

Journal of the Association of Mormon Counselors and Psychotherapists

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The purpose of this Association shall be:

- a) To promote fellowship, foster communication, enhance personal and professional development, and promote a forum for counselors and psychotherapists whose common bond is membership in and adherence to the principles and standards of The Church of Jesus Christ of Latter-day Saints, both in their personal lives and professional practice.
- b) To encourage and support members' efforts actively to promote within their other professional organizations and the society at large, the adoption and maintenance of moral standards and practices that are consistent with gospel principles.

Article 1, Section 2, AMCAP By-laws (as ammended Sep. 30, 1981)



Editor

Burton C. Kelly Brigham Young University

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Call For Manuscripts

The AMCAP Journal seeks manuscripts of interest to the broad interdisciplinary membership of the Association. Articles relating to the practice, research, or theory of counseling and psychotherapy are appropriate for the Journal. Manuscripts should generally not exceed twenty double-spaced typed pages. Style should follow the Publication Manual of the American Psychological Association (2nd edition). Authors should keep a copy of their manuscripts to guard against loss. Three copies of the manuscript should be sent to the editor:

Burton C. Kelly, Editor AMCAP Journal 149 SWKT Brigham Young University Provo, Utah 84602 We are pleased to be able in this issue to bring you Elder Yoshihiko Kikuchi's address presented at our April, 1981 AMCAP Convention. If you weren't able to hear it personally, we hope as you read it you will experience the great feeling and spirit of love that he radiated to us.

We trust you will enjoy and find profitable the rather wide variety of articles presented in this issue. If you desire articles on specific topics or special issues devoted to given topics, please communicate your desires. In addition to the other articles in this issue, we believe you will enjoy and find stimulation in the related articles of brothers Warner and Brower and find food for careful thought in the somewhat contrasting philosophical assumption on the genesis of feelings in the Burnout article by Brothers Willis and Fondren.

Again, we encourage you to write and submit articles and to encourage others that you believe have a message for AMCAP members to do likewise. We thank all of you who have submitted articles for this and other issues. If you have an idea that you would like to share, but believe that you cannot helpfully expand on it for a full article, please send it in as a research note, a practitioner's idea, a theoretical notion. We would be pleased to consider publishing briefer comments

As always, please submit any suggestions you have for the improvement of the Journal Thank you

BCK. Ed.

EDITORIAL

CORRECTION:

An apology is extended to Brother Victor Brown, Jr. and readers who may have been confused due to a printing error in Brother Brown's article, "Sexual Intimacy: Thoughts for LDS Helping Professionals," in the January 1982 issue. On page 12, the next to the last paragraph, it should have read "Then, in almost mundane terms, I have not found ordinary marital therapy calling for primary focus on technique. Whether it was premature ejaculation or vaginismus, progress and healing depended most upon trust and respect sufficient for the couple to nurture each other while appropriately applying technical knowledge." Unfortunately, the "not" was omitted when published.

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THE POWER OF LOVE

Elder Yoshihiko Kikuchi of the First Quorum of the Seventy Presented at the AMCAP Convention 3 April, 1981

I am indeed grateful for the opportunity to stand before you this day. It is an honor and privilege to do so. English is not my native tongue, so I pray that the Spirit of the Lord will guide me. I am also, as yet, a "green bean" as a "G.A." so I am still frightened to serve the Lord in this capacity. I won't try to preach to you today--I am not qualified to do so. However, I would like to share some of the most spiritual experiences that I have encountered over the last few months. I would like to relate them to our Japanese society, showing how the Japanese members are affected by the gospel.

About five months ago I had the privilege of traveling with President and Sister Kimball to attend area conferences in the Philippines, Taiwan, Hong Kong, Korea, and also Japan for the dedication of the Tokyo Temple and area conferences in Tokyo and Osaka. This covered almost a three-week period, and so I had the privilege to become well acquainted with President and Sister Kimball. Today I would like to share an experience I had with them in the hope that it will help your work.

As we were staying at hotels as a whole group during the series of area conferences, the local members were asked to supply priesthood leaders to watch over the hallways of the hotel. We would block out one section for security purposes so that we could protect President Kimball and other general authorities and their wives. Every morning--and this is something I learned in a touching way--President Kimball would come out of his room, usually about 6:45 or 7:00 in the morning, without his tie or shoes and socks. He would come out and express his love to the security people and to the local members. He would kiss and hug and embrace them. At 86 years of age he is tireless in his service and in expressing himself to other people. He is unbelievable. He hugged and kissed them.

When we stayed at the Keio Plaza Hotel in Tokyo, President Kimball came out of his room at about 6:45 a.m. as usual, with bare feet and without a tie. He hugged a young man. This young man had completely lost his direction in life. His family situation was unstable, and he was insecure. Although he had been baptized when he was 17 years of age, he was uncertain about what he wanted from life. Just a week prior to the area conference he walked into church, and expressing himself to the branch president said, "I want to be a good member. What can I do?" The branch president told him to come to Priesthood Meeting and Sunday School. Then he told him that this week they needed to supply one young brother to assist with the night security for President Kimball and the other general authorities. So, on that particular morning, he was there when President Kimball came out. This young man, 20 years of age, couldn't stop his tears. Later he said, "In the Celestial world, is it like that? Is our Heavenly Father like that? When President Kimball kissed me and hugged me, I felt so strongly that the Spirit testified to me that our Heavenly Father is just like he is." And he said, "Oh, I was almost going to miss the glorious opportunity to stay in the Church! And I wouldn't have stopped wandering. I almost missed the total picture, the panorama, the beauty of the gospel." This young man is now saving his money to go on a mission. He felt strongly that the Spirit testified to him that he could help his parents and that he could share the gospel with them.

I want to share another beautiful story with you. Right before I left Tokyo, a young boy walked into my room. Could I just give the touching testimony of this young man?

My family consists of three members now, and we are living in our grandparents' home because my parents were divorced two years ago. Since that time, my grandfather and mother started working. Sometime in October of 1979 I met the young missionaries at Shibuva Station. I studied and was baptized within three weeks. Although I received baptism, I became totally inactive for about seven months. Since my family was not stable, I wasn't happy. I had been wondering about my life and the future, even about my life hereafter. I wandered around every day and didn't go to school because I had lost sight of my objectives. With a feeling of depression and emptiness, I walked to church one day without consciously thinking of going there. I met with the missionaries again and with the members. I attended a beautiful baptismal service which impressed me greatly; in fact I was inspired. I decided to attend church after that and learned the importance of the gospel teachings and the importance of missionary work. I was called as a branch missionary and assisted the full-time missionaries almost every day. I went to street meetings with them and contacted many, many people. The Lord helped me. Within two months I brought many people to the full-time missionaries and I, myself, taught seven people and had the privilege to baptize them.

One day as I was praying, I received a strong feeling that I should proselyte my own family. I prayed and prayed and then introduced the missionaries to my mother first. I felt that it was very important to convert my family in order for us to obtain eternal life as a family. My mother was attending another Christian church and had many friends. Because she was afraid of losing these friends, at first she refused to be baptized. However, with the help of the missionaries and through the cooperation of the members, within about a month she was baptized. The members came to her baptismal service, and it was a beautiful testimony to me that I could baptize her. Everyone at the service cried and cried because of the Spirit we felt in that room. When we went through the Tokyo Temple Onen House and saw the sealing room, my mother started to cry because she felt the Spirit so strongly. I explained to her, "Mom, this is the place we have to come back to to be sealed for

time and all eternity." We decided at that moment, in that sacred spot, that we would come back

My sister was baptized September 11, 1980. I performed her baptism also. I am sure that there are more wonderful Latterday Saints who can bring their families into the Church. This I beauti

Although my mother and sister joined the Church, I forgot to tell my grandparents about the gospel. I regretted this so much This January my grandfather had a heart attack while he was on a business trip I was very shocked I thought that I might not be able to baptize him by my own hands. I earnestly prayed to my Heavenly Father at 10 minute intervals for a period of three or four days. I prayed so hard I had never prayed so hard in my whole life. The doctor had given up and then the miracle happened Eventually my grandfather's health was restored. Heavenly Father blessed him. After two months he was out of the hospital. The first part of March I called our good missionaries and asked them to come to our home, where I introduced them to my grandparents. They were so receptive They received the discussions and believed in the gospel Elder Kikuchi, this week after stake conference I will baptize them 1 thank God from the bottom of my heart because he has blessed me so much I am 17 years old. When I am 19 I plan to go on a mission. I will live righteously. [And he went on to say.] With the help of the Lord, can I bring my father back to my home?

As you can see, Japan is no longer the family place of stability. Every three seconds, somewhere in Japan, there is a divorce. A lot of children are suffering because of this. As far as I understand, this is second to the United States and Russia. The divorce crime is unbelievable. HOW can we save and protect our families and prevent this? I say that only the Gospel of the Lord Jesus Christ can heal and protect families and prevent this great crisis.

I want to share another wonderful story with you. In Japan, in the spring and the fall, we have what we call Undokai, which is a sports festival for kindergartens, elementary schools, and high schools. The mothers prepare a lunch and the families spend the day at school watching the children participate in sports events. On just such a day a Japanese sister, Sister Asada, had prepared a lunch, and she and her family went to the kindergarten sports festival. As lunchtime approached, Sister Asada began to spread her food on the table. Sitting next to her was a mother, grandmother, and three children. The mother had forgotten to prepare a lunch, and after about twenty minutes she said she must go home to get their lunch. Another twenty minutes passed and this woman had not returned, so Sister Asada offered to share the lunch she had prepared with the grandmother and the children. They refused, saying they would have their lunch soon. Well, they waited about an hour and still the mother didn't return. They found out later that she had forgotten to prepare a lunch and that it took her about an hour and a half to do so. In the meantime, Sister Asada again offered to share her lunch because she could tell that the children were hungry. This time they graciously accepted. From this experience the mother and Sister Asada developed a warm friendship. One day Sister Asada invited the woman to a Church fireside. At the fireside a missionary sat down next to the woman, and she asked, "What is this Gaijin doing here?" (Gaijin is what we call foreigners.) "They are missionaries of our church,"

Sister Asada said. "They serve two years without receiving any money from the Church." The woman asked if she could study with them. This was a shock to Sister Asada, who quickly replied, "Of course, please do." This woman started to take the discussions from the missionaries. When she was taught the discussion on the Word of Wisdom, it was the most difficult part for her because at that time she was smoking about 5 packs of cigarettes a day and was drinking alcohol pretty heavily. When her husband found out that she was taking lessons from the Mormon missionaries he said, "You won't be able to give up your alcohol and cigarettes. I know some LDS people in our company and they are really strict about living the commandments. If you can join their church, I'll join with you." At this time this family had been having many problems. This woman was baptized, and as she bore her testimony she said, "Brothers and sisters, my family has been unhappy and our life meaningless. But because of Sister Asada's kind food offered to my family at the kindergarten sports festival, she was a life saver for my entire family." And she expressed with tears in her eyes, "You know something brothers and sisters? That food was life eternal to our family." Now her three children have been blessed and her husband is taking the discussions from the missionaries.

I am trying to show through these three stories how people are brought together by the gospel. The Gospel of Jesus Christ is the only solution and preventative medicine for our problems.

