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Return with Trauma: Understanding the Experiences of Early Returned Missionaries

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This paper discusses the results of a mixed methods study designed to understand the phenomenon of receiving an early release from missionary service. Researchers interviewed 12 early returned missionaries (ERMs) and surveyed 348 ERMs. The results indicated far more missionaries returned for mental or physical illness than for reasons of transgression. ERMs who struggled with mental health issues in the field received treatment prior to their early release, but the majority believed the therapy and medication were ineffective. Most ERMs experienced feelings of failure and had difficulties with post-mission adjustment. Clinical implications include the need for families and leaders to avoid pressuring ERMs to return to the mission field, and for ERMs to maximize spiritual coping strategies.

Keywords: LDS missionaries, Mormon, early returning missionaries, Mixed methods research

In the Church of Jesus Christ of Latter-day Saints, it is a priesthood duty and mandate for young adult males to serve a mission for two years (Monson, 2014; Ballard, 2007; Kimball, 1977). Young adult women are encouraged to serve if they desire, but it is not expected of them (Monson, 2014; Ballard, 2007). Occasionally, some missionaries return home prior to the full term of service due to unresolved transgression, serious rule infractions, or unforeseen medical, mental health, or adjustment-related issues. Many young men and women who return early perceive their mission experience as a failed effort. They personalize it and often feel ostracized and unfairly judged by other members of the Church. Because a mission is voluntary service, the phenomenon of being culturally stigmatized and feeling like a failure for returning early seems incongruent with the principles of the gospel of Jesus Christ. This study was an attempt to understand this issue.

The Developmental Task of Missionary Service

Given the lifelong influence of LDS missionary service on many people's experience, it is necessary to explore the literature on identity development in early adulthood to understand the developmental and psychological experiences of returning missionaries. Erikson's (1950) seminal work on the stages of psychosocial development describes the "identity versus identity diffusion" stage of adolescence as the developmental task of young people establishing a sense of who they are and how they fit into society. The approximate corresponding age for this stage is 12–19 years old, but Erikson (1968) also recognized a prolonged adolescence allowed in many industrialized societies, a time of "psychosocial moratorium . . . during which the identity explorations of adolescence [are] continued and even intensified" (Arnett, Ramos, & Jensen, 2001, p. 69) in young adulthood. Young Latter-day Saint (LDS) missionaries from industrialized nations may have achieved a sense of identity sufficient to allow them to leave home and separate themselves from their family of origin, but their identities are usually far from firm, and many are still in the identity exploration stage of their lives.

Marcia (1966, 1980) developed Erikson's identity stage further into a continuum of four identity status-

es: achievement, foreclosure, moratorium, and diffusion. These statuses are delineated by whether persons have experienced an identity decision-making period (crisis) and whether they have made identity commitments in various aspects of their lives, including vocation and ideology. On one end of the continuum, the identity achievement status includes people who have experienced a period of crisis, have seriously considered and evaluated options, and have made self-chosen commitments. The identity moratorium status includes people who are in crisis, i.e., those who are actively struggling and exploring and preparing to make choices, but have not made any commitments yet. People in the foreclosure status have made commitments, but have not experienced an identity crisis or the accompanying exploration associated with it. Their commitments may result from identifying with or conforming to the expectations of others, such as parents, peers, or authority figures.

On the other end of the continuum, the identity diffusion status includes young people who have not made or are unwilling to make any commitments regarding their identity. Additionally, they may not seem too concerned about it, regardless of whether or not they have experienced an identity crisis. Marcia's (1966, 1980) statuses are not intended to be sequential, and as such, some missionaries may very well fit into any of them. However, in accordance with the idea of an extended adolescence, many missionaries would fall in the moratorium status. On the face, it may also appear that many missionaries have foreclosed on their ideological identity choices by choosing to serve a mission, particularly if their motivations for doing so are external.

Missionaries and Emerging Adulthood

In 2000, Arnett proposed a new and distinct developmental stage—emerging adulthood—to describe young people, ages 18–25, who are no longer adolescents, but who have not yet reached markers of adulthood as defined either by society or by young people themselves (Arnett, 2000; Nelson & Barry, 2005). This stage encompasses Erikson's and Marcia's concepts of moratorium, as described by Arnett (2000):

Emerging adulthood is distinguished by relative independence from social roles and from normative ex-

pectations. Having left the dependency of childhood and adolescence, and having not yet entered the enduring responsibilities that are normative in adulthood, emerging adults often explore a variety of possible life directions in love, work, and world-views. Emerging adulthood is a time when many life directions exist, when little about the future has been decided, and when the scope of independent exploration of life's possibilities is greater for most people than it will be at any other period of the life course. (p. 469)

Smith and Snell (2009) further explain that characteristic of this stage is "intense identity exploration, instability, a focus on self, feeling in limbo or in transition or in between, and a sense of possibilities, opportunities, and unparalleled hope" on one hand, and "large doses of transience, confusion, anxiety, self-obsession, melodrama, conflict, disappointment, and sometimes emotional devastation" on the other (p. 6).

