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Being a Gospel-Centered Therapist Matters: A Response to Authors

Robert Gleave

Every “Saying” has a “Said.”
There is surplus in the “Saying” that cannot be captured by the “Said.”
When we try to examine the “Saying,” we find that we are examining only the “Said.”
The “Saying” begins to reveal itself in the failures of the “Said.”

-Emmanuel Levinas

I am very thankful to the editorial staff for giving me this opportunity to respond to those authors who were kind enough to offer a reaction to my work. I recognize that significant effort went into responding to my article, and I thank all the authors for their thoughtful contributions to this ongoing dialogue. Most of what was written in response to my article by Dr. Gantt and Dr. Williams I accept as friendly amendments and believe that what they have written is largely consistent with my initial points. The response by Dr. Anderson seems to mostly agree with my major ideas, but also offers some opportunities to clarify some important points. The response by Dr. Richards and Dr. Hansen supports my major points in many ways and illustrates the problem that motivated my initial article in others.

I want to thank all of the authors whose work appears in this volume for their insight into the ways that my work is incomplete. I welcome the opportunity to clarify points that were left unclear or only partially developed and yet remain sure that this attempt at additional clarity will also continue to be incomplete.

I am grateful to Dr. Gantt (2012) for his response to my work. I wholeheartedly endorse his article and find nothing in it with which to disagree. I’m especially grateful for his careful attention to an error to which I paid insufficient attention in my original paper. I spent most of my original paper talking about the error made by believing that one’s therapy or theory is cohesive or is an inte-


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I am pleased that Dr. Anderson (2012) understood many of my points. I found much with which I could agree in her response. I would like to clarify a couple of points, however. I cannot accept her call to change the language being used. I believe I understand why she has concern about maintaining the word centered in gospel-centered therapy; however, she seems to be trying to hold on to, at least part of, the idea that the gospel is an adequate counseling theory or that by centering her chosen theory in religion she has improved it. She wonders, “Why would I center my therapeutic approach around anything else?” and “Why wouldn’t we use the gospel as a kind of Urim and Thummim?” and “Why would we choose to substitute the philosophies of men for ‘healing truths?’” Maybe she is thinking she is practicing religion and not psychotherapy. I don’t really think so (I believe I know Dr. Anderson well enough to assert that she is a gospel-centered therapist), but I raise the question to clarify how easy it seems to be to see the two as seamless when they are not. If they were, would we feel comfortable charging for such a session, or would that be more appropriately seen as Christian service? Perhaps we might only charge for those parts of sessions that were not religion (or mostly not religion). As Dr. Gantt (2012) asserted, a testimony alone (or religious ideas alone) is not sufficient (or is at least not psychotherapy). I continue to argue that religion and theories of psychotherapy are sufficiently different in form, construction, and purpose that they cannot be combined in this way. I hold to the idea that a better description would be one that mirrors our mortal condition; namely, we hold citizenship in an immortal kingdom and are traveling in a foreign country (mortality) on a valid passport.

I accept as a friendly amendment Dr. Anderson’s distinction that the process is different as therapists help people move from a telestial condition to a terrestrial one and from a terrestrial condition to celestial functioning. She makes a compelling case that patterns are observable in our profession—I would include processes among those things that can be observed—and that calling patterns and processes to the attention of clients is useful. Part of the point I am trying to make is that there is a difference between “discovered truth” and “revealed truth.” It is accurate that through science we can observe patterns and processes and that those observed patterns and processes (discovered truth) allow us to accomplish many good things without needing constant feedback from be-

I am thankful to Dr. Gantt for his articulate exposition of the dangers inherent in being ungrounded in the other direction. He is correct that having a firm testimony is no substitute for being well-grounded in one’s profession. He states, “I would nonetheless hold that a ‘most anything goes as long as I have a firm testimony’ approach to therapeutic practice and psychological theory is just as problematic” (p. xx). I encourage all to read and attend to Dr. Gantt’s cautions.

I appreciate Dr. Gantt’s ability to lift our vision to the larger philosophical and paradigmatic issues. It is evident that he is among those scholarly wrestlers who struggle in the academic arenas of open dialogue with all who care to enter. His admonitions call our attention to values and ground us in principles that guide specific decision-making. He makes no attempt to offer specific interventions and yet offers context and judgment that guides and informs our choices in the moment.

I always enjoy being taught by Dr. Williams (2012), and reading his response to my article was no exception. I found his invitation to consider what is central to the gospel compelling. I completely agree with him that it is the embodied Christ expressing the Father’s will, and our soulful responding to His invitation, that we find at the center—real events that happen to real people in real locations.

I am pleased that Dr. Williams challenged a point I made while making the same lack-of-rigor error against which I wrote. He rightly raises our sights to possibilities beyond the constraints of our professional training and cultural expectations. He is one of only a few that I know who sees both broadly and deeply enough to envision the possibility of a different kind of form and structure to the academic enterprise to which he invites us is so sweeping. He makes no attempt to offer specific interventions and yet offers context and judgment that guides and informs our choices in the moment. I endorse his ideas about how to pursue the scope of the enterprise to which he invites us is so sweeping that significant progress cannot be accomplished by any single person (thinker, writer, etc.), or even a small group, but rather must be a concerted, purposeful effort by many people over a significant period of time. I continue my caution that pursuits that do not flow from the depth and breadth of such a large-scale effort be considered neither cohesive nor substantially complete. Williams articulates better than I have why a therapy focused on interventions fails.
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Beyond the veil. Our mortal purposes would be thwarted should we not be able to learn and function significantly with the gift of the veil firmly in place. It is this work to which I refer as using “our professions” between moments of connection with heaven. I additionally embrace Dr. Anderson’s description that it is the Spirit that individually instructs people (revealed truth) concerning the transition toward celestial “being.” I am grateful to Dr. Anderson for her clarifying concepts and language on this point. It is our being open to opportunities to participate in the setting of the stage and then to be witnesses to this sublime exchange to which I refer as “being” a gospel-centered therapist. It is not our learning, our skill, our interventions, or any other thing that we can do that compels these moments. We are not the active agent here. However, there are things we can do, such as being prideful, being controlling, pressing our agenda (interventions) past the “teaching moments,” and other forms of being caught in extremes, that will dismantle the stage and preclude these moments.

I agree with Dr. Anderson’s admonition to not throw the baby out with the bathwater. She makes a compelling point that generalization is needed in our profession. I believe she is also accurate in her admonition to avoid extremes in all directions, just as psychopathology has been described as normal processes or conditions taken to extremes. Yet, on one point I think Dr. Anderson generalizes. She characterizes all postmodern thinking as embracing moral relativism. While her characterization is not inaccurate for many postmodernist thinkers, and her characterization of the damage done by moral relativism is certainly not inaccurate, she misses a few of the advantages brought to us by postmodern thought. Postmodernism’s challenge of modernist reductionist methodology as incomplete has again made room for religion and morality to be legitimate sources of truth and to be included in scientific dialogue. Postmodernism has also helped us to pay closer attention to the influences of initial conditions on the patterns and processes we observe. Postmodernism has sensitized us to the importance of context and the individual. It is, I will grant, taking the importance of context and individual differences to an extreme that has partially fueled the dangerous winds of moral relativism. As with anything else, Satan perverts what initially began as a good idea and distorts it beyond its original place. Still, I am old enough to remember what science was like without this important addition brought by postmodernism. There was no room for God in scientific discourse, and observable data was king.

I have a little more to say with regard to Dr. Richards and Dr. Hansen’s article (2012). There are many things with which I can agree in their response, and many of their assertions are consistent with what I initially wrote. There are, however, some points on which we disagree. I will mostly leave to the reader to identify those points that are consistent with my original article. I will focus my comments here on how some elements of the Richards and Hansen response illustrate the problems that the initial article was intended to identify and remedy.

First let me acknowledge that Dr. Scott Richards has done much to legitimize a place for religion in psychology on the world stage, and he well deserves our sincere praise and deep gratitude. However, let us not make the mistake of believing that this progress is equivalent to or constitutes establishing a therapy accurately articulating the relationship between religion and psychology or resolving the question of whether the two can be “integrated.” Dr. Richards should be congratulated for using the language of psychology, the methodology of psychology, and mainstream journals to make room for a faith-based, religious presence in psychology. He has been able to articulate what I would call a faith-based approach to clinical work (in an ecumenical sense—using the dictionary definition, not the cultural one). Let us not, however, call that a gospel-centered therapy. Using gospel rather than faith or religious holds extra meaning. This is why there is temptation to use the term, and precisely why using the term is dangerous. Using the word gospel in an LDS setting tends to imply that it is based upon the gospel of Jesus Christ as taught by the Church of Jesus Christ of Latter-day Saints. It, therefore, carries implications of being equal in power and authority (or approaching it to some degree) to the church.

I applaud Dr. Richards and Dr. Hansen’s (2012) inclusion of many previous writers. I agree that many gospel-centered therapists have appropriately written insightful and useful pieces. They write about important ideas that are informed by the whole of their learning and experience (in both countries and through many border crossings [Gleave, Jensen, Belisle, & Nelson, 2006]) and use language that flows from their being. I disagree, however, that this body of literature constitutes a cohesive theory, or that it can be said to convey a gospel-centered therapy. Rather, it reflects the expressions of therapists who em-
body the principles of the gospel. Much like the gospel itself, it is the embodiment (in the person of the therapist) of principles more than compliance with rules (interventions) that displays the fruits of the gospel work. One of my arguments with the current paper is that, while they believe that they are being true to what others have said, they step well beyond much of what they cite and move into descriptions of specific interventions. Their statements push beyond generalities of truth (an error avoided by the other authors included in this special section) and seek to describe specific interventions that are “gospel centered.” While they acknowledge the importance of not going on tangents or avoiding specific details on one hand, they offer such details on the other.

At times, Dr. Richards and Dr. Hansen (2012) use the words gospel-centered therapist in ways that they seem to believe are the same as my use of the words and yet, contrary to my definition, go on to describe the gospel-centered therapist as simply one who engages in “gospel-centered therapy”—which is defined by the interventions used. The assertion, it seems to me, is that it is the interventions themselves that invite the Spirit into the process, not the children of God in the room—in the persons of the client and the therapist. They appear to be trying so hard to create the possibility of a gospel-centered therapy that they seem not to notice the mixing of the incompatible realities of religion and psychotherapy (Gleave, Jensen, Belisle, & Nelson, 2006).

Richards and Hansen (2012) illustrate the problem of mixing when, on one hand, they advocate the qualities of the “therapist” being the active agent, and, on the other, they still hold out for specific interventions as the active agent. They argue that there is need for philosophical rigor and then violate it by not noticing the inconsistencies in advocating both judgment and prescription. They appear to believe that compiling practices that are similar among “gospel-centered therapists” constitutes a cohesive theory or “therapy.”

I may overstate that they are advocating a cohesive theory, but they at least claim to have articulated a “therapy.” To proclaim a style of “therapy” (gospel centered or otherwise) is to embrace the assumptions that there is some kind of cohesion in the methodology described, that the methodology is the healing agent, and that it is the learning of the methodology that qualifies one to “practice” the “therapy.” This problem cannot go away easily just by asserting, in another part of the article, that it is the Spirit that heals. Is it the Spirit or the methodology that heals? Additional confusion occurs when at some points in the paper they seem to instead be advocating a way of doing therapy, or a process, rather than just adherence to methodology or interventions. It is this process or way of “being” that I call context and judgment and that I assert resides in the person of the “therapist” rather than in the interventions.

Their description of gospel-centered therapy is mostly a list of interventions with no coherent system to choose what to use when or how. They offer no way to organize interventions into any sort of meaningful whole, but rather, seem to argue for my point when making choices of why, what, when, or how, namely a reliance on inspiration—or in other words “being” a gospel-centered “therapist.”

Richards and Hansen (2012) seem to not want to get caught in advocating only prescriptive techniques yet can’t resist the temptation of the scientist to rely excessively on data and to privilege measurable (reductionist) bits. There is a place for data, of course. The interventions gathered from survey data and other sources, and generously listed in their article, provide a most useful compilation of suggestions or examples that were judged to be accompanied by the Spirit sufficiently to be included in the category. They are quite useful. They can be studied to crystallize categories, they can be frequent reminders of available options, or can be used to spark additional creativity. Let us not, however, mistake these data as constituting tools that, when used, are able, in and of themselves, to produce desired results without the essential companion of an embodied person who is also necessarily accompanied by the Spirit. It takes all three entities—a client, a therapist, and, most importantly, the Spirit to create the experience which these articles are aspiring to articulate. The specifics of the interventions used, while contributory, are the least of the components that synergistically combine in the healing and lifting of souls.

It is the presence of the Spirit that makes an intervention gospel centered, not the intervention itself. Any intervention delivered with the Spirit can be considered a gospel-centered intervention. Interventions themselves can easily be delivered without the Spirit and therefore would not be gospel-centered interventions no matter how well researched or how well accepted or how much they look to be “valid.” A point acknowledged by Richards and Hansen (2012).

An Attempt at Additional Clarity
The rest of my response is an attempt to respond to Richards and Hansen (2012) more generally and, additionally, to clarify points that were left unclear or only partially developed in my original effort.

I believe the difference between “being” and “doing” matters significantly. This concept has also been articulated in terms of “the spirit of the law” and “the letter of the law” and illustrated in the story of Mary and Martha among others. “Being” is the concept I am trying to assert in my idea of a gospel-centered “therapist,” and I am using gospel-centered “therapy” as a description of “doing.” It is a short step from doing to black and white thinking, contempt (I’m right and you are wrong), etc. and to miss the critical subtleties of individual differences and unique situations. “Doing” has the advantage of generalization of specifics (rules or interventions) across time and settings—the requirement of science (discovered truth). “Being” has the advantage of benevolent attention to distinctive situations and individual hopes, fears, and preferences—the requirement of salvation (revealed truth).

Elder L. Whitney Clayton (2011) of the Presidency of the Seventy recently stated:

This work of the Lord is indeed great and marvelous, but it moves forward essentially unnoticed by many of mankind’s political, cultural, and academic leaders. It progresses one heart and one family at a time, silently and unobtrusively, its sacred message blessing people everywhere.

Progressing “one heart and one family at a time,” “unnoticed by many of mankind’s political, cultural, and academic leaders” suggests a process (individual and guided by revelation—“being”) that is different than those employed by traditional academic and political endeavors (general principles applying broadly—“doing”).

I believe we will not achieve a full integration of psychology (science) and religion until we embody it.

Recall the Joseph E. Taylor (1894) quote to the effect that we won’t all be of the same opinion until we have all experienced and internalized the same experiences and the same lessons. Jesus invited us to “become” like He “is”, not just to think, feel, act, or preach as He “did.” This kind of embodiment is fundamentally individual—achieved only in a personal one-on-one encounter with the Savior (and not completed in our mortal lifetime)—and vastly different from (beyond) any philosophical or psychological theory, any system of interventions or practice, or any intellectual or behavioral pursuit of any kind. This is not to say that such pursuits are irrelevant. In fact, they are critical mortal pursuits. However, let’s be honest and humble in our assertions about our work and where it is situated in the broader scheme of things.

When we who are committed to both the gospel and psychology—and contain them together in us at the same time—act from “flow” or automatic or practiced intuition, the distinction between religion and psychology may blur, and we may think that we have found a way to “integrate” the two when we have not actually done so (Csikszentmihalyi, 1988; Nakamura & Csikszentmihalyi, 2002). We have only lost (stopped attending to) the boundaries between them. We are often not aware that we are inadvertently endorsing problematic inconsistencies. We may still have not adequately recognized or deeply wrestled with the foundational differences. Not attending to these boundary crossings has all of the dangers inherent in other boundary violations, all done blindly without awareness of the problems created or damage done (including the risk to slide into therapy cults etc.).

Since psychology cannot provide a comprehensive and cohesive description of human kind, our tendency may be to turn to religion to provide it. Since religion does not provide specific interventions or “how tos,” we may want to turn to psychology to provide them. Since religion and psychology each hope to improve the individual lives of human beings, it is not a surprise that those who speak both “languages” might want to use the best of each. If we’re not careful, however, we’ll end up speaking gibberish. When I (a native English speaker) was speaking French regularly with others who also spoke both languages, we noticed the temptation to use a mix of both (we called it “Franglais”). Even though we easily recognized all of the individual words and grammatical choices, there was no coherent meaning in the sentences we constructed and we were certainly not comprehensible to others (it was part of the fun to create or notice the inconsistencies and confusion of meanings). Often, when examined more closely, one sentence would contradict the previous one and neither would be relevant to a third. This is not to say that value cannot be derived from single sentences, or that a given “session” which may have a single take home message is not useful. People, our clients, are intelligent and resourceful and do much of the work themselves anyway (psychology is clear that therapists are quite poor at identifying the ideas or parts of sessions that clients find most useful). However, the
fact that clients benefit from such sloppy work doesn't justify calling the gibberish of unstandardized or combined "languages" anything other than the mismatched and non-cohesive attempt that it is.

This may be part of the reason the church banned gospel-based psychotherapy training for ecclesiastical leaders many years ago, even though the church now uses psychotherapy techniques and principles to teach religious ideas about strengthening marriages and families and to assist those struggling with addictions. Still, the church has carefully avoided saying they have created, discovered, or are using a gospel-centered (based) therapy. The LDS 12 step program, the Addiction Recovery Program, is not a church (religious) program. Yes, there is reference to religious ideas and encouragement to use spiritual processes (prayer, confession, repentance, etc.), but it is not a part of the official structure of the church as are sacrament meetings, Priesthood/Relief Society, temples, etc. Those who conduct these 12 step programs remain clear that they are doing all they can to help people, including drawing upon religious and psychological worlds. Yes, there are frequent boundary crossings and switches between languages, (heavy reliance on each other's embassies). However, there are no claims to have found a "true" psychological theory and no attempt to claim superior outcomes. It is, I believe, precisely maintaining the clear distinction between religion and psychology (not really embracing either fully—not meeting in the Chapel and not charging for services), along with clear boundaries with acknowledged passport controlled crossings, that prevents the problems and abuses cautioned against (cults, priest-crafts, arrogance, excessive claims, etc.).

A further complication occurs when the same word has different meanings in the different languages. For example, the term practice of religion typically refers to an individual's actions rather than a profession, while the opposite is true when we refer to the practice of psychology. The greater risk with this particular word lies on the side of a paid profession with myriads of incentives of money, prestige, academic advancement, etc. usurping the religious usage.

Teaching and Religion

Perhaps comparing how a different discipline deals with the problem of religion would help add some clarity. We recognize that teaching and religion are unique categories (countries) with set boundaries between them, even though there is much exchange. For those who seek rich cultural interactions between teaching and religion, these exchanges are very important. However, there is no need, call, invitation, or reason inherent in the valuing of rich cultural exchanges to even look for "integration" or to articulate the "relationship" between the two. We would never claim to be superior teachers by asserting that our teaching is by the Spirit. Neither would we claim to have "discovered" a better teaching philosophy or style that incorporates religion. We are not having debates about how to integrate religion and teaching. We are not finding teaching businesses that claim to be more effective because they incorporate religious strategies (interventions). We do seek to "be" teachers (therapists) who access the Spirit, but not with the goal of then declaring to have found a gospel-centered teaching or holding out a list of teaching strategies that have been demonstrated to bring the Spirit or to be gospel centered (therapy).

Elder Matthew Richardson (2011) offers some language in his recent conference address about teaching that, I believe, has relevance for our present discussion:

While we are all teachers, we must fully realize that it is the Holy Ghost who is the real teacher and witness of all truth. Those who do not fully understand this either try to take over for the Holy Ghost and do everything themselves, politely invite the Spirit to be with them but only in a supporting role, or believe they are turning all their teaching over to the Spirit when, in truth, they are actually just "winging it." All parents, leaders, and teachers have the responsibility to teach "by the Spirit." They should not teach "in front of the Spirit" or "behind the Spirit" but "by the Spirit" so the Spirit can teach the truth unrestrained.

Conclusion

I hope we are all familiar with the quiet solemn moments when we are witnesses to the profound love and healing power of God conveyed to our clients by the Spirit. These are precious moments that inspire awe and reverence for the divine. They are deeply prized experiences that occur less frequently than our mortal inclination toward quick solutions would prefer, and they cannot be summoned by our will or skill. In the interim, between such moments of wonder, we can still provide significant service through our training in the discovered truths of our secular professions.
I strongly encourage that we be keenly aware of the significant differences between divine intervention and our worldly professions. Let us maintain more clear boundaries and not muddle the two together. Until we can adequately engage the sweeping task proposed by Williams (2012) and Gantt (2012), I encourage us all to strive to personally be therapists who embody the gospel and abandon pursuits to operationally define a gospel-centered therapy. I think that by being so engaged we will do far more to advance the cause these discussions envision than by any other endeavor.

References