I would like to share another experience with you. Three weeks ago one of our mission presidents called me. "Elder Kikuchi," he said, "help me. There is a young missionary in my office who says that he wants to go home. How can I help him? I have spent three hours with him, but he says he wants his ticket and passport and wants to leave."

"I suppose you went over everything with him?" I asked. "President, could I just speak to him?" He put the missionary on the phone and I said, "Elder, I understand you want to go home."

"Yes, Elder Kikuchi, just give me my ticket. I don't want to stay here."

"Well, I understand, but I want to know the reason why you want to leave."

"Oh, I explained everything to my president."

"Well, Elder, I don't want to force you to stay here, but I would like to visit with you before you leave us."

"Oh, you don't need to come here. I just spent a lot of time with the president."

"Elder. I need you. I love you. The Lord is extending his hands to you to be the savior for the Japanese people. Are you refusing the Lord's invitation? Are you going to leave us alone? Could you kindly spend even ten minutes with me? I'll come up this afternoon. I'll catch the first plane. I don't want to force you to stay, but at least let me talk to you before I say it is okay for you to

"Oh, you are a busy man. You don't need to come up here and you don't need to spend the time with me."

"Elder. I tell you, you are more important than my paperwork. You are important enough for me to come up to spend the time with уои."

And he said, "Okay."

Before I hung up, I said, "Elder, tell me, tell me why you want to go home." And I could sense the tears.

"Elder Kikuchi, my parents got a divorce. I've lost my track."

"Did you talk to your president about it?"

"No."

And I said, "Well, would you tell him about it, and I will come up. Just wait 24 hours and then you can leave tomorrow." And then I just hung up. Within 30 minutes he called back.

"Elder Kikuchi, you don't need to come up. I felt your love. I will stay."

Another experience: A mission president from another mission at the south end of Japan called me. There was another missionary who wanted to return to America. He had been born in the western part of the United States and had grown up there. For some reason, when he was sixteen he left his home and went to another area. He met the missionaries there and was baptized. One year after his baptism, when he turned nineteen, he became a missionary. He was a stake missionary first, and he worked and saved his money so that he could serve a full-time mission. Now he wanted to go home. I told the mission president that I would come and talk to the young elder. I spent a couple of hours with this young man. He just talked and talked and talked. For two hours he talked, and I just listened while he stated all the reasons he wanted to go home. After two hours I said, "Elder, those are not your real reasons for wanting to go home. Is there something else that is wrong?" And he started to cry. He explained about his family situation and the problems his parents had. He received no mail from home. He said, "My companions get letters almost every week. I started to get lonesome, you know? I need to feel that someone loves me."

Brothers and Sisters, I think we can learn something from these stories. I, myself, have learned a great deal from these experiences.

I believe that listening-listening in the Church, in priesthood meetings, as bishops, stake presidents, counselors, parents, in your profession-I firmly believe that listening is a dimension of love. I also believe that the art of listening is an eternal quest. I believe that listening is a healing power and is the most curable medicine. I feel so strongly that we need good listening ears in the Church. I also believe that listening, you might say, is the best preventative medicine. Listening to a child, a husband, wife, missionaries, students, patients-I think this is the most precious expression of your love and concern.

I believe it was John Raskin who once stated: "Give a little to your children and you get a great deal back." I believe this principle can be applied in the Church. Brothers and sisters, I am concerned about one thing in the Church. I think we need to listen more carefully to our people. We need to do better.

Lastly, could I just leave a few of my thoughts with you: Man's joy and sufferings are the reflection of his habitual thinking. He is the product of what he thinks all day long. His character is the total sum of his thoughts.

If you don't pray, you cannot be safe. Remember to pray.

Another thought: The beauties in life come from betterment of service to others. The divine nature of the human soul is humble service to others. Neal Maxwell said, "Celestial criteria measure service, not status." This gives us tremendous inspiration. J. Rueben Clark, Jr. said that "It is not important where we serve, but how we serve." Happiness of the human soul lies in humble service to others. The great symbolic beauty of our lives is simply to serve others, to give of ourselves. The eternal joy within us is a reflection of our hearts. The law of a pure heart and mind works like chemistry. If we have pure vision and a pure heart, they will expand.

From the Doctrine and Covenants:

But no man is possessor of all things except he be purified and cleansed from all sin.

And if ye are purified and cleansed from all sin, ye shall ask whalsoever you will in the name of lesus and it shall be done. (D&C 50:28.29)

It shall be done. I believe that we will go as far as we believe we are able to go. I also believe that you cannot get something from nothing. In the same sense, you cannot get anything from negative thinking. You go just as far as your vision.

I would like to share Hugh B. Brown's story of the bucket. President Brown once told what happened to a ship's captain down in the South Atlantic. He had run out of fresh water and his crew was athirst. Another ship came into sight and he signalled, "Send us water. Send us water." And the signal came back, "Let down your bucket. Let down your bucket. There is fresh water all around you. All around you. You are in the Gulf Stream." They let down their buckets and found that this was true. They had not realized that the course of the Gulf Stream as it was driven out had maintained its pure water--its virtue, so to speak. President Brown said that they were able to save themselves by that which was all around them, yet they did not know it. He said:

"Brethren and sisters, there is available to you wherever you are, blessings and opportunities, the privilege of teaching the gospel of the Lord Jesus Christ if you let down your buckets, which is your own prayer, into the gulf stream of the Holy Spirit, which is everywhere."

Brothers and sisters, thank you for your great service. The world needs you. I am proud of you--the way you use the basic concepts of the Gospel of the Lord Jesus Christ in helping others. I wish we could have ten or twenty or fifty thousand LDS psychotherapists like you, or counselors or professional people such as you, because there is a tremendous need in the world for you.

You know, in Japan, when they take care of some mentally retarded people, they just give them a shot; that's all, because they don't have any basic or fundamental understanding of the gospel. Therefore, they cannot help. It is a hopeless situation. I have a friend whose daughter had this experience. I told him not to take her to the hospital. We went to an LDS psychotherapist and within six months he helped her return to normal. We must have the pure love of Christ and pray always when we face the problems of our professions.

I am expecting a lot from you because the Church is going to need you, especially the LDS people need you.

completed on page 35

A SELF-CONCEPT COMPARISON OF LDS AND NON-LDS HIGH SCHOOL STUDENTS

Elaine S. Robbins,* Ed.D. and R. Wayne Shute,* Ed.D.

"...the self becomes a mirror reflecting its...experiences."1

A Definition

Purkey, a leader in self-concept theory and research, has made it clear that the perception of self is the agent around which an individual organizes his life: "More and more there is a deepening interest in the individual's perception of himself and his situation as a major influence on his behavior."

Proliferating enormously in recent years, most studies of the self have settled on the term "self-concept" to name "the traits and values which the individual has accepted as definitions of himself." According to Hurlock. "This concept of self is established in the early years of life, taking its fundamental form in the years of babyhood and childhood." In addition, Mead held "that the individual's attitude to himself is determined largely by the early attitudes of 'significant others' to him." Supporting these views, Poussaint commented, "Like it or not, his image becomes a composite of how others see him or how they tell him he should be seen."

There are numerous quotations of authorities past and present in the fields of philosophy, psychology, sociology, and education whch define the self-concept, its growth, stability, and consistency. However, in order to avoid the ensuing redundancy of doing so, those already quoted will suffice in order to establish a working definition of self-concept.

Statements regarding the emergence and establishment of the self-concept in the individual's repertoire of beliefs and attitudes about himself increasingly engage the attention of thoughtful scholars. The writings of Mead, Maslow, Lecky, Rogers, Combs, Berne and others in the field of self-concept theory, research, and practice are noteworthy for indepth study of the subject.

The Minority Issue

The people of the United States are bound together in a political amalgam which is unified by such widely held values as a comfortable life, a sense of accomplishment, equality, family security, freedom, and self respect. These values are reflected in the orientation often attributed to Americans toward "materialism, competition, and achievement."

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At this point there arose the question crucial to this study: In a country where society demonstrates the great leveling effect of the pull toward homogeneous values, is it possible to find a group which holds sufficiently peculiar beliefs, attitudes, and values that a measurement of their perceptions of themselves will show significant basic differences? In order to explore the possibility that such a group exists and to ascertain whether or not their beliefs, attitudes, and values do indeed result in significantly different self-views, this study turned to a sampling of young people from the Church of Jesus Christ of Latter-day Saints.

The Transmission of LDS Values

The earliest members of the Church of Jesus Christ of Latter-day Saints (Mormons) were part and parcel of the fabric of America, but they chose to identify themselves as early as 1830 with "modern revelation" from God,9 the idea of a "personal" God with "body, parts, and passions,"10 divine inspiration available to worthy individual Church members,11 eternal progression toward eventual perfection and godhood,12 "priesthood authority,"13 angels and divine intervention,14 the need to perform certain ordinances for those who have died, 15 a unique explanation of North and South American history,16 free agency,17 personal stewardship and responsibility,18 and, among other such uncommon beliefs, the view of the family as the central. microcosmic, patriarchal unit for the divine purposes for which the Church was organized.19 Members of this Church, hereinafter called the L.D.S. Church, also see themselves as children of God in a real sense, made in His image and capable of reaching eventual perfection.20

These beliefs, acted upon, become the values by which members of the L.D.S. Church identify themselves. Furthermore, some of them at present run contrary to the values and beliefs of the larger society from which the Church member originates. Consider, for example, that L.D.S. theology defines very different roles for women and men in the family with the woman remaining in the home to care for the needs of her husband, her children, and herself. The future expectations for girls are different from those for boys, based on the valuation of the family unit and the roles assigned to members of the family. L.D.S. views toward abortion and over-population are in contradiction with those of growing numbers of the larger society. The belief in a personal God is distinctive as are the beliefs in eternal progression, the origin of the American Indians, and some aspects of life after death. The philosophical

basis of the Church authority delegated to male members is without modern parallel.

As the family's relationship with the child is affected by religious values, so the child's view of himself is affected. Surely such a singular religion as that taught by the Church of Jesus Christ of Latter-day Saints provides experiences which are mirrored in the developing self. Much has been written of the self-concept with relation to ethnic and socioeconomic boundaries.

The Research Ouestion

We were intrigued by the possibilities of studying the self-concept with relation to Mormons. Teased by observation, thought, and a partial survey of literature, we formulated the questions to be answered by research: Is it possible to establish the existence and the extent of differences, if any, in self-view between Mormon youth and youth not of our faith? Along with this general question, a number of other sub-questions were of major interest to us: 1) Do the self-concepts of Latter-day Saint high school students differ significantly from those of non-Latter-day Saint high school students? 2) Do the self-concepts of Latter-day Saint high school students differ significantly from those of other Latter-day Saint high school students under the following conditions: a. in a predominantly L.D.S. population and in a pre-dominantly non-L.D.S. population? b. in a predominantly L.D.S. population and in an approximately 50 percent L.D.S. population? c. in an approximately 50 percent L.D.S. population and in a predominantly non-L.D.S. population?