Arnett (2000) clarified, however, that emerging adulthood is not universal, as cultural influences can determine if and how young people experience this period of exploration. He speculates that, due to cultural beliefs, young Latter-day Saints (LDS) might experience a shortened and highly structured period of emerging adulthood (Arnett, 2000; Nelson, 2003). With that caveat, young LDS missionaries still seem to fit the category of emerging adults well. They leave dependency behind as they embark on their missions, and while they are given stewardship and leadership roles and responsibilities that are likely designed to help prepare them for future adult roles, they do not yet take on adult responsibilities, such as careers and families.

Nelson (2003) tested Arnett's (2000) hypothesis of cultural differences by examining how culture and religious rites of passage affect the picture of emerging adulthood among LDS young people. He provided context by explaining the strong doctrinal and cultural emphasis in the Mormon faith on caring for family and others, in opposition to the individualistic pursuits typical of emerging adulthood. He also noted that counsel to marry and start families at a relatively early age also encourages LDS emerging adults to solidify their identities early in terms of mate and career selection. Additionally, risky behaviors such as sexual promiscuity, substance abuse, and drunk driving that are common aspects of emerging adult exploration in

the majority population are at lower rates among practicing LDS single adults because of their religious beliefs. This increased level of responsibility and mature behavior is also a catalyst for identity formation and reduces the length of emerging adulthood in young LDS people.

Nelson (2003) identified some clear roles and responsibilities that LDS young adults are given during emerging adulthood, including priesthood advancement (for males), entering Relief Society (for females), attending the temple for the first time, and the opportunity for missionary service. These rites of passage tend to promote early decisions by LDS single adults about some aspects of their identity. Shepherd and Shepherd (1994) added that these are events and roles that Latter-day Saints have been socialized to anticipate, often since early childhood. Along with other cultural influences and expectations, these religious rites of passage give structure to and may shorten the stage of emerging adulthood among young single adults in the Church.

Shepherd and Shepherd (1994) further explain how missionary service may influence the LDS experience of emerging adulthood:

The timing of the missionary transition . . . occurs when youth are most prone to alienation and rebellion against the strictures of adult authority. They are also largely free from the confining, mundane commitments . . . of conventional adult life. . . . The missionary cause of the LDS Church simultaneously inspires and channels the idealism of its youth while deflecting youthful alienation and rebellion away from the religious strictures of Mormon society. (p. 171)

The mission president is a source of adult authority and guidance, but his influence is distant on a daily basis. This provides missionaries with a large degree of autonomy as they practice adult responsibilities and progress in the identity development of emerging adulthood.

LDS Missionaries and Mental Illness

Although there are various reasons why missionaries return home early, mental illness is among the most common. While there is anecdotal evidence that the incidence of mental illness among LDS missionaries is not greater than that of their peers (Thomas & Thom-

as, 1990, pp. 55–56), mental illness is overrepresented in early returned missionaries (ERMs) compared to their peers who complete their full term of expected missionary service. For ERMs, the challenges and hardships missionaries face may overwhelm their coping resources and exacerbate the turmoil, anxiety, and crises of emerging adulthood. For example, if missionaries realize that their motivations for serving were more extrinsic than intrinsic, if they can't resolve the conflicts between their expectations or ideals and the reality of missionary work, or if they struggle to adjust to the stresses of new roles and responsibilities in the mission field, a propensity for mental illness may be exacerbated and may affect a missionary's ability to function effectively.

The prevalence of mental illness among early returning missionaries was addressed in research conducted by Drake and Drake (2014)—the only prior study that directly considers ERMs. The missionary and health records of 528 early returned missionaries indicated that 38% of early releases were for mental illness diagnoses alone. However, of the 34% who were released due to physical reasons, 72% had a comorbid mental health conditions. The physical issues associated with emotional factors were mostly gastrointestinal tract problems, neurological problems (predominantly headaches), and orthopedic problems with no history of trauma (p. 4). The most common emotional components of the comorbidity were anxiety, depression, and somatoform illnesses. Based on the results, the authors recommended that “missionaries who present with a physical condition that does not respond to basic medical treatment” and which prevents them from “effectively working as a full-time missionary” be sent home without extensive medical intervention unless their lives are threatened or adequate medical services are not available at home (pp. 10–12). They reason that this recommendation will reduce costs, improve medical management of missionaries' health issues, and simplify administrative response to missionary health concerns. Although the results clearly indicate a high incidence of mental health issues among ERMs, the authors' medical model approach emphasized administrative priorities and short-term medical needs over ERMs' emotional and long-term well being.

In a broad review of literature regarding the relationship between religion and mental health, Bergin,

Payne, Jenkins, and Cornwall (1994) identified factors that may interact with religiosity to affect mental health. Each of these factors seems to intertwine with identity development, and may play a role in mental health reasons for an early return from a mission. The authors found that a high degree of intrinsic commitment to religion tends to correlate with good mental health better than an extrinsic commitment. Those whose religious development has been consistent rated higher on measures of mental health than those with discontinuous religious development (i.e., those who have deviated from the faith). Also, religious persons with adaptive personality styles, such as those who are flexible and resilient, showed better mental health than those with maladaptive personality styles, those who are vulnerable and rigid. (e.g., balanced versus unbalanced; flexible versus rigid; stress compensating versus stress debilitating; and vulnerable versus resilient; pp. 154–155).

In an exploratory study of the mental health of proselyting missionaries, Sellars (1971) interviewed 30 members of a fraternity for returned missionaries about the “supports and strains” that helped socialize them to role changes as they prepared for, participated in, and then returned from their missionary service—time periods which correlate with the stages of a rite of passage (Van Genep, 1960). Sellars (1971) defined socialization as the learning and adjustment that occurs as one enters new roles. Mastering those transitions can lead to enhanced self-esteem, personal growth, and maturity—aspects of successful identity development (pp. 14–15).

A person's mental health may be affected, however, if preparation for a transition is inadequate, if there is discontinuity between the roles, if there is too much change in too little time, or if those transitioning experience culture shock or role shock service—discrepancies between a person's expectations and the realities of their new environments and responsibilities (Sellars, 1971). Sellars identified specific factors that missionaries felt were “supports and strains” as they worked through the role changes. However, factors that were considered supports by some missionaries were considered strains (or stresses) by others, and vice versa. Also, some supports were seen as having unhealthy effects, and some strains were seen as having healthy effects. A larger sample size may have

made the relationships with mental health more clear, as might a similar study with ERMs.

Thomas and Thomas (1990) also considered the effects of stress on mental health during the missionary experience in terms of stress response theory. Drawing on their own experiences leading an LDS mission in England from 1982 to 1985, as well as input from mental health professionals and other mission presidents, the authors suggested several stressors associated with serving a mission, including frequent changes in location, associations, responsibilities, and expectations; gaps between ideals and realities; diversity of mission administration and priorities; enforced moratorium on sexual expression; mission traditions of motivation by competition, reward, embarrassment, and guilt; and difficulties adjusting to post-mission life.

These stressors may have a cumulative effect, and may engender a sense of inadequacy and futility (Thomas & Thomas, 1990, pp. 53, 74–75). While many missionaries demonstrate great hardiness in the face of stressors, some are more vulnerable. The authors referenced van der Kolk (1987), who related vulnerability to genetic predisposition, developmental levels, social supports, prior trauma, and pre-existing personality factors. In terms of developmental levels in particular, adults with a firm sense of identity are less vulnerable to psychological stress than children (pp. 10–12). This may help explain why missionaries, still in the identity development of emerging adulthood, are sometimes prone to mental illness, and why mental illness so often first manifests in adolescence and young adulthood both in missionaries and the general population. Thomas and Thomas (1990) concluded by drawing parallels to post-traumatic stress disorder (PTSD) and suggesting a “mission-related stress disorder” (MRSD) as a framework for understanding and assisting missionaries with the effects of stress during and after their missions.

Adams (1995) examined how individual personality traits affected missionary adjustment after they arrive in the field. He considered five broad personality traits and found that low neuroticism, high extroversion, high conscientiousness, and high agreeableness were correlated with positive adjustment in the mission field. High denial, or the ability to cope by “refusing to acknowledge the existence of an inescapable

source of stress” (p. 67), also correlated with positive adjustment. If one or more of these traits are not strengths for a missionary, he or she may struggle to successfully adjust to the responsibilities and demands of missionary work, leading to struggles in the mission field, mental illness, or an inability to complete the full mission term.

Finally, Bordelon (2013), a Catholic researcher, explored burnout among LDS missionaries in a qualitative study with twelve returned missionaries as interview subjects. Citing earlier research on burnout, he described it as “emotional exhaustion, depersonalization (or cynicism), and feelings of low personal accomplishment” (p. 13) resulting from “incongruence between the worker and the job” (p. 14), and manifesting in both physical and behavioral symptoms. Burnout is a common phenomenon among clergy, social service workers, and others employed in helping professions who have almost constant contact with people. But rather than showing evidence of burnout, the missionaries he interviewed had developed and employed social and religious coping strategies which enabled them to succeed in spite of the many stressors and challenges they encountered, including the mismatch between their expectations and the reality of missionary work. Each missionary felt that they had been effective, and that their missions had provided them with personal, interpersonal, and spiritual growth (pp. 180–181). Although Bordelon (2013) found no evidence of burnout in his sample, all of his subjects were missionaries who had completed the full term of their missions. We suspect that had he included ERMs in his sample, he might have found the examples of burnout he expected to find.

Currently, 6% of missionaries return early (Drake & Drake, 2014). Given the lack of research on ERMs and the potential for this population to face unique emotional, spiritual, and psychological challenges, we decided to conduct exploratory research on ERMs. Specifically, we were interested in the following questions:

- What happens to those missionaries who do not fully complete the developmental task of missionary service?
- How does returning home early from a mission affect identity development?

Methods

This was a mixed methods study, with qualitative and quantitative data collected sequentially. It was conducted in two phases: the first phase was an exploratory qualitative phenomenological study designed to understand the lived experiences of ERMs through interviews with male ERMs ($n = 12$). From this data we identified key variables and developed a survey instrument that we administered to a larger ERM sample ($n = 348$).

Phase One: Interviews

We chose young men specifically because of the expectation (Ballard, 2007; Kimball, 1987) for young men to serve missions. The target sample consisted of males age 19–65 who were willing to participate in digitally recorded interviews. We began by asking two ERMs we knew to discuss the issue, and asked them to refer others to the principal investigator (PI). Through this version of snowball sampling, we were contacted by ten additional ERMs who asked to participate at which point we reached saturation.

We met the participants in locations of their choice and asked a series of open-ended interview questions in a semi-structured format. One student researcher and the PI were present in each of the interviews, one to lead the interview and the other to take field notes, particularly noting body language and affect. Each interview lasted from 30 minutes to 2 hours.

The researchers digitally recorded each interview, and an independent contractor transcribed them. Each transcript was assigned to two student researchers and the PI. One student researcher listened to the recording and checked the transcript for accuracy. The second reader and the PI coded each transcript using the open coding method (Creswell, 2009) to find broad themes. The team met together to perform axial coding (Strauss & Corbin, 2001) on the transcripts and formulate the questions for the quantitative survey. A small group from a Tests and Measurements class at Utah Valley University assisted the team by refining questions and developing the Qualtrics survey.

The range in age of interviewees was 20–29, ($M = 24$). Eleven self-reported as Caucasian and one as Pacific Islander. All were Utah residents; one relocated to Utah from an east coast state following his mission.

Two returned for reasons of physical illness or injury; four for mental health concerns; two for unresolved transgression prior to the mission; two for disobedience to mission rules while serving; and two returned home of their own volition.

Phase Two: Survey

Participants were drawn through convenience sampling that was obtained through social and print media, presentations, fliers, and word of mouth. The survey was open during the summer of 2012, which was just prior to the change in age of missionary service, and included men and women, ages 19–65, who were self-identified ERMs. The sample was not limited by geographic location, church activity, ethnicity, or any other variables.

The survey sample ($n = 348$) was 81% male and 19% female. The age range was 19–65 ($M = 29.4$, $SD = 9.2$). Ninety-three percent were self-reported Caucasian, 3% Latino and 4% were members of other racial or ethnic groups. Twenty percent served for 3 months, 20% for 4 to 6 months, 20% for 7 to 12 months, and 40% for longer than 12 months. Most participants lived in Utah, though some were from other states and countries.

The data were exported from the Qualtrics survey software and analyzed using SPSS and Excel with both descriptive statistics and exploratory multiple regression models.

Results

The results reported here are from the quantitative survey and examples are illustrated with quotes from the interviewees. All names have been replaced with pseudonyms. There were several themes identified through the qualitative phase and clarified in the quantitative phase, but this paper will focus on missionary preparation and motivation, the mission experience, mental health treatment in the mission field, the early return, and post-mission adjustment as these were the most prominent qualitative themes.

Missionary Preparation and Motivation.

Of the young men and women who responded to the quantitative survey, 72% indicated they had the desire to serve a mission and 70% declared they were wor-

thy to serve. Seventeen percent specifically admitted they were unworthy to serve. We also found that 85% believed they were physically prepared to serve, 64% felt they were spiritually prepared, 60% felt mentally prepared, and 58% felt emotionally prepared. Prior to submitting their application for missionary service, 17% dealt with mental health concerns, but only 66% of these subjects declared a history of mental health issues on their missionary application. This suggests there is still stigma associated with mental illness and treatment, or at least a fear that mental health concerns, even if resolved, may disqualify a missionary for service. Nineteen percent of the respondents had prior physical health concerns, and 87% of them declared the issues on their missionary application.

When considering the motivation to serve a mission, we expected participants might have multiple reasons for serving, so they were allowed to select more than one answer. In this case 58% believed they felt a spiritual direction to serve, but far more (72%) were responding to social expectation. They felt pressure from at least one front: their parents, church leaders, friends, or a girlfriend or boyfriend. Even more of the participants (74%) believed it was a priesthood duty or expectation to serve. Regardless of the motive(s), making the decision to serve was difficult and the pressure sometimes pushed the young adults into making the crucial decision before they were developmentally ready. As one of the men interviewed stated:

Youth in the church have that pressure and they are saying, 'I don't know if a mission is for me.' But there is so much social pressure, you have to go. It pushes you to go when you are not really ready. Despite what the Church says, that social pressure is still there. I really feel like a lot of times, it is more influential than the Spirit.

—Jason

The Mission Experience.

Only 37% of the participants in the large survey sample felt they were able to be themselves and show their true personalities while in the field. Half of the ERMs (50%) said they loved their missions. On a more positive note, 62% of them reported having strong spiritual experiences while on the missions, and 67% believed that missionary work is the work of the Lord.

We desired to understand the preparatory vari-

ables that were predictive of ERMs having spiritual experiences on their missions. To do this, we created a multiple logistic regression model that had eight independent variables (whether the subjects felt worthy, emotionally prepared, physically prepared, spiritually prepared, mentally prepared, anxious about serving a mission, pressured to serve, and that missionary work is the work of the Lord) and one dichotomous dependent variable (i.e., whether they had spiritual experiences on a mission). For the sake of parsimony, we used a stepdown procedure to eliminate non-statistically significant variables ($\alpha = .05$) one at a time until the model had only statistically significant predictors in it. This parsimonious model is shown in Table 1. The model showed that missionaries who were emotionally prepared to serve ($\beta = .166, p < .001$) and believed missionary work was the work of the Lord ($\beta = .509, p < .001$) were more likely to have strong spiritual experiences while on the mission. Compared to missionaries who had strong spiritual experiences, missionaries who felt pressured to serve by those around them had fewer spiritual experiences during the mission. This was seen in the negative correlation between feeling pressured and feeling spiritual experiences on the mission ($\beta = -.165, p < .01$).

Mental Health Treatment in the Mission Field

Thirty-six percent of the missionaries surveyed, and half of those interviewed, had mental health concerns that contributed to their early return. Of those, 83% were treated with therapy, and 52% were prescribed medication. Of those who received therapy, only one third thought it was effective. Interviewees provided insight into possible reasons for the ineffectual therapy. One indicated he received therapy via Skype from a therapist in another country, and it was difficult for him to develop an effective therapeutic alliance. Another stated he received therapy by phone, and he did not feel the therapist was invested in his care. Scott shared his thoughts about what he considered to be an overreliance on the depression instrument used in his mission.

When I was asking for help, they kept going back to that [depression] survey [I took]. It was ridiculous because every time I'd call, that's what they would bring up and I think for every question [in the survey], you'd

Table 1. Predictive Factors to Having Strong Spiritual Experiences

	<i>b</i>	<i>p</i>	β
Emotionally Prepared to Serve	0.176	***	0.166
Missionary Work is the Work of the Lord	0.454	***	0.509
Felt Pressured to Serve	-0.158	**	-0.165
Constant	1.108		
Pseudo R ²	0.137		

* *p* < .05

** *p* < .01

*** *p* < .001

get some points, and if you didn't score low enough on the point system, [then you were fine], like who cares? And so every time I called the mission president's wife, that's what she'd bring up, and I was like, "Throw your stupid survey away and will you please listen?"

—Scott

Of the 52% of the missionaries treated pharmacologically, only one fourth of them believed the medication was effective. Half of those treated did not understand what the purpose of the medication was or the proper use of it. Some survey respondents noted the instructions were not in their native language, and that made the instructions hard to understand. Most missionaries who serve in foreign countries become fluent in the language when conversing about gospel topics, but they may feel inadequate in understanding medical terminology. Two of the interviewees shared their experience with taking medication for their depression and anxiety.

I got a phone call. It was a psychiatrist in Germany. He said my companion turned me in saying that I wasn't happy and that I was just dragging . . . I got put on Prozac. I took the pills. I just became numb, really numb.

—Clark

I was still going through these anxiety struggles . . . I started talking with a counselor. I think it might have been during my first or second transfer I started talking to someone in Salt Lake; they would do it by phone. And they started prescribing me some medication. I don't know what the medication was. It was the first time I had really taken medication for anything so I wasn't really for it, but my dad just said, "You need to

take it. God has blessed us with this technology and medication.' And I was like, 'All right; you're right.'

—Rob

The Early Return

Thirty-nine percent of the survey participants said they had some input into the decision to return home. Thirty-six percent reported that mental health issues were a factor in their return, which is approximately double the percentage (17%) of ERM's who had experienced mental health issues prior to their service. This is not uncommon as young adulthood is a time when some mental health concerns often appear, such as schizophrenia (American Psychiatric Association, 2013). Thirty-four percent returned due to physical health issues. Not surprisingly, stress was a factor in 38% of all early returns. Only 12% of the respondents came home due to unresolved transgression and 11% for breaking mission rules, which means less than 1/4 of respondents returned early for issues related to transgression. This is noteworthy because many ERM's feel like people assume they returned for worthiness issues. They feel stigmatized and ashamed, whether or not there was sin involved.

We specifically asked the ERM's how they felt they were received by specific groups of people when they returned home. Fifty-eight percent felt they were received indifferently or poorly by their congregation (ward), and almost half felt they were treated indifferently or poorly by their ward leaders. Thirty-one percent of the survey respondents indicated that their

friends and family were indifferent or unkind. Several interviewees expressed their hurt, frustration, or rejection. They felt the people who should love and support them the most were not always supportive and helpful, or they lacked the unconditional love and acceptance the ERMs needed during a difficult time.

I went back to Provo and started working at [a restaurant] again. It is where I worked before. It is not that people were really looking down on me a lot—but there were a lot of jokes going back and forth. I remember my supervisor was telling me to finish cleaning the steamers, and I was like, “Yeah, I will finish them.” And he said, “Really? Just like you finished your mission?”

—Nathan

The mission president phoned my stake president and I got to call my parents. I called my mom and she just started crying. I told my dad and he tells me that he has failed me as a father. I won't be able to come home. There won't be a bed for me there.

—Conner

I think the hardest thing is people's expectations. I felt like I wasn't meeting their expectations, so I was being treated differently. I never really felt accepted [or] like people understood the whole situation.

—Scott

There appears to be a strong perceptual component to these reactions. Of the interviewees who stated they were poorly received, few had specific or concrete examples they could recall. These young adults admitted they were already hypersensitive to the situation, especially during the first few days when family and ward members learned of their return. Many members do not know what to say and, in their awkward attempt to be supportive, may say something that is unintentionally hurtful or misunderstood.

Post-mission Adjustment

Of the ERMs responding to the quantitative survey, 73% said they had feelings of failure. Two-thirds of ERMs felt uncomfortable in social settings, and 44% felt uncomfortable answering questions about their missions. They indicated few church members ask them about their missions, and when they do it some-

times feels awkward. Surprisingly, 46% do not feel they are true returned missionaries. Finally, 40% of ERMs said they felt pressured by others to return to the mission field. Two young men shared these experiences:

Before I was dating my girlfriend, her roommate found out that I was home. She sat down with my girlfriend and basically said, “Now that he is home, we need to do everything possible to get him back out.” [The roommate] would email her dad and ask for advice on what she could do to get me back out. It was a huge mess. Basically, what it came to, her roommate was telling me that my family wasn't strong in the gospel and that because I came home early from my mission that I didn't fulfill my missionary responsibilities. Even though I knew inside that I couldn't have gone any longer, it doesn't make me feel any better when people are like, “You are a failure.”

—Scott

I had my interview when I was released as a missionary with my stake president, and I bawled with him and my parents in that interview when I took my tag off. He assured me, “You served as faithfully and as much as you could in your capacity.” That did help, but I still struggled with it for two years. It was hard to tell people because I didn't want to bring it up and explain my whole story about coming home.

—Rob

The most surprising finding in the study is that *the majority of ERMs had feelings of failure regardless of the reason they returned*, regardless of whether their early return was related to personal conduct. To understand better why ERMs had feelings of failure, we created another multiple regression model to predict these feelings of failure. The independent variables in this model were the different reasons missionaries returned early. We also included as an independent variable how ERMs stated that ward members received them. Like the model in Table 1, we eliminated variables in a stepdown procedure one at a time when predictors were not statistically significant ($\alpha = .05$). The parsimonious model is shown in Table 2.

The model shows that missionaries who came home early because of mental health concerns had more feelings of failure ($\beta = .191, p < .01$). The same was true of ERMs who returned early due to homesickness ($\beta = .156, p < .01$) physical health problems ($\beta = .180, p < .01$), and worthiness ($\beta = .214, p < .001$). However,

the model in Table 2 also showed missionaries who came home either due to family issues ($\beta = -.112, p < .05$) or because they lacked a strong personal testimony ($\beta = -.154, p < .05$) had decreased feelings of failure. Additionally, those ERM's who felt their ward members received them better upon returning home had lower feelings of failure ($\beta = -.159, p < .001$). Table 2 shows that the independent variables in the multiple regression model predicted 16.7% of the variance in survey respondents' feelings of failure.

Those who return home early develop a variety of coping strategies to get them through their adjustment. Some tried to make responsible choices and stay active in the Church. Others distanced themselves from the faith by turning to worldly pursuits, apostasy, substance abuse or other risky behaviors. One ERM explained his coping strategy:

I took a job on Sundays and that way I didn't have to explain things to people anymore. The pain kind of just resolved itself. I became someone who just wasn't known anymore in that ward. They just didn't expect me coming anymore. Things died down and that was nice.

—Clark

There are long-term effects for these young people's church activity. According to the survey portion of our study, 34% of ERM's had a period of inactivity, and of those, 33% have never returned. Nearly half of the survey respondents (47%) reported they are not as active in the Church as they were before they went on their mission.

To better understand the influences on ERM's church activity, we created a simple multiple logistic regression model (displayed in Table 3) in which the reception of ward members and whether the subjects had spiritual experiences on their missions were independent variables. We selected these independent variables because the survey item on reactions of ward members was the most powerful malleable predictor in Table 2 of ERM's feelings of failure. However, because the qualitative data showed the powerful spiritual experiences on the mission were an important theme among the ERM's who were still active in the Church, we thought it possible that having powerful spiritual experiences could mitigate the impact of negative experiences from ward members.

Table 3 shows that ERM's who felt their ward members received them well upon their early return were less likely to experience a period of inactivity ($\beta = -.450, p < .001$). Similarly, missionaries who had strong spiritual experiences while on their missions were also less likely to experience a period of inactivity, compared to ERM's who did not have strong spiritual experiences ($\beta = -.396, p < .001$). In total, these two predictor variables explained 14.0% of variance in the respondents' post-mission church activity. The similar β values indicate that these two variables were nearly equally powerful in predicting ERM's level of church activity. However, the reception of ward members was a slightly more powerful predictor, indicating that powerful spiritual experiences on the mission may not fully compensate for

Table 2. Predictive Factors to Feelings of Failure

	<i>b</i>	<i>p</i>	β
Reception of Ward Members	-0.152	**	-0.159
Personal Testimony	-0.478	*	-0.154
Mental Health Concerns	0.512	**	0.191
Homesickness	0.544	**	0.156
Physical Health Problems	0.488	**	0.180
Family Issues	-0.814	*	-0.112
Worthiness	0.733	***	0.214
Constant	3.963		
R ²	0.167		

* $p < .05$

** $p < .01$

*** $p < .001$

Table 3. Likelihood of Having a Period of Inactivity Upon Return

	β	p	e^{β} (odds ratio)
Reception of Ward Members	-0.396	***	0.673
Very Strong Spiritual Experience	-0.450	***	0.638
Constant	1.108		
Pseudo R ²	0.140		

* $p < .05$ ** $p < .01$ *** $p < .001$

a cold reception from ward members after returning home early from a mission.

Opportunities for Growth

Although these results may seem bleak, there is an interesting finding. The 12 ERMs who were interviewed were asked, “If you could change anything about your mission, what would you change?” Not one of them stated they would change anything. Clark effectively summed up their thoughts: “I have grown so much because of this experience. I wouldn’t change a thing.” Even ERMs whose missions ended early because of transgression expressed this sentiment. Conner explained, “I am not a big fan of doing the sin, but I wouldn’t change the growth for anything.” This demonstrates the missionaries gain maturity and insight into their own growth from adversity. They are able to reframe the experience once they have resolved it.

Discussion

It is an important point to consider that an early return is an interruption in the developmental process of creating an adult identity. The tasks of missionary service are halted midstream—usually with minimal notice. The quick release does not leave time for a young adult in the identity development phase to emotionally, mentally, or spiritually adjust to the change and consider the impact it will have on his or her immediate future. As Collin stated, “It was like ripping out an IV.” The ERM does not have the opportunity to complete the defined mission developmental tasks, such as feeling “trunky” and anticipating an excited gathering of friends and family to welcome him at the airport. Often, upon his

return home, an ERM is treated differently than his full term serving peers. There may be no celebration at the airport. He may not receive an invitation to speak in sacrament meeting or report to the high council. Many ERMs we interviewed indicated the most difficult moment for them is entering the chapel on their first Sunday home. The surprised reaction from ward members is an awkward and painful reminder of their perceived failure.

Since family members and friends are sometimes unsure of what to say, ERMs may have fewer opportunities to share their positive mission stories as well as the circumstances that brought them home. Three of the men we interviewed indicated they had never had a chance to share their experiences from start to finish. The interview was the first time they were able to tell their “story,” and each stated it was a cathartic and therapeutic experience for him.

Clinical Implications

There are several things clinicians can do when beginning work with an ERM.

Allow the ERM to share his full story.

Provide a safe, nonjudgmental environment. While this may seem obvious to any clinician, we were surprised at how many ERMs did not feel encouraged, or even comfortable, to talk about their missions to anyone.

Promote empowerment.

Because the majority of ERMs were not given the choice whether they returned home, they feel a loss of control. It may be helpful to reframe the experience by showing the loss of decision making power was tem-

porary, and they should take steps to regain control of their lives. The ERM will need to feel empowered to own his or her healing journey.

Teach communication skills.

Many ERMs don't know what to say to others when they return. Work with them to gain assertiveness skills so they can comfortably express what they need to their family members and church leaders. Most people want to help, but they don't wish to make assumptions or be intrusive.

Encourage the use of spiritual strategies.

Most ERMs gained powerful spiritual resources while serving, and they should be encouraged to put them to use. Fasting, prayer, temple attendance, scripture study, and most importantly application of the Atonement can provide them continued emotional and spiritual strength to find their new path.

Encourage good emotional coping resources.

Help ERMs learn to reject shame and embarrassment. Many choose church inactivity as a way to cope with shame and embarrassment. Help them accept that the situation may be awkward at first, and they may become offended. Remind them that taking offense is a choice (Andersen, 2010). ERMs have more power over their situation than they realize.

Counsel parents and leaders to avoid urging the ERM to return to the mission field.

The ERM should be empowered to focus on resolving the reason for coming home before engaging in any discussion about returning to the field. Moving on with his or her future by securing employment or attending college or vocational training may be the path he or she prefers or feels inspired to take. Consistently showing patience, unconditional love and support for the ERMs' decisions will be the most helpful.

Consider the Young Church-Service Missionary (YCSM) program as an alternative.

Not all ERMs can finish the full term of their proselyting missions, but many want to successfully complete their service. Clinicians can work with ERMs and their local priesthood leaders to investigate whether the YCSM program is an appropriate option. YCSMs

are called and set apart to serve in family history centers, bishops' storehouses, and in other needed areas of the Church. Such mission opportunities are based upon the talents and interests of each missionary and developed to fit his or her unique needs (Carter, 2013).

Conclusion

An early return may be traumatizing to a missionary for a brief time, but it does not have to set the tone for their future. Therapists, church leaders, family members and friends can offer support in a meaningful way to help ERMs make the needed adjustment to their unexpected return. Because there is no official Church protocol on how to receive and work with ERMs, clinicians will have to be flexible and adjust interventions to ERMs who may experience the phenomenon differently. If ERMs can focus on being refined rather than defined by their experience, they will be much stronger to meet the future life challenges that most certainly lie ahead.

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