the center of the gospel, we can be more confident about what gospel truths and understandings must find their way into any credible and genuine gospel-centered theory or practice.

In one sense this task is not too difficult—modern scripture is very clear about the gospel of Jesus Christ. In the chapters of the Book of Mormon at the very beginning and at the very end of the Savior ministry to the Nephites, He declares in rather unambiguous terms what the gospel is. In the account of his first appearance we find:

Behold, verily, verily, I say unto you, I will declare unto you my doctrine.

And this is my doctrine, and it is the doctrine which the Father hath given unto me; and I bear record of the Father, and the Father beareth record of me, and the Holy Ghost beareth record of the Father and me; and I bear record that the Father commandeth all men, everywhere, to repent and believe in me.

And whoso believeth in me, and is baptized, the same shall be saved; and they are they who shall inherit the kingdom of God.

And whoso believeth not in me, and is not baptized, shall be damned.

Verily, verily, I say unto you, that this is my doctrine, and I bear record of it from the Father; and whoso believeth in me believeth in the Father also; and unto him will the Father bear record of me, for he will visit him with fire and with the Holy Ghost.
And thus will the Father bear record of me, and the Holy Ghost will bear record unto him of the Father and me; for the Father, and I, and the Holy Ghost are one.

And again I say unto you, ye must repent, and become as a little child, and be baptized in my name, or ye can in nowise receive these things.

And again I say unto you, ye must repent, and be baptized in my name, and become as a little child, or ye can in nowise inherit the kingdom of God.

Verily, verily, I say unto you, that this is my doctrine, and whoso buildeth upon this buildeth upon my rock, and the gates of hell shall not prevail against them.

And whoso shall declare more or less than this, and establish it for my doctrine, the same cometh of evil, and is not built upon my rock; but he buildeth upon a sandy foundation, and the gates of hell stand open to receive such when the floods come and the winds beat upon them. (3 Nephi 11:31–40)

In the account we have of the end of His ministry, we read:

Behold I have given unto you my gospel, and this is the gospel which I have given unto you—that I came into the world to do the will of my Father, because my Father sent me.

And my Father sent me that I might be lifted up upon the cross; and after that I had been lifted up upon the cross, that I might draw all men unto me, to be judged according to their works, whether they be good or whether they be evil—

And for this cause have I been lifted up; therefore, according to the power of the Father I will draw all men unto me, that they may be judged according to their works.

And it shall come to pass, that whoso repenteth and is baptized in my name shall be filled; and if he endureth to the end, behold, him will I hold guiltless before my Father at that day when I shall stand to judge the world.

Now this is the commandment: Repent, all ye ends of the earth, and come unto me and be baptized in my name, that ye may be sanctified by the reception of the Holy Ghost, that ye may stand spotless before me at the last day.

Verily, verily, I say unto you, this is my gospel; and ye know the things that ye must do in my church; for the works which ye have seen me do that shall ye also do; for that which ye have seen me do even that shall ye do. (3 Nephi 27:13–16, 20–21)

We find an even more succinct statement in the Doctrine and Covenants:

And this is the gospel, the glad tidings, which the voice out of the heavens bore record unto us—

That he came into the world, even Jesus, to be crucified for the world, and to bear the sins of the world, and to sanctify the world, and to cleanse it from all unrighteousness;

That through him all might be saved whom the Father had put into his power and made by him. (D&C 76:40–42)

Note here that at the center of the gospel we don't find principles, we find a Savior and advocate (D&C 45:3–5) and an act imbued with power, possibility, and purpose. Therefore, we can say with some confidence that one purpose of a gospel-centered therapy would be to lead people to the Atonement and to an understanding of the power and possibility inherent in it. Thus, we find no systematic theology at the heart of the gospel of Christ—at least not as He, himself articulated it. And while we could create a systematic theology from these scriptural passages, there is certainly no need to do so, and we risk distorting it if we were to try. Given this, it might be possible to escape some of the worst and most perplexing problems Dr. Gleave (2012) finds in the prospect of a gospel-centered theory/therapy. These problems, however, are not endemic to a gospel-centered theory/therapy per se, but rather only to a theory/therapy centered in an interpretation of the gospel reflecting a systematic theology that intellectualizes the gospel in terms of precepts and principles borrowed from traditional theologies and bearing the distinct mark of popular intellectual traditions.

If we are satisfied to take the scriptural expressions of the gospel of Jesus Christ at face value, it seems possible to formulate a gospel-centered theory/therapy. A gospel-centered therapy is one that helps clients come to Christ and participate in his atoning act, in both its redeeming and enabling powers (see Bednar, 2001). On this understanding, of a gospel-centered theory/therapy, it will be a very generic approach, including, perhaps, a host of particular approaches united by their aim and purpose of allowing the Atonement to function in the
lives of clients seeking assistance or improvement. In this sense, a gospel-centered therapy will not consist of a set of principles obviating the need for spiritual sensitivity and violating the openness and spontaneity that Gleave (2012) rightly suggests ought to be at the heart of therapy that takes the gospel seriously. It will consist of an approach aimed at enhancing and focusing spiritual sensitivity and spontaneity and channeling it into channels that take one to the foundational truths of the gospel that truly facilitate healing.

At first blush, this understanding of gospel-centered therapy may make it indistinguishable from religion. While there may ultimately be nothing wrong with the idea that all theory and therapy are circumscribed into the gospel, it is not advisable to give theory and therapy entirely over to religion just yet. There are many people who are not yet ready or able to understand their problems or their life situations in religious terms, so a therapy indistinguishable from religion would likely be ineffective. There is a need to help people deal with life and its struggles within accounts and vocabularies with which they are familiar and which may, someday, help to bring them to Christ. Such approaches will be pragmatically useful and effective. The claim that they will be effective approaches is premised, of course, on the idea that truth is helpful in whatever context or vocabulary it is found.

For this type of gospel-centered therapy to be effective, however, it will require its proponents and practitioners to identify implications, ideas, concepts, and truths that are implicit in the gospel and which, when understood by clients, can help them live more truthfully and thus more happily and healthfully. Indeed, one of the great benefits of this sort of gospel-centered therapy is that in addition to the demonstrable benefits derived directly from therapeutic intervention, there is likely to be great benefit for the clients in understanding themselves and their lives in the context of certain ideas implicit in the gospel. Most of these ideas and their implications while consistent with the gospel, can be supported by arguments and analyses derived from our larger, intellectual history so that the insights and implications do not depend entirely on one’s acceptance of Christ as Savior for their credibility or efficacy. Examples of such ideas include the following:

- The path to health and real change is most readily found by looking outward and beyond oneself rather than inward (Matthew 10:39; 16:25).
- The human soul is immortal, and there is indeed a continuity of consciousness and individuality after death (D&C 130: 18-19; 130:2).
- Life has a moral purpose larger than we are (Moses 1:39).
- Virtues such as mercy, forgiveness, charity, and selflessness are not only real but salutary (Article of Faith 13; Galatians 5:19-25).

This brief and incomplete list of psychologically relevant constructs implicit in the gospel of Jesus Christ reflects the thinking and preferences of the present author. Other theorists and practitioners may have longer, shorter, or different lists; however, the point here is that a family of gospel-centered theories and therapies might be formulated. Particular therapeutic practices and activities may vary. The value of these various approaches, and their consistency with the gospel can be openly discussed and evaluated. Thus, this sort of gospel-centered approach to therapy seems not destined to fall prey to the problems Dr. Gleave (2012) outlines.

**What Else Does the Restored Gospel Contribute to a Gospel-Centered Therapy?**

As many of us have experienced, most often when a Latter-day Saint suggests that Mormonism is simply the gospel of Christ, this suggestion is met with incredulity. It is well known that there is more to our claim that the true gospel of Jesus Christ has been restored than merely the reiteration of the faith and confidence of every Christian. While Christ and his Atonement are at the heart of and in every part of the gospel as we teach, practice and proclaim it, the Restoration also entails “many great and important things pertaining to the Kingdom of God” (Article of Faith 9). These “great and important things” have consequences for how we understand God, ourselves, our lives, and our purpose. In short, they are psychologically and even psycho-therapeutically relevant. It is not unreasonable to suggest that in addition to a response or strategy for dealing with a client’s presenting issues, all psychotherapy will teach the client some important things about life, and about his or her nature as a human being. It is here that the gospel might make its
greatest contribution to theory, therapy, and the therapeutic process.

Specifying just which truths, insights, and understandings are central to the gospel and which are not is difficult and often risky; however, I believe it is possible to specify some understandings of who and what we are, as well as the nature and purpose of life that are indeed central to the gospel and to any theory or therapy that seeks to be centered there.

It should be noted, as Dr. Gleave (2012) also affirms, that a gospel-centered therapy will not be gospel-centered based on its reflecting some set of propositions or beliefs deemed to be central to the gospel; indeed, the restored church and the gospel it teaches are not true because they profess or reflect a certain set of correct doctrines and beliefs. Rather, we possess and reflect a set of true doctrines and beliefs because the gospel is true, living, and real. These truths were restored to a true and living Church. The truth of Mormonism is not based on a set of properly orthodox beliefs. Its truth derives from the reality of certain key events, including Christ's birth, his suffering in Gethsemane, the empty tomb, the presence of the Father and the Son in New York, the reality of golden plates and Nephites, and the conferral of priesthood authority by the literal touch of heavenly messengers. These foundational, grounding truths are not propositions; they are events that happened as witnesses claim and God proclaims. For this reason, the purpose of the gospel is not for us to have the right beliefs but to teach us of a reality—one that opens an eternal reality to us. Given this then, it is reasonable to talk about a set of grounding realities at the center of the restored gospel that can open a better reality for our clients. These realities will constitute an ontology of human life – and understand of who and what we fundamentally are.

For this reason, just as the center of the life of a Latter-day Saint is not merely to hold a set the right beliefs but to know the reality of God (John 17:3) and understand the implication of certain facts, the center of a properly gospel-centered theory or therapy is not a set of beliefs or principles but an understanding the reality and the implications of one's own nature, the nature and purpose of life, a vision of our potential and destiny. This is to understand the nature of God (D&C 84: 19-21). This knowledge and understanding is therapeutically important. Lists of the understandings and ontological realities that are central to the gospel will likely differ from person to person, and from professional to professional, but they can be articulated and discussed; I can think of no more important discourse to be carried out among LDS practitioners of the healing arts and sciences. Again, I will include a list of the fundamental, psychologically relevant implications from the center of the gospel as an example of what I would hope might inform any gospel-centered therapeutic approach. As the reader will note, there is some overlap with the list given above.

- Human intelligence—the essence of our being—is eternal and uncreated.
- The reality of human intelligence makes it the case that we are not simply biological organisms. Our biology does not produce our behavior.
- Human beings are possessed of moral agency.
- Because we are fundamentally and a priori intelligent agents, and because intelligence by virtue of being intelligence includes moral sensitivity and the capacity for judgment, there is a fundamentally moral purpose to this world and to every life.
- Moral agents act and are not acted upon as other kinds of beings can be acted upon.
- The human soul continues after death, as do that soul's virtues, desires, strengths, and weaknesses.

Again, it should be noted that the above is one list from one person, and other lists could be formulated. Discussion of what constitutes the center of the gospel, and the implications that flow from a particular gospel understanding can influence our thinking about therapeutically important approaches and practices. It may not matter whether we achieve consensus on one list of implications of the gospel for theory and practice. But it is very important that our theories and therapies reflect a set of grounding assumptions about our nature that are true because they reflect, however incompletely, understandings from the center of the restored gospel.

The Role of the Inspiration of the Holy Ghost

This essay ends with a brief treatment of the importance of the guidance of the Holy Ghost in all our actions, even our actions as professionals. The gift of the Holy Ghost and the fullness of the spiritual gifts to be enjoyed within the true church are central to the restored gospel. It is this part of Dr. Gleave's (2012) argument with which I am most in agreement. Dr. Gleave's point is well taken when he says that allegiance to some set of
principles or practices presumed to be essential to the gospel is much less important, and much less likely to lead to positive and effective therapy, than is sensitivity on the part of the individual therapist to the influence of the Holy Ghost as a guide for therapeutic practice. To Dr. Gleave’s well-articulated call for therapists to be sensitive to and guided by the Holy Ghost, I add only two cautionary notes.

The first note recalls Dr. Gleave’s (2012) observation that we can never be more than “just mortal,” and thus the task of producing a gospel-centered theory/therapy is beyond our capacity (p. 8). He rightly points out that it is a big and bold task to try and formulate a (not to mention the) gospel-centered theory/therapy; however it is also apparent that it is no easy task to recognize and receive the promptings of the Holy Ghost, to distinguish them from one’s own emotions and biases, and to act upon them when they are not as clear and obvious as we might like. I know that the more spiritual and mental work I engage in while grappling with an issue, the easier it is for the Spirit to make the issue plain and to help me understand and testify. During my mission, for example, I learned that it was much easier for the Holy Ghost to testify of the truth of what I was teaching if the Holy Ghost didn’t have to simultaneously translate my bad Spanish. I resolved to do my best to learn and practice good Spanish, and to learn and become conversant in true principles so that the Holy Ghost could more readily concentrate on the primary purpose of helping me say true things, and helping those I was teaching feel and understand the truth and be blessed by it. I believe there is an analogy here to clinical practice—which brings us to the second note.

I have found over the years that the Holy Ghost can testify of the truth of what is taught in a lesson or expressed in a testimony if what is being taught or expressed is actually true. For the Spirit to bear witness, there must be something true for it to bear witness of. By the same token, it is easier for the Spirit to reveal or inspire a therapist to courses of action or to clinically important insights if the therapist’s models, constructs, and understandings are grounded in truths of which the Spirit can testify and, therefore, prompt or inspire. An example might clarify this point. If I were a therapist thoroughly trained in and committed to a particular understanding of human beings and behavior—even to the point of believing that my theoretical point of view is essentially compatible with the gospel—and if it were the case that my perspective is simply not correct in its understanding of human beings, their behaviors, and the causes and contexts out of which these behaviors arise, then I might find myself trying to decide on which of my most favored techniques would be best for helping my client Brother Smith. I might even search for inspiration about which of the several approaches I trust should be used with Brother Smith. Given the premise of this example, that my perspective and its practices do not reflect the truth about Brother Smith or any of us, it puts the Spirit in a tough situation—to prompt me toward one technique over another if neither of them reflects what is true about us. If we grant that the Holy Ghost is capable of prompting us to do novel things outside the limits or our training and our strongly held opinions, then it puts me in a hard spot to somehow be sensitive and willing to act on a prompting I don’t really understand or believe to be true. Perhaps some technique, even if it does not reflect what is true about us, might still help Brother Smith if he and I can use it carefully—so long as Brother Smith and I don’t “take up” with an erroneous conception of our nature to the extent it does us any collateral damage in other areas of our lives. It is possible that I could respond appropriately and effectively, but it would be a very difficult thing—perhaps at least as difficult as trying to construct a gospel-centered theory or therapy (with a core of true understandings) in the first place.

Finally, if we try to disconnect clinical practice from any theory or perspective—a very difficult proposition, and one certainly worthy of another forum—we might argue that inspiration and revelation might more easily guide a therapist in being effective in helping since the therapist would not be inhibited by any worldly theory. This is, I believe, the core of Dr. Gleave’s (2012) being in favor of gospel-centered therapists over gospel-centered therapies. This position, however, will need to deal not only with the issues raised in the preceding example but also with some very important opportunity costs, just in case there are discernible gospel truths that can be interfaced with and faithfully rendered in theories and therapies. The opportunity costs arise from the very likely possibility that theorizing and therapies might very well be clearer, more powerful, and more effective if they reflect and ground themselves in truths that are central to the gospel. Dr. Gleave has produced a sound analysis and raised a most important question. The greatest hope for this response is that it might contribute to a robust ongoing discussion.
References