Methods and Procedures

The Tennessee Self Concept Scale was administered to three classes of high school students in each of three locations: Mesa High School in Mesa, Arizona, with an approximately 50 percent L.D.S. population; Cordova High School in Rancho Cordova, California, with a predominantly non-L.D.S. population; and Sky View High School in Smithfield, Utah, with a predominantly L.D.S. population. The Tennessee Self Concept Scale (TSCS) was chosen as the instrument of measurement of the self-concept because it is statistically validated and widely recognized and respected on a national level. Thus, any hint of bias or regionalism in the choice of instrument was avoided. It was also specified that the measurements come from heterogeneous groups of both sexes. Since American history is a class required of high school students in all three states from which subjects were chosen for this study, usually at the eleventh-grade level, these were classes in which the instrument was administered.

It should be noted here that for this study no attempt was made to determine the degree of church activity of the L.D.S. population. This could be an important consideration for future study.

The students were given the test booklets and answer sheets by the classroom teacher who then explained the nature and purpose of the Tennessee Self Concept Scale and supervised the time period required for completion. Administration of the instrument yielded the numbers

of students for each of the six cells shown in the following figure:

	Sky View igh School	Mesa High School	Cordova High School	
1	62	2 32	3 5	Latter-day Saint Students
4	6	5 56	6 .95	Non-Latter-day Saint Students

Figure 1.

Distribution of L.D.S. and Non-L.D.S. Students in Three High Schools

Three classes at Sky View High School yielded 68 students, with six non-L.D.S. and 62 L.D.S. Like Mesa High School and Cordova High School, Sky View has 1,500 students. It is located in a somewhat rural valley in northern Utah. Most of the students are bussed or travel by private car from small communities and farms in the valley. The L.D.S.-non-L.D.S. population mix of the valley, about 10 percent non-L.D.S., is reflected in the number of students in the two Sky View High School cells.

At Mesa High School, three classes yielded 88 students, 32 L.D.S. and 56 non-L.D.S. The resulting percentages showed 63.6 percent non-L.D.S. and 36.6 percent L.D.S. students. This supports the population mix of Mesa, at approximately 40 percent L.D.S. Mesa High School is situated on the edge of the city, surrounded by growing sub-divisions and some small farms. Large numbers of students travel to school by bus or private car with some foot and bicycle traffic from nearby homes.

One hundred students were tested at Cordova High School. Five of them were L.D.S. and 95 were non-L.D.S. Again the numbers reflect the approximate mix of L.D.S. and non-L.D.S. population of Rancho Cordova, the small city of approximately 38,000 outside Sacramento, California, in which Cordova High School is located. Like the populations from which Sky View High School and Mesa High School students derive, Cordova High School draws from a middle class area. For full explanation of the statistical procedures and other detailed information of this study the reader is referred to the dissertation from which this paper was developed.²¹

The sum of the three L.D.S. cells in the study is 99 and of the three non-L.D.S. cells is 157. The scores and subscores resulting from the administration of the Tennessee Self Concept Scale to the two groups were statistically analyzed to ascertain the areas of difference between the L.D.S. and non-L.D.S. students and to determine the statistical significance of any such difference. In addition, results of the scores of the group in cell one were compared with those in cell three; results of the scores of the group in cell one were compared with those in cell two; and results of the scores of the group in cell two were compared with those in cell three. These three comparisons were then analyzed for

statistical significance.

A listing of the scores which were statistically analyzed in this study follows:

1. Total positive. This is the most important single score of the TSCS.

Persons with high scores tend to like themselves, feel that they are persons of value and worth, have confidence in themselves, and act accordingly. People with low scores are doubtful about their own worth; see themselves as undesirable; often feel anxious, depressed, and unhappy; and have little faith or confidence in themselves.²²

 Self Criticism. The ten items on this part of the TSCS have been taken from the Minnesota Multiphasic Personality Inventory.

These are all mildly derogatory statements that most people admit as being true for them. Individuals who deny most of these statements most often are being defensive and making a deliberate effort to present a favorable picture of themselves. High scores generally indicate a normal, healthy openness and capacity for self-criticism.¹³

3. Self Identity. "This is what I am."24

4. Self Satisfaction. "This is how I feel about myself."25

5. Behavior. "This is what I do."26

Numbers three, four, and five represent the internal frame of reference for the individual's self feelings.

6. Physical Self. The individual describes his view of

his body, health, appearance, and sexuality.

7. Moral-Ethical Self. Here the subject describes his view of his moral worth, his feelings of "goodness" and "badness," his relationship with God, his satisfaction with the state of his religious belief or non-belief as the case may be.

8. Personal Self. The individual reveals his sense of personal worth, his feelings of personal adequacy, and evaluates his personality apart from his body or his

relationships with others.

9. Family Self. The subject describes his sense of adequacy, worth, and value as a family member. This score reflects his self-perception with reference to his earliest and closest associates.

10. Social Self. This score reflects the subject's feelings about his adequacy and feelings of worth with relation

to people not of his family.

The TSCS is broken into several "self-concepts." When significant differences were discovered, the levels of significance are stated and inferences drawn.

Review of Significant Findings

1. Self-Satisfaction. With respect to the Self-Satisfaction variable, L.D.S. students at Mesa High School, Mesa, Arizona, reported a more positive self-view than did non-L.D.S. students at Mesa High School. Self-satisfaction among them was also more positive than it was among students, L.D.S. or non-L.D.S., at either of the other two high schools. Significance was determined for this variable at the 10 percent level with an actual probability of .0618. This study shows that the L.D.S. students at Mesa High School enjoy more positive feelings in this regard than do the other students.

Large minority. Investigation prior to the time of this study revealed that the population of Mesa is quite close to 40 percent L.D.S. If an individual is a member of a very large majority as are the L.D.S. students at Sky View

High, he tends to take his membership in that majority for granted. On the other hand, if one is a member of a very small minority, as are the L.D.S. students at Cordova High School, merely maintaining his identity may be a struggle. If, however, one's membership in a large, somewhat select minority is assured, he is confident of having friends who share his attitudes and values. With L.D.S. students in Mesa being part of a large minority whose forebears endured rigorous difficulties to pioneer the area, it is entirely probable that they have developed an esprit de corps which increases their feelings of self-satisfaction. At the least, if the actual forebears of an L.D.S. student did not help settle the area, as a resident and Church member he still partakes of a vicarious kind of kinship of belief. This kind of kinship is apparent to the most casual observer of the L.D.S. scene worldwide. It cuts across national, economic, and ethnic boundaries, and it would almost certainly help tie Church members of a geographic area together with shared pride.

2. Moral-Ethical Self. A satistically significant difference appeared in the data for the Moral-Ethical Self variable. Reporting a probability of .0361, the difference was well within the 5 percent level of significance determined for this variable. The view of the L.D.S. students in this study with regard to their moral-ethical selves was more positive than that of the non-L.D.S. students.

Teachings of the L.D.S. Church. Morality pertains to right ideals or principles of human conduct, and ethics is the science of moral values: these two, morality and ethics, are the areas of greatest emphasis in the teachings of the Church of Jesus Christ of Latter-day Saints.

Right Principles. As reported earlier there are many areas of belief unique to the L.D.S. Church, several of which relate directly to right principles of human conduct. Not only does the theology of the Church emphasize the Ten Commandments and the moral teachings of Jesus Christ, but it also emphasizes beliefs in the ability of the individual to progress toward perfection and eventual godhood. Added to these beliefs is that the individual attains to that position in the life after death which he has earned in this life by his degree of "goodness" or "badness."27 The teachings of the Church in virtually every conection with the developing child is with these beliefs in mind. Further, adults who conform to the orthodox values of the Church tend to pattern their own lives after such beliefs, thus adding example to precept in the moral education of the child. In addition, the very young child of the L.D.S. family is led to the powerfully climatical event of baptism by immersion shortly after his attainment to his eighth birthday. He has been taught that the waters of baptism wash away his previous sins and leave him clean, but that from this time forth he is personally responsible for the "good" and "bad" things he does. He is taught that if he transgresses, he must repent in order to get back onto the right path, that his eventual goal in life (life with God) at which only people who have totally lived according to the teachings of his Church arrive. In addition to those which are unique to the L.D.S. Church, the child is taught moral-ethical beliefs which his

Church holds in common with others.

From his earliest days, the L.D.S. child has been taught the virtues of honesty and truthfulness through stories, poems, and admonitions. He has been taught to avoid work and most forms of recreation on the Sabbath Day. He has been taught that it is "good" to give 10 percent of his money whether earnings or allowance to his Church. He has been taught that it is right to act as a missionary in expounding the rightness of his religious beliefs to people not of his faith. From a very early age, family members have contributed to the young boy's "missionary fund." Later he himself is encouraged to add to it. Girls are encouraged to prepare themselves to be a worthy wife to a returned missionary, to be fit to be wed in one of the temples of the Church.

Added to these moral imperatives, by the time he reaches adolescence, the L.D.S. child has learned to equate "good" and "bad" to a large degree with sexual behavior. He must keep in close touch with his "Bishop," the leader of his "Ward" who looks after the spiritual and temporal affairs of his 400 to 600 ward members, so that he discusses at intervals the state of his moral cleanliness. All people are expected to remain virgins until marriage. This condition is weighted with a large measure of "goodness" or "badness." Immodesty of dress, homosexuality, masturbation, and abortion are heinous in the L.D.S. view. The L.D.S. child is taught to support his bishop and the other Church authorities, to avoid criticizing them, and to make certain he abides by their teachings. He is encouraged to seek the counsel of his bishop in solving his problems of whatever nature.

It is difficult to overstate the emphasis given to all areas of morality in the L.D.S. Church from the earliest teachings and social activities in the home through weekly spiritual meetings which all faithful Mormons are expected to attend--Youth Conferences, annual recreational, spiritual "revivals" of two or three days' duration, and Youth Camps, Boy or Girl Scout-like camps in an outdoor setting where self-sufficiency, responsibility, and moral values are emphasized. Added to these teaching activities is Seminary which is class time spent daily during the school year in religion classes under certified, carefully screened, orthodox L.D.S. teachers at those high schools where it is available.

The result of all this teaching is apparently successful in the moral-ethical self-judgments of L.D.S. adolescents.

3. Family Self. The statistical significance of the difference in the self-views of L.D.S. and non-L.D.S. high school students with regard to the Family Self variable lay close to the .05 level at .055. Non-L.D.S. students reported a more positive view of themselves in their relationships with their families than did L.D.S. students.

Given the strong emphasis of the L.D.S. Church upon family relationships, it was at first surprising to find the view of the L.D.S. students for this variable less positive than the view of the non-L.D.S. students. However, upon review of the literature pertaining to the instability and confusion at work in the personality development of the adolescent and the strength of the

leveling effects of the more or less universal, culturewide aspects of adolescent development, the present result seems somewhat less surprising. Three important factors may account for the lower self-concept of the L.D.S. students with regard to family.

First factor. First is the patriarchal order espoused by Mormonism. The patriarch with relation to the family is the father who calls upon his priesthood authority in love and righteousness to invoke blessings upon his family. In some families patriarchal order is practiced under an authoritarian mantle. Often the philosophy of home leadership as practiced is in direct contradiction with the democratic teachings the child receives in school. Moreover, in some settings the child encounters permissiveness under the guise of democracy. Thus, the developing adolescent must cope with areas of discontinuous value training.

Second factor. The second factor is that the eventual goal of members of the L.D.S. Church is perfection. Indeed, one of the favorite Mormon quotations is: "As man now is, God once was; as God now is, man may become." The fact is, in L.D.S. theology, the family has been ordained as the vehicle to carry the individual to perfection. Auxiliary organizations within the Church have been established to aid the family in its primary task. Therefore, in some families there may exist great pressure for its members to become perfect. This may lead to a certain rigidity and lack of acceptance, and conflict between parents and child may be one consequence of this effort toward perfection.

On the one hand, the growing child is presented with strong religious teachings. On the other hand, he is bombarded by contrary forces. His self-concept reflects his value conflict. His parents, as representatives of the Church, tell him not to date before he is 16. Society says dating before 16 is acceptable. His parents say revealing clothing is immodest. Fashion says the displayed body is beautiful. His parents say he must not experiment with sex. Society tells him sexual virtue is old-fashioned and passe. His parents say not to try tobacco, alcohol, and drugs. Society asks him how he is going to be sophisticated if he does not try them. Often, while the family is working toward teaching the child obedience, other interests pull him away.

Third factor. Of critical importance to faithful parents if that "eternal life" comes through obedience. If because a child is lured away by contrasting values, or for other reasons, it is quite likely that the relationship becomes strained to a point that a wedge is driven between parent and child. Feelings of guilt in the child are also likely to arise with a consequent result of lowering the child's self-view toward his place in the family.

Add to these factors situations in which parents do not model the behavioral standards which they verbalize to their children. The result is apt to be guilt and confusion in the minds of the children. Under all these circumstances, the young man or woman may encounter difficulty in establishing his own value system. According to Felker, the break with parents is a necessary adjunct to growing up. Apparently the non-L.D.S. family experiences less difficulty in letting its

young men and women find their own paths and less conflict in doing so than do L.D.S. families.

Self-Concept Similarities. Despite some differences in the measurement of the components of the self-concept as quantified by the TSCS, there are more similarities than differences between the ways in which L.D.S. and non-L.D.S. students regard themselves. It was not surprising that the present study indicated such widespread similarities in the self-views of teenagers. The developmental dictates of a culture such as the western culture into which the students who were subjects of this study were born are extremely powerful.

Culture pressures. Given the power of cultural pressures, it is surprising that any differences surfaced. Not only do young members of the middle class have the same kinds of extra-institutional experiences, there is pressure toward sameness in formal institutions. The L.D.S. Church has been called a middle-class church by many writers, and after all, it embraces values in common with the larger American society. Among these are those widely-held values mentioned by Rokeach: a comfortable life, equality, family security, freedom, and self-respect. It is possible that these values are of such a widespread and pervasive nature that they take precedence over others where there may be areas of conflict. When all is said and done, L.D.S. adolescents grow up in situations parallel with and very often crossing into the growth paths of non-L.D.S. adolescents. They hear the same music, see the same movies, are subjected to the same advertising techniques, attend the same schools, participate in the same discussions, and talk informally to one another. No wonder there are similarities. The wonder is that there are differences

The Composite Profile. Under final scrutiny in this review was the composite profile of the subjects. In every subscore area, the means for these groups were below the norm as standardized by Fitts. There appeared to be a discrepancy between the means for the norm and the means for the students in this study. The means for all scores and sub-scores in this study in every case were substantially below the norm for the Tennessee Self Concept Scale which may mean that the groups studied were low in self-concept in comparison with other groups, or the validity of the TSCS is to be questioned with regard to adolescents.

For example, the sub-score mean for Self Identity for the subjects in this study dipped below the first percentile. It appears very difficult to believe that the 252 adolescents in this study were very different from other adolescents across the country. It seemed reasonable to expect such a disparity between the norms established by Fitts and the composite means of the subjects in this study.

A Final Word

Obviously all that has been written with regard to reasons for self-satisfaction differences between Mormon students at Mesa High and all other students in this study is conjecture. Likewise, reasons for higher moral-ethical self-concepts for Mormons and higher family self-concepts for non-Mormons are somewhat

theoretical. It is fact, however, that using the instrument of measurement and the population in this study, these statistically significant differences appeared.

For a long time the chief investigator of this study has observed particularly the behavior of adolescent students, has watched some of them behave contrary to their stated purposes: they desired certain achievements, they seemed to plan effectively, they possessed adequate capabilities, yet they failed to achieve that which they seemed overtly to desire. The exhortations of parents, teachers, and leaders apparently were ineffective. Many of these young people seemed "not to care." On the other hand, some other adolescents seemed to succeed at everything they attempted. Doors of success opened to them. Their difficulties were few, and they seemed to avoid the struggles which beset many of their peers. Surely the key to the contradictory behavior of these young people lay in their concepts of themselves, their capabilities, their possessions, their families, and all else suggested by James as along ago as 1890.29

Certainly in light of the abundance of literature on the self-concept and in view of the difficulty of establishing empirical research on the self-concept, these findings will prove valuable to those who wish to improve the effectiveness of their efforts to help young people achieve happiness and success through the development of strong self-concepts. For L.D.S. counselors and teachers who work directly with the youth, the findings will shed light on why generally L.D.S. youth on an individual basis have high self-esteem and yet seem to struggle for a positive place in their families.

REFERENCE NOTES:

- 1. Perceiving. Behaving, Becoming. Association for Supervision and Curriculum Development, 1961 Yearbook. Washington: National Education Association, 1962, p. 103.
- Purkey, W.W. Self concept and school achievement. Englewood Cliffs, New Jersey: Prentice-Hall, Inc., 1970, p. 3.
- Anderson, C.C. The many voices: A preliminary investigation into the consistency of the self-concept. Alberta Journal of Educational Research. Mar. 1959, p. 7.
- 4. Hurlock, E.B. Child Development. New York: McGraw-Hill, 1956, p. 468.
- 5. Op. cit., Anderson, p.8.
- Poussaint, A.F., M.D. The black child's image of the future. Learning for tomorrow, the role of the future in education, ed. Alvin Toffler. New York: Vintage Books, 1974, p. 57.
- Rokeach, M. The nature of human values. New York: The Free Press, 1973, p. 57.
- 8. Ibid., p. 91.
- 9. Ninth Article of Faith of the Church of Jesus Christ of Latter-day
- The Doctrine and Covenants of the Church of Jesus Christ of Latter-day Saints.
 Salt Lake City, Utah: The Church of Jesus Christ of Latter-day Saints, 1962, 130:22.
- 11. Doctrine and Covenants, 9:7-9.
- Smith, Joseph Fielding, compiler. Teachings of the Prophet Joseph Smith. Salt Lake City, Utah: Deseret News Press, 1939, p. 345.
- 13. Doctrine and Covenants, 84:17, 19, 21,
- 14. Doctrine and Covenants, 84:88.
- 15. Doctrine and Covenants, 128:8-9.

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AN APPROACH TO DRUG CLASSIFICATION IN PSYCHOPHARMACOLOGY

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In our fast-paced society, numerous emotional and physiological factors often produce stress, anxiety, depression, and other dysfunctional behavior. One of the significant stressors that appear regularly where there are family and/or emotional problems is the use and abuse of drugs and substances which affect the central nervous system (brain and spinal cord). These agents can include prescribed drugs improperly taken, over-the-counter drugs purchased at local pharmacies or grocery stores, or illicit substances ingested for the "high" they seem to provide. However, when utilized and administered by competent medical personnel, these agents offer excellent palliation for psychopathology.

The therapeutic use of pharmacologically active drugs for behavioral dysfunctions requires competent diagnostic skills, expertise in clinical pharmacology, and proper monitoring techniques. Each involves years of preparation and training and are far beyond the scope of this paper. Within this context the author seeks to provide the reader with a survey of the major classifications of frequently prescribed and/or abused drugs only as a reference.

There have been many attempts in the literature to categorize and segment psychoactive agents. These attempts have varied, depending upon the reason for classification, from pharmacological approaches to pathological approaches to therapeutic approaches. All have merit and clearly show that any attempt at drug classification is, at best, superficial. Add to these attempts the ever-increasing abuse problem with psychoactive agents, and the problem of categorizing these agents becomes even more formidable.

For this paper the agents are classified into three categories (Table 1) utilizing a pharmacological approach and taking the chemical structure into consideration. Major drugs of abuse have been included to show action correlation. It must be kept in mind, however, that agents placed in one category can and do therapeutically and pathologically fall into other categories.

> TABLE 1 Outline of Drug Classification

I. CNS DEPRESSANTS

- A. NARCOTIC ANALGESICS
 - 1. Natural and semisynthetic opiate alkaloids
 - a. Morphine
 - b. Hydromorphone (Dilaudid)
- *Brother Woolley is Director of the Brigham Young University Health Center.

- c. Oxymorphone (Numorphan)
- d. Methyldihydromorphinone (Metopon)
- e. Codeine
- f. Hydrocodone (Dicodid)
- g. Oxycodone (Percodan)
- 2. Phenylheptylamines
 - a. Methadone (Dolophine) b. Propoxyphene (Darvon)
- 3. Phenylpiperidines
 - a. Meperidine (Demerol)
 - b. Alphaprodine (Nisentil)
 - c. Anileridine (Leritine)
 - d. Piminodine (Alvodine)
 - e. Diphenoxylate (in Lomotil)
- 4. Morphinans
 - a. Levorphanol (Levo-Dromoran)
 - b. Methorphan
 - c. Levallorphan (Lorfan)
- 5. Benzomorphans
- a. Phenazocine (Prinadol)
- b. Pentazocine (Talwin)
- **B. HYPNOTIC-SEDATIVES**

- 1. Barbiturates
 - a. Ultra short acting

Thiopental (Pentothal Sodium)

b. Short acting

Pentobarbital (Nembutal) Secobarbital (Seconal)

c. Intermediate acting

Amobarbital (Amytal)

d. Long acting

Phenobarbital Mephobarbital (Mebaral)

Metharbital (Gemonil)

2. Non-barbiturates

a. Tertiary carbinols

Ethchlorvynol (Placidyl) Ethinamiate (Valmid)

b. Piperidinediones

Glutethimide (Doriden)

Methyprylon (Noludar)

c. Chloral derivatives

Chloral hydrate (Noctec) Chloral betane (Beta-Chlor)

Traclofos (Triclos)

d. Ouinazolones

Methaqualone (Qualude)

e. Monoureides

Paraldehyde (Paral)

Acetylcarbromal (Paxarel, Sedamyl)

3. Phencyclidine

[1-(Phenylcyclohexyl) piperidine]

C. TRANQUILIZERS

- 1. Neuroleptics (antipsychotics or major tranquilizers)
 - a. Phenothiazines
 - 1) Aliphatics (Aminoalkyls)

Promazine (Sparine)

Chlorpromazine (Thorazine)

Triflupromazine (Vesprin)

2) Piperidines

Thioridazine (Mellaril)

Mesoridazine (Serentil)

Piperacetazine (Quide)

3) Piperazines

Prochlorperazine (Compazine)

Trifluoperazine (Stelazine)

Butaperazine (Repoise)

Acetophenazine (Tindal)

Fluphenazine (Prolixin)

Perphenazine (Trilafon)

Carphenazine (Proketazine)

b. Thioxanthenes

Thiothixene (Navane)

Chlorprothixene (Taractan)

c. Butyrophenones

Haloperidol (Haldol)

d. Dibenzoxapines

Loxapine (Loxitane)

e Indoles

Molindone (Lidone, Moban)

f. Rauwolfia alkaloids

2. Anxiolytics (minor tranquilizers)

a. Diphenylmethane antihistamines

Diphenhydramine (Benadryl)

Hydroxyzine (Vistaril, Atarax)

b. Propanediol carbamates

Meprobamate (Equanil, Miltown)

Tybamate (Solacen)

c. Benzodiazepines

Chlordiazepoxide (Librium)

Diazepam (Valium)

Prazepam (Centrax)

Chlorazepate Monopotassium (Azene)

Chlorazepate Dipotassium (Tranxene)

Alprazolam (Xanax)

Clonazepam (Clonopin)

Flurazepam (Dalmane)

Lorazepam (Ativan)

D. ANTIPARKINSONIAN AGENTS

1. Anticholinergics

Benzotropine (Cogentin)

Trihexyphenidyl (Artane)

Procyclidine (Kemadrin)

Cycrimine (Pagitane)

Biperiden (Akineton)

Ethopropazine (Parsidol)

2. Antihistamines

Diphenhydramine (Benadryl) Chlorphenoxamine (Phenoxene)

Orphenadrine (Disipal)

3. Miscellaneous

Amantadine (Symmetrel)

E. ALCOHOL

II. CNS STIMULANTS (THYMOLEPTICS)

- A. XANTHENE ALKALOIDS (PURINES)
 - 1. Theophylline
 - 2. Theobromine
 - 3. Caffeine
- **B. ECGONINE DERIVATIVES**
 - 1. Cocaine
 - 2. Misc. atropine-like compounds
- C. PHENYLETHYLAMINES

(SYMPATHOMEMETIC AMINES)

1. Amphetamines

2. Other

III. MOOD MODIFIERS

A. ANTIDEPRESSANTS

- 1. Monoamine oxidase (MAO) inhibitors
 - a) Hydrazines

Iproniazid (Marsilid)

b) Nonhydrazines

Tranylcypromine (Parnate)

2. Tricyclic antidepressants

a. Dibenzazepine derivatives

Imipramine (Trofranil)

Trimipramine (Surmontil)

Desigramine (Norpramin, Pertrofrane)

b. Dibenzocycloheptadiene derivatives

Amitryptyline (Elavil)

Nortriptylene (Aventyl)

Protriptylene (Vivactil) Doxepin (Adapin, Sinequan)

3. Tetracyclics

Maprotiline (Ludiomil)

4. Miscellaneous

Amoxapine (Asendin)

B. LITHIUM

C. PSYCHOTOMIMETICS

(HALLUCINOGENS, PSYCHODYSLEPTICS)

- 1. Mescaline
- 2. Psylocibin
- 3. Lysergic acid derivatives 4. Tryptamines
- 5. Cannabis (marihuana)

Central Nervous System Depressants (Psycholeptics)

Generally, excluding the anesthetics, the CNS depresssant substances can be divided into five divisions: the narcotic analgesics and antagonists, the sedativehypnotics, the tranquilizers, the antiparkinson agents, and alcohol.

Narcotics

These drugs (Table 2) depress the centers in the brain and spinal cord and are used medically as analgesics (agents to relieve pain) as well as for their antitussive (cough relief) properties. They have a high potential for producing physiological and psychological dependence. Tolerance develops quite rapidly with these agents, and cross-tolerance2 exists in this category. The narcotics are divided into the natural and semisynthetic opiate alkaloids.

The opium alkaloids are contained in a white milky substance obtained from the unripe bulb of the poppy (Papaver somniferum). The milky substance expelled contains many drugs, including morphine, codeine, ethylmorphine, apomorphine, and papaverine. Morphine is the most important alkaloid; however, codeine is the most widely used.

- 1. Tolerance is a resistance and/or accommodation that is developed to the effects of the drug as that drug is chronically ingested. As a result of tolerance, over a prolonged period of time, more of the drug is needed to get the same effect one experienced with the initial dose.
- 2. Cross-tolerance refers to a condition in which tolerance to one kind of drug builds up and is carried over to other drugs. Drugs in many categories exhibit this property within their particular drug family.

TABLE 2 Commonly Used Narcotics

	6		
		Usual Single	Duration
Proprietary Name	Generic Name	Adult Dosage	of Action
Opium			5 hrs.
Morphine	Morphine Sulfate	15mg	4 hrs.
Codeine	Codeine Phosphate	30-65mg	4 hrs.
Heroin			2-3 hrs.
Dilaudid⊕	Hydromorphine	2 mg	4 hrs.
Percodan®	Oxycodone HCI	1 tablet	4 hrs
Demerol®	Meperidine	50-100mg	4 hrs.
Dolophine®	Methadone	5-10 mg	4 hrs

Many other agents have been developed to produce analgesic and antitussive properties similar to the opiate alkaloids without the problem of dependency. However, dependency has proven to be a problem with all of these agents.

Usual short-term effects include sedation, analgesia, euphoria, and impaired intellectual functioning and coordination. Chronic effects include constipation, loss of weight and appetite, and temporary impotency or sterility together with dependence and tolerance.

Sedative-Hypnotics

One group of sedatives and hypnotics are derivatives of barbituric acid and are referred to as barbiturates. They induce a high degree of both physiological and psychological dependence and tolerance develops quite rapidly. Barbiturates (Table 3) are divided into four groups by their duration of action. The ultra shortacting barbiturates, such as thiopental (Pentothal), act very rapidly and have a duration of roughly an hour, depending upon the individual. The short-acting barbiturates, such as pentobarbital (Nembutal) and secobarbital (Seconal), react at a slower rate and have a duration of around three to four hours. The intermediate-acting barbiturates such as amobarbital and butabarbital have a duration of action between four and six hours. The classic example of long-acting barbiturates is phenobarbital, which has a duration of five to eight hours.

TABLE 3
Commonly Used Barbiturates

Duration		
of Action	Product	Hypnotic Dose
Ultrashort (1 hour)	Thiopental (Pentothal®)	
Short (3 hours)	Secobarbital (Seconal®)	0.1-0.2 gm
	Pentobarbital (Nembutal®)	0.1 gm
Intermediate	Butabarbital (Butisol®)	0.1-0.2 gm
(4-6 hours)	Amobarbital (Amytal®)	0.05-0.2 gm
Long (More	Phenobarbital	0.1-0.2 gm
than 6 hours)	Barbital (Veronal®)	0.3-0.5 gm

Another group of sedatives and hypnotics (Table 4) is similar in action to the barbiturates, but is not a derivative of barbituric acid. In the past there was some question about whether these drugs produce real physiological dependence; however, as new data becomes available, evidence now points to a

development of dependence. They are classified by their chemical structure and include the tertiary carbinols (Placidyl, Valmid), the piperidinediones (Doriden, Noludar), chloral derivatives (chloral hydrate), the quinazolones (Quaalude), and the monoureides (Paral, Paxarel). They are used in medical practice to induce sleep.

TABLE 4

Proprietary Name	Generic Name	Usual Single Adult Dose	Duration of Action
Doriden ⁸	Glutethimide	500 mg tablets and capsules	5 hrs
Placidy12	Ethchlorvynol	500 mg tablets	
Qua alude ⁸	Meethaqualone	150-300 mg capsules	
Noctec ⁸	Chloral hydrate	300 mg capsules	5 hrs.
Noludar 8	Methprylon	300 mg capsules	

Usual short-term effects of the barbiturates and nonbarbiturates include relaxation and sedation, drowsiness, sleep induction, euphoria, impaired judgment and reaction time and, to some degree, muscle relaxation. Chronic effects include irritability and weight loss as well as dependency.

Another sedative-hypnotic agent is a drug synthesized in 1957 called phencyclidine (Sernyl, Sernylan). During clinical trials it soon became apparent that the adverse effects of agitation, disorientation, and hallucinatory phenomena precluded its use in humans. Since that time, phencyclidine has been available for legitimate use only as a veterinary sedative and hypnotic for primates.

On the streets, it is called "PCP" or the "peace pill." Recently, it has been called "angel dust." This agent is extremely toxic in large doses, and the illegally produced thiophene analog appears to be even more toxic.

Tranquilizers

Another subcategory of central nervous system depressants is tranquilizers. The tranquilizers are divided into two basic groups, the neuroleptics and anxiolytics, and are used medically in the treatment of psychoses and neuroses.

The neuroleptics (major tranquilizers or antipsychotics) include (1) the phenothiazines-including the aliphatics, the piperazines, and the piperidines; (2) the thioxanthenes, such as chlorprothixene (Taractan) and thiothixene (Navene); (3) the butyrophenones, such as haloperidol (Haldol), whose action resembles that of the piperazine phenothiazines; (4) the indoles, such as molindone (Moban); and (5) the dibenzoxapines such as loxapine (Loxitane) and chlozapine. The neuroleptics are used to treat the psychoses.

The major drug-induced adverse reactions from neuroleptics are called extrapyramidal symptoms and are generally broken down into five distinct disorders or syndromes:

1. Tardive dyskinesia (Table 5) is a hyperkinetic

disorder developed by some patients on long-term antiphsychotic therapy (particularly phenothiazines) which appears and persists after drug withdrawal. This disorder, at least at present, seems to be irreversible.

TABLE 5

- 1. Incidence may be as high as 15-20%
- 2 .Occurs more often in elderly patients, especially those with a history of brain damage.
- 3. May not become apparent until the antipsychotic drug is stopped or the dose reduced
- Characterized by stereotyped movements of the lips and tongue and sometimes of the trunk or extremities.
- Antiparkinson drugs make it more severe. Symptoms are lessened by antipsychotic medication
- 6. Duration of disorder may be from weeks to years
- 7. Possibly due to elevated central levels of dopamine

2. Akinesia (Table 6) is a drug-induced disorder characterized by muscle rigidity and weakness.

TABLE 6

- Occurs in about 15% of patients treated with antipsychotic drugs. In 90% of the cases it occurs within the first 72 hours of treatment.
- Occurs more frequently in females over age 50 and more often with the aliphatic type of phenothiazines and butyrophenones.
- 3 Characterized by a masklike face, reduced arm movement, shuffling gait, and rolling hand movements
- 4. Readily controlled with traditional antiparkinson drugs
- 3. Akathisia (Table 7) is the name for a condition of inner disquiet accompanied by an uncontrollable motor restlessness. The most frequently observed symptom is the patient's inability to sit or lie quietly.

TABLE 7

- 1. Incidence of about 21%, seen generally after a few weeks of therapy
- 2 Incidence is higher in young females.
- 3. Characterized by an inability to sit or stand still. Onset is often preceded by muscular discomfort.
- 4 Responds readily to treatment with traditional antiparkinson drugs
- 5 Seen more frequently with piperazine phenothiazines
- 4. Dystonic reactions (Table 8). The dystonias are acute disorders of muscle coordination, particularly in the face--e.g., grimaces, protrusion of the tongue, dysarthrias (imperfect articulation of speech), and oculogyric crisis¹. Other symptoms include tics, opisthotonos², and torticollis³.
- Dyskinesia is an acute disorder characterized by the impairment of the power of voluntary movement. This impairment results in fragmentary or incomplete movements.
- Oculogyric crisis is an adverse reaction to antipsychotic medication
 that is characterized by a sudden turning up of the eyeballs. The
 patient is unable to move them and experiences severe pain due to
 the muscle spasms of the eye.
- Opisthotonos when a person's back muscles go into spasms causing his head and feet to bend backward and his torso to arch forward.
- Commonly called wry neck, torticollis is a unilateral spasm of neck muscles. The most easily recognized symptom is the turning of the head to one side.

TABLE 6 Acute Dystonic Reactions

- Seen in only about 2% of treated patients.
- 2 Usually seen within 24-48 hours after drug administration has been instituted. Ninety percent of the cases occur within 4 1/2 days.
- 3. Seen more often in males under the age of 40 and in children
- 4. Seen more frequently with piperazine phenothiazines and with haloperidol
- 5. Characterized by oculogyric crisis, torticollis, and protrusion of the tongue.
- b. Responds well to treatment with 50 mg of Benadryl.

The anxiolytics (minor tranquilizers) (Table 9) can lead to a psychological and physiological dependence, and tolerance is developed. They are divided into three groups: (1) the propanediol carbamates, (2) the diphenylmethane derivatives, and (3) the benzodiazepines. Most common short-term effects include drowsiness and fatigue. Effects of chronic ingestion include insomnia, delusions, and anxiety.

TABLE 9
Selected Anxiolytic Agents

		Usual Single	Duration
Proprietary Name	Generic Name	Adult Dose	of Action
Propanaliols			
Equanil®	Meprobamate	400 mg tablets	4 hrs
Miltown®	Meprobamate	400 mg tablets	4 hrs.
Diphenulmethane Antihids	mint(
Atarax 8, Vistarile	Hydroxyzine	100 mg tablets	4 hrs.
Brazieliezephines			
Librium®	Chlordiazeposice	5-10 mg capsules	5 hrs
		25 mg capsules	
Valium *	Diazepam	2 mg 5 mg	4-5 hrs
		10 mg tablets	
Serant	Ovatebam	10 mg, 15 mg	4-5 hrs.
		30 mg capsules	
Transenes	Clorazepate	3 75 mg, 7 5 mg,	4-5 hrs.
		15 mg capsules	
	Dipotassium	15 mg capsules	

Alcohol

Another category of depressants commonly used is alcohol. Usual short-term effects include central nervous system depression and impaired judgment, coordination, and reaction time. Chronic ingestion effects include possible obesity and irreversible damage to the brain and liver.

Central Nervous System Stimulants (Thymoleptics)

The central nervous system stimulants can be divided into three main divisions: the xanthine alkaloids (purines), the ecgonine derivatives, and the phenylethylamine sympathomimetic amines.

The xanthine alkaloids (purines) include theophylline, theobromine, and caffeine. Usual short-term effects include central nervous system stimulation, reduction of fatigue, and diuresis. Chronic ingestion and abuse dosages elicit such effects as insomnia, tolerance, and psychological dependence.

Ecgonine derivatives include cocaine and other miscellaneous atropine-like compounds. They are included here because of their high abuse and psychotoxic potential. Cocaine is obtained from the leaves of Erythroxylon coca trees and other species of

Erythroxylon. These trees are indigenous to Peru and Bolivia and have been used by the natives for centuries to increase endurance. There are many plants growing freely in almost all climates that are related to this alkaloid.

The third category includes the phenylethylamine sympathomimetic amines (Table 10). The major group of agents in this category is the amphetamines, but must also include other phenylethylamines with action similar to that of the amphetamines.

These agents have a potential for inducing both psychological and physiological dependence and they develop tolerance. Current medical uses include the treatment of narcolepsy and as a therapeutic agent for hyperkinetic children.

TABLE 10
Phenylethylamines (Sympathomimetic Amines)

Proprietary		Usual Single	Duration
Name	Generic Name	Adult Dose	of Action
Benzedrine®	Amphetamine	2.5-5.0 mg	4-0 hrs
	sulfate	15 mg	
Dexedrine ⁶	Dextroamphetamine	2.5-5.0 mg	4-o hrs
	sulfate	15 mg	
Dexamyl [®]	Dexedrine and amobarbital	2.5-5.0 mg	4-0 hrs.
Didrex 8	Benzphetamine	50 mg	4-o hrs
Biphetamine*	Resin complexes of amphetamine and dextroamphetamine	2 5-5.0 mg	4-o hrs
Methedrine® Desoxyn®	Methamphetamine hydrochlonde	2.5-5 0 mg	4-0 hrs
•	envlethylamines with Action Similar	to That of Amphaemiso	
Preludin [®]	Phenmetrazine hydrochloride	2 5-5 0 mg	4-0 hrs
Ritaline	Methylphenidate hydrochloride	10-20 mg	4-0 hrs
Tenuate ⁶	Diethylpropion hydrochloride	2 5-5 0 mg	4-0 hrs
lonamin®	Phentermine	15-30 mg	4-o hrs

Mood Modifiers

Antidepressants

Monoamine oxidase (MAO) inhibitors. MAO inhibitors can be divided into the hydrazines and the nonhydrazines. They are used as antidepressants, and the dosage varies with each individual agent. Isocarboxazid (Morplan) and tranylcypromine (Parnate) are the most potent on a milligram per milligram basis, and nialamide (Niamid) is the least potent. MAO inhibitors have numerous adverse effects including insomnia, hallucinations, muscle weakness, headache, dryness of the mouth, and blurred vision. Other effects include hypotensive reactions, infrequent anorexia (loss of appetite), hepatobiliary reactions, and inability to ejaculate.

Tricyclic antidepressants. Tricyclic antidepressants are divided into the dibenzazapine derivatives (Tofranil and Fertofrane or Norpramin) and the dibenzocycloheptadiene derivatives (e.g., Elavil and Aventyl). Another compound, doxepin, (Sinequan) is closely related to the dibenzocycloheptadiene derivatives.

Psychotomimetics (Hallucinogens or Psychodysleptics)
The psychotomimetics (Table 11) are agents with no currently accepted medical use. They produce minimal

to moderate psychological dependence, and tolerance can develop. It should be pointed out that even though these drugs are classified as "hallucinogens," they do not cause true hallucinations every time they are used. Many times they cause the person who abuses these substances to perceive the environment in a distorted form--synesthesia, not strictly hallucination. The psychotomimetics can be classified into four agents or groups of agents. These are mescaline, psylocibin, lysergic acid derivatives, and the tryptamines.

TABLE 11
Psychotomimetics (Hallucinogens or Psychodysleptics)

		Usual Single	Duration
Common Name	Chemical Name	Adult Dose	of Action
LSD	Lysergic acid	150-400 mg	12 hrs
	diethylamide tartrate		
Psylocibin	Dimethyl-4-	25 mg	8 hrs
	hydroxy-tryptamine		
DET	Diethyltryptamine	0.7 mg/kg	1/2-2 hrs
DMT	Dimethyltryptamine	0.7 mg/kg	1/2-2 hrs
MDA	Methyline dimethoxy-	100 mg	12 hrs
	phenethylamine		
STP	4-methyl-2,5 dime-	3.2-10.0 mg	0-24 hrs
	thoxy-methylphene-		
	thylamine		
Peyote	Trimethoxy-oxyphen-	1/2-3/4 oz or	14 hrs
	ethylamine	o-12 buttons	
(Mescaline)	(Methylated	500-800 mg	
	catecholamines)		

Mescaline is a pharmacologically active alkaloid from various species of the cactus Lophophora. The top of the aerial shoots is cut off and dried, the needles removed, and what is left is called a peyote button or mescal button. Mescaline is a phenylethylamine and has actions similar to those agents.

Psylocibin comes from the sacred Mexican mushroom (Psylocybe mexicana). It is an alkaloid with phenylethylamine properties and is reported to be up to 100 times more potent than mescaline.

Lysergic acid derivatives are numerous. Many plants including morning glory seeds and ergot, are precursors to lysergic acid. Ergot comes from the rye plant in the form of a copper-colored rust that grows around the top when the plant remains too moist. The most commonly abused lysergic acid analog is LSD (d-lysergic acid diethylamide tartrate). The dose of LSD is 1/40,000 gm.

Tryptamines are generally shorter acting than the lysergic acid derivatives. Lysergic acid "trips" can range up to a day in length. Tryptamines last two hours. Dimethyltryptamine (DMT) is sometimes called "businessman's trip" and lasts about 45 minutes. Diethyltryptamine (DET) lasts about two hours and is similar to DMT.

Usual short-term effects of the psychotomimetics include visual imagery, increased sensory awareness, anxiety, nausea, and impaired coordination and sensory perception. Chronic ingestion effects are generally no different from short-term effects; however, long-term use has been shown to produce a more pronounced panic reaction.

CANNABIS (Marihuana)

Cannabis is not a narcotic, not a depressant, not a stimulant, not a tranquilizer, and not a hallucinogenalthough it has properites similar to each of these. In animals, cannabis potentiates barbiturate sleeptime. It also potentiates amphetamine stimulation in animals. All the agents listed under psychotomimetics have crosstolerance; however, cannabis does not have crosstolerance with the hallucinogens.

Use of cannabis creates a moderate psychological dependence, and it has moderate tolerance potential. Cannabis is not a single substance. A number of different varieties have been isolated. Examples of various types include Cannabis sativa, Cannabis indica, Cannabis americanus, and Cannabis mexicana. Differentiation has been made between several varieties such as michoacan, columbian, and synsimillia. These varieties can have such a low potency that the person ingesting the substance has almost no discernible effect. On the other hand, there are some varieties that have shown toxic manifestations in the nerve pathways in the brain.

Usual short-term effects include relaxation, euphoria, increased appetite, and possible impairment in judgment, time perception, and coordination. Possible long-term effects include subtle personality changes and diminution of intellectual acuity.

Conclusion

The drugs or agents mentioned, as well as the terminology presented, are given as an overview with the expectation that there will be a closer health professional team relationship. This closer relationship can lead to more adequate understanding of and rapport with patients who are being treated (or are otherwise involved) with agents having an effect on mood, perception, and behavior. This presentation is made with the hope that better management and monitoring of the patient will occur to reduce possible drug side effects and adverse reactions or interactions.

REFERENCES:

- All psychotropics said to cross placenta; some may harm fetus. OB GYN NEWS. Oct. 1981. 15:6.
- Anderson, W.H., O'Malley, J., and Lazare, A. Failure of outpatient treatment of drug abuse. II. Amphetamines, barbiturates, hallucinogens. American Journal of Psychiatry, 1972, 128: 1572-76.
- Ban, T.A. Psychopharmacology, 1969, Baltimore: Williams and Wilkins. Benzodiazepine compounds. Facts and Comparisons, Dec. 1979, 261.
- Browne, T.R. Clonazepam. The New England Journal of Medicine. 1978, 299:812.
- Burns, R.S. et al. Phencyclidine: States of acute intoxication and fatalities. Western Journal of Medicine, 1975, 123(4):345-49.
- Cheer up, without side effects. Science News, Nov 7, 1981, 120:294.
- Choice of benzodiazepines. The Medical Letter, 1981, 23(9):41.
- DeGennaro, M.D. et al. Antidepressant drug therapy. American Journal of Nursing, July, 1981, 1304-1334.
- Delay, J. A review of psychotropic drugs. What's New. 129:8.
- De Lemos, G. Outpatient treatment of heroin addiction: Patterns and problems. Journal of Drug Issues, Fall 1972, 21-28.
- Dole, V.P. Narcotic addiction, physical dependence, and relapse. New England Journal of Medicine, 1972, 286:988-92.
- DuPont, R.L., and Greene, M.H. The dynamics of a heroin addiction epidemic. Science, 1973, 181:716-22.
- Fieghner, J.P. Clinical efficacy of the newer antidepressants. Symposia

- Reporter, 1982, 5(7):1-3.
- Gay, G.R., Matzer, A.D., and Bathurst, W. Short-term heroin detoxification on an outpatient basis. International Journal of the Addictions, 1972, 6:241-64.
- Goldberg, G.J., and Korczyn, A.D. Intravenous diazepam in druginduced dystonic reactions. Brit. J. Psychiat. 1972, 121:75-77.
- Gonzales, E.R. Alter drug structure--Avert induced lupus. JAMA, 1981, 246(15):1634.
- Goodman, L.S., and Gilman, A. (eds.) The pharmacological basis of therapeutics. 4th ed. New York: Macmillan, 1968.
- Greenblatt, D.J., and Shader, R.I. Benzodiazepines. The New England Journal of Medicine. 291:1011.
- Groth, A. Psychopharmacology. Medical Pharmacology, 5th ed.; C. V. Mosby Co., St. Louis, MO., 1970.
- Guymon, A.C. Textbook of medical physiology. Philadelphia: W.B. Saunders. 1970.
- Hollister, L.E. Tricyclic antidepressants. The New England Journal of Medicine, Nov. 1978, 16:1106.
- The how of anxiety. The Lancet. Aug. 1981, 1:237.
- Lippmann, Steven. Lithium's effects on the kidney. Post Graduale Medicine, 1982, 71:99.
- Mangla, J.D., and Pereira, M. Tricyclic antidepressants in the treatment of peptic ulcer disease. Archives of Internal Medicine, 1982, 172:173.
- Martin, W.R., and Jasinski, D.R. Physiological parameters of morphine and dependence in man; Tolerance, early abstinence, protracted abstinence. Journal of Psychiatric Research, 1969, 7:9-11.
- Meyers, F.H., Jawetz, E., and Goldfein, A. Review of medical pharmacology. 3rd ed. Los Altos, CA: Lang Medical Publications, 1970.
- Nichols, J.R. How opiates change behavior. Scientific Americana, 1965, 212:80-88.
- O'Malley, J.E., Anderson, W.H., and Lazaare, A. Failure of outpatient treatment of drug abuse. I. Heroin. American Journal of Psychiatry, 1972. 128:865-8.
- Physicians' Desk Reference. 30th ed. Oradell, N.J.: Medical Economics,
- Rech, R.H., and Moore, K.E. An introduction to psychopharmacology. New York: Raven, 1971.
- Reed, K. Trcyclic antidepressant blood levels. Post Graduate Medicine, 1981, 70(5):81.
- Rickels, Karl et al. A working model from psychopharmacology for clinical research in family practice. The Journal of Clinical Pharmacology, 1977, 17(10):541-554.
- Schuster, C.R., and Thompson, T. Self-administration of and behavioral dependence on drugs. Annual Review of Pharmacology, 1969, 9:483-502.
- Siegal, R.P. Lithium for steroid-induced psychosis. The New England Journal of Medicine, 1978, 299(3):155.
- Silsby, H., and Tennant, F.S., Jr. Short-term ambulatory detoxification of opiate addicts using methadone. International Journal of the Addictions, in press.
- Stimmel, Glen. Drug therapy in affective disorders. In Woolley, B. et al (eds). Psychopharmacology 1(4):67; Chicago, IL.: Yearbook Medical Publishers.
- Stimmel, G.L. The role of drug therapy in depression. Postgraduate Education, USC, 1974.
- Talley, J.H. Here's how I treat depression. Patient Care. Mar. 1982, 30:104.
- Vaillant, G.E. A 20-year follow-up of New York narcotic addicts. Archives of General Psychiatry, 1973, 29:237-41.
- Wender, P.H., and Klein, D.F. The Promise of Biological Psychiatry.

 Psychology Today, Feb. 1981, 25.
- Winkler, A., Pescor, F.T., Miller, D., and Norrel, H. Secondary reinforcement in morphine dependence. Psychopharmacologia, 1971, 20:103-17.
- Woolley, B.H. A survey of drug classification and nomenclature in applied psychopharmacology. Psychopharmacology, 1977, 1(4):13-36.

BURNOUT IN THE HOME David C. Willis,* A.C.S.W. and Harold Fondren,* M.A.

Currently there is tremendous concern and talk about the subject of professional burnout. The literature has mainly centered around caseworkers and administrators. But in the last few years there has been an increasing number of women in the Church who have re-evaluated their own mental health as a result of a documentary film produced by KSL television called "Depression in Mormon Women." This film has been aired on public television, and the film has been presented in numerous firesides and conferences. The result has been an increasing number of Mormon women seeking ecclesiastical and professional counseling to combat the depression symptoms mentioned in the film.

However, in working with women whose presenting problem was depression, the authors discovered that there was a large number of women who did not respond to either medication or to individual psychotherapy. It was then determined that the problem might not necessarily be depression, be it situational or biological, but burnout. The authors then reviewed some of the literature on administrator and caseworker burnout and discovered amazing similarities between the demands on helping professionals and homemakers.

Burnout has been defined with variations as a debilitating psychological condition affecting individuals who work in high stress jobs, brought on by the cumulative effects of prolonged stress. The burned out homemaker may indicate burnout by:

1. Loss of concern for her children that in the extreme evolves into cynical hostility and a demeaning perception of herself, which in turn lead to increased guilt and self-depreciation.

2. Deterioration of the quality and sometimes quantity of care offered to children.

3. Emotional isolation from children, homemaking chores, and duties. This can be expressed by increased involvement in outside work, church work (often during daytime hours), or increased time spent in the home but with little accomplished.

4. Correlations with drug and alcohol abuse, neurotic and psychotic symptoms, suicide attempts, family conflict and disorganization.

5. Lowered morale, higher rate of sickness, lowered productivity and a high desire to break out of the marriage, family, and/or church.

6. Physiological changes such as higher blood pressure, poor appetite, insomnia, and psychosomatic symptoms (Daley, 1980).

There are additional symptoms such as: irritability, exhaustion, desperate measures to deal with routine problems, impatience, distrust, resignation, withdrawal,

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apathy, negativism, lack of attentiveness, cynicism, decreased energy and motivation, and increased distance from husband and children. After reviewing these symptoms and characteristics, it is easy to understand how one can misdiagnose cases of burnout and depression (Lewis, 1980).

It was also determined that there are higher rates of

burnout among:

1. Younger, inexperienced homemakers—especially those homemakers who compare themselves with older and seemingly better women and mothers, and try to live up to the myth of the "perfect mother in Zion syndrome."

2. Homes where there are many children and the leadership is autocratic--such as the father being the all-knowing patriarch, who dispensed "wisdom and counsel" without first understanding the situation and without recognizing free agency.

3. Homes where patriarchal structure and support are lacking at key times—such as the active husband who always finds time for his "important" church meetings but rarely has time to really play and be with his children and wife consistently.

4. Homes in which the homemaker does not know what is expected of her and communication of family rules and regulations is unclear. These families are usually characterized by patriarchal leader dominance.

5. Homes in which there is little autonomy for the homemaker, few opportunities to use innovation, and low spouse support. This can be illustrated where the needs of the wife and children rotate basically around the needs of the husband.

6. Homes in which the mother is overly conscientious and has too high an expectation of herself.

7. Homes in which the homemaker has not learned to set priorities or when she does follow her own priorities, and feels guilty for not doing more (Lewis, 1980).

Homemakers are accorded a high status in the literature of the Church, and have the important and difficult assignment of bearing, training, and raising children in righteousness. Unfortunately, the welfare of homemakers is a concern, but not a critical consideration in terms of many family, ward and stake priorities. Their right to a higher priority ranking as judged by resources and time allotted for their support and training suggest a relatively low status (Lewis, 1980).

It is our feeling that examples of low resource allocation for support of the homemaker are found in most homes where burnout has occurred. This may be evidenced by the husband coming home from work and, rather than relieving his wife, saying he needs to rest. So he reads the paper, eats dinner, has a five-minute interview with the kids, goes to his ward basketball game, then attends his leadership meeting. He returns home refreshed and invigorated but returns home to and is confused by an angry wife--a wife who has

probably been taught to sublimate her needs to that of her husband and children, and is angry because he doesn't know how to communicate with her. She feels guilty because of these feelings of anger directed towards her husband, especially since he is a "nice man and faithful in the Church."

Another example of low response allocation might be the apparent lack of woman support activities such as a consistent effort in each stake to encourage women sports, mother-daughter outings, mother overnighters, and women's conferences. It appears to be much more acceptable for men to do these things than women. Also, for many homemakers experiencing burnout there seems to be an attitude of the male spouse that the mother is basically responsible for the children, rather than realizing that the responsibility for parenthood should be equally shared.

The Mormon homemaker also faces severe attacks from society. Although she might have been prompted to enter motherhood with expectations of a high order and expected to exercise influence on her children and others who would seek her help, she quickly discovers that her abilties are not so powerful as she thought nor can she apply them as need dictates because family support resources are deficient. She may also learn that her work is not highly valued in circles that distribute resources and that her efforts are demeaned along with the idea of even having children (Lewis, 1980).

The rewards of motherhood are usually intangible and come after much effort. Children's curses may be more frequent than their praises. In addition, objective measures of success or failure are absent. Homemakers must make decisions for their children, but the criteria upon which the decisions are based are subjective and the homemakers are many times uneasy about their validity. This search for tangible measures of success might account for the importance parents place upon visible symbols of spirituality in their children, such as the Duty to God Award, temple marriage or mission. Even though in actuality the person might not be worthy or fully comprehend such, they have the appearance of doing the right thing.

Conclusion: The purpose of this paper is to present the possibility of misdiagnosis of depression in certain Mormon women, and to clarify some of the dynamics of burnout. It also has the purpose of suggesting these concepts for further research and evaluation, and proposing several recommendations to deal with burnout.

Recommendations: Our recommendations are based upon this supposition, "to meet the needs of her children, a mother's needs must be met, and therefore the mother's needs must be met basically by the husband." It is the authors' contention that while some women may exhibit characteristics of rebellion or lack of respect to their husband or priesthood leader, most of these are probably reactions to a lack of being listened to, understood, and/or appreciated by the husband or priesthood leader. Most women would follow a husband or priesthood leader who 1) understood and listened to her, 2) understood her needs, 3) showed and expressed

consistent appreciation, and 4) allocated more resources to support her in her role as homemaker.

We also recommend that the homemaker review the article by Louise A. Brown, in March 1982 issue of the Ensign, and that she be taught and practice the following skills and principles:

- 1. She is responsible for her own behavior and decisions.
- 2. Learning to turn off inappropriate negative thoughts and appreciate the good in herself.
 - 3. Setting realistic expectations.
- 4. Learning to look at repentance as growth and forsaking sin as meaning forsaking things that limit growth.
- 5. Learning to follow her own inner confictions, and learning to think in terms of "different," saving the concept of "right" and "wrong" for appropriate moral situations.
- 6. Setting priorities and recognizing and working within her limitations.
- 7. Being able to accept help, but not expecting it. (It should be noted that Sister Brown was able to deal with the "darkest hour of her life" through a supportive, caring husband who listened to her and helped her to find the positive in herself. One wonders what the end result would have been had Sister Brown not had the support of her husband. Here again is testimony of the importance of the supportive relationship of the husband to the wife (Brown, 1982).

It is also our recommendation that all counselors carefully evaluate those individuals they are counseling with the presenting problem of depression, and to determine if the problem is one of burnout. If it is burnout, we recommend that they be treated according to the psychosocial treatment method in which the worker recognizes the interplay of both internal psychological and external social causes of dysfunctioning (Hollis, 1968).

REFERENCES:

Bala, N. Burnout among social workers. Unpublished paper, April 1979.

Brown, L.A. Ensign, Mar. 1982, pp. 29-31.

Daley, M.R. Presenting worker burnout in child welfare. Child Welfare. Sept./Oct. 1980, pp. 463-468.

DHEW Publication No. (Adm) 78-537. Field Service Manual for Human Service Workers in Major Disasters. U.S. Dept. of Health, 1978.

Hollis, F. Casework: A psychosocial therapy. New York: Random House, 1972, p.9.

Lee, D.S. Staying alive in child protective services: Survival skills for workers and supervisor: Part 1-A preliminary examination of worker trauma. Artic. Vol. 4, Spring 1979.

Levinson, H. When executives burnout. Harvard Business Review. May/June 1981, pp. 73-81.

Lewis, H. The battered helper. Child Welfare, Vol. LIX, No. 4, April 1980, pp. 195-201.

Pines, A., Maslachi, C. Characteristics of staff burnout in mental health settings. Hospital and Community Psychiatry, Vol. 29, No. 4, April 1978.

Schneiger, F. The worker burnout phenomenon: Implications of current research for the child protective system. Community Council of New York, Newsletter Supplement, Nov. 1, 1978.

FEELINGS, SELF-DECEPTION, AND CHANGE C. Terry Warner,* Ph.D.

Presented at the AMCAP Convention 2 October, 1981

Feelings and Circumstances

I would like first to share three brief stories. I have cleared the use of these and the other stories I shall use in this presentation.

The first story concerns a young woman who was certain all her life that her father didn't want her. He was in fact a very austere man and treated her coldly. He never told her he loved her. She had spent most of her third decade--her twenties--going from mission president to stake president to counselor to psychotherapist seeking help. She could barely function in life; she was a failure at almost everything she did. She went to her bishop and told him of her problem.

From the age of three she had been troubled by haunting dreams. In these dreams a motorcycle gang attacked the family car, pulled her parents out, and savagely beat and killed them. She alone was left surviving. She would wake up from this dream every

night screaming.

It's obvious that she was a party to this dream. There are overtones of vengeance. Her bishop felt impressed to say to her, "The day that you feel to go to your father and ask him forgiveness for your feelings--that is the day that you will be free." She could not accept that. In fact, she asked for a clarification. "You are forgetting that it is he who has hurt me; I haven't done anything to him." But in spite of this initial resistance, she spent about three weeks in meditation, fasting, and prayer over the matter. She returned and said to the bishop, "You are right. I have sinned more against my father than he has against me, for I have hated him for all these years." She took the train home that weekend and went to her father. She asked his forgiveness for her hatred toward him. She did not say, "I'll forgive you if you'll forgive me." She said, "Please, Father, forgive me." He broke down and wept. "No," he said, "it is not for you to ask my forgiveness, but for me to ask yours." That moment changed his life and hers--permanently. She is a functioning person now.

The second story was published in a Relief Society manual. A man named Max Ellerbusch was raised by a stern, brooding father. He had known no love in his childhood home. He was determined that there would be love in his own family of four children.

One day, the five-year-old child who was his most vibrant and sensitive--the child who spread love everywhere he went--was killed by a teenage driver who had stolen his mother's car while she was at work. Max Ellerbusch was deeply embittered. He could no longer

see any meaning in life; he could not believe that God could have permitted this tragedy. He was so bitter that he made a special plea that the boy who had hit little Craig be tried as an adult so that he could get the full measure of justice. He wrote this:

So this was my frame of mind when the thing occurred which changed my life; I cannot explain it; I can only describe it. It happened in the space of time that it takes to walk two steps. It was late Saturday night. I was pacing the hall outside our bedroom. My head in my hands, I felt sick and dizzy and tired. So tired. "Oh God," I prayed, "show me why." Right then, between that step and the next, my life was changed. The breath went out of me with a great sigh and with it all the sickness. In its place was a feeling of love and joy so strong it was almost pain. In that moment my heart was completely changed. I experienced an unspeakable solace and comfort to my spirit. It was the suddenness of it that dazed me. It was like a lightning stroke that turned out to be the dawn. I stood blinking in an unfamiliar light. Vengefulness, grief, hate, anger--it was not that I struggled to be rid of them -- like goblins imagined in the dark, in the morning's light they simply were not there.

The third story is of a woman whose sister was dving of a painful terminal illness. The invalid was incontinent and severely paralyzed. None of her siblings would take care of their sister--except the woman I am telling you about. She happenedd to be the poorest of all the brothers and sisters. She had a family of her own to raise, she lived in humble circumstances, she bore many responsibilities. Yet she was willing to care for her sister. At first, she felt grudging resentment about her lot. The little freedom she had enjoyed was now gone. There was no way out of the situation short of abandoning the sister herself, and that she couldn't do. So she fell into depression. She worked like a robot, dead inside. She felt herself sinking into emptiness, and felt her personality being obliterated. Almost against herself she decided that she had to fast and pray to get some relief, so that she might no longer despise her life and what she had to do. One morning, her feelings changed miraculously. What had been a prison became a source of joy. She wanted to do what she was doing. The depression was gone.

These stories that I've shared are, in a certain sense, about disturbed feelings. In each case the individuals involved felt their feelings to be beyond their control; they felt themselves to have been caused to have the feelings by the adverse circumstances they found themselves in. If you were to have asked any of these people, in the midst of having the feelings, how they would ever get rid of them, they would have told you that the only way would be for the circumstances to change. For them their feelings were responsive to the circumstances. "I did not decide to have these feelings; I was caused to have them," any one of them might have

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said. "I have been overwhelmed by my situation. I am unfortunate." In their eyes, their affective life--their psychical wholeness and serenity--was disturbed by their circumstances.

Yet, even though this is how each of them once felt, each was wrong, for each eventually changed. The feelings ended even though the circumstances remained the same. I repeat: the feelings ended, but the circumstances remained the same.

What did not happen is clear enough. These people did not learn how to cope with situations they felt to be adverse. They did not learn how to deal with their feelings of resentment or anger or failure. Instead, the situations they were in were no longer seen to be adverse. The situations remained but the problems—the disturbed feelings—disappeared.

This is contrary to what the individuals anticipated. From their earlier point of view, their only way out was for the situation that had caused their feelings to change. But when they gave up their feelings, the problem disappeared.

These cases, and others like them, suggest that it is possible to do more than just cope with disturbed feelings: it is possible to abandon them. This, I believe, is true of a wide range of such feelings, including anger, hatred, bitterness, despair, jealousy, irritation, resentment, and so forth.

The Incredibility of the Thesis

Most people do not believe such changes are possible. Let me explain why. Most of us have feelings of the kind I have described, such as resentment or irritation or fear. Precisely because we have them, we do not believe we can give them up. The reason for this is that to have the feelings is exactly the same thing as believing that they are being caused by the circumstances and are not within our control. It is part of the very nature of such feelings that we who have them take ourselves to be passive in having them. We think they are responses to circumstances, not initiatives that we take.

This, then, is why the thesis that disturbed feelings can be given up seems so incredible: to have a disturbed feeling at all is to see oneself as passive in having it and is therefore to see oneself as powerless to give it up.

Think about being angry and having someone tell you that you can stop being angry if only you want to badly enough. You might well be offended. From your angry point of view, what is making you angry is the person or situation you are angry about. When someone says that you can stop your anger, there is only one way you can take this. He must be suggesting that you aren't caused to be angry at all. He is questioning the sincerity of your anger. He's saying that you're only pretending to be angry. Ridiculous! If there's one thing you know, it is that your feelings are genuinely agitated. Would you be this worked up if you weren't being mistreated? How dare anyone say that you can simply stop being angry! Why, you are being told that you don't really feel what you feel. Absurd!

Self-Deception

Suppose, though, that we are not passive in the disturbed feelings we have. Suppose that such feelings

are initiatives that we take. Then we are wrong when we suppose that they can't be given up. If they are something we are doing, then we can stop doing them.

Max Ellerbusch is one who now knows what I am talking about. When he was overcome with bitterness toward the teenage boy who killed his child, he had no question but that the youth was responsible for his feelings, but in this he was wrong. He discovered as much in that lightning moment when his heart totally changed. The circumstances hadn't been responsible for his mental agony. His mental agony was, at least partially, something that he was doing. It was an accusation, active on his part, against the youth who had killed his boy. His bitterness then was not a passive response to the situation; it was an initiative that he was taking, an accusation. This is true of disturbed feelings generally. They are not merely passive, but instead are initiatives-things that we do. It is for this reason we can stop doing them. It is for this reason that, as the Ellerbusch and other stories show, disturbed feelings can be abandoned.

But if this is true-if disturbed feelings can be abandoned--why doesn't it seem that way to the person while he is having them? Why does it seem to him that he can't give up his feelings if he really can?

The answer to this is: Because these disturbed feelings are lies. Remember, it is the very nature of such feelings that, in having them, the person takes himself to be passive. To play the passive role is to blame others for the feelings. It is to accuse. To have an accusing feeling is precisely the same thing as taking oneself as passive. As long, therefore, as the person is having the accusatory feeling, he necessarily sees himself as overwhelmed by circumstances, and is caused to feel as he does. That is what having such a feeling means.

Think of the college girl. Her disturbed feelings--the bitterness she felt toward her father and the general hopelessness she felt in life-constituted her view of herself as passive, as overwhelmed by adverse circumstances, as helpless to feel any way but bitter and despairing. As long as she felt this way she could not conceive the possibility of not feeling this way. The feeling itself precluded her from seeing the truth.

The person who has such disturbed feelings, then, is self-deceived. Though he actually can abandon the disturbed feelings by which he asserts his own passivity, this is precisely what he can't see as long as he is thus asserting his passivity. This is why in self-deception one lives a lie. It is not a lie told with the tongue. It is a lie that is lived with one's feelings. Whenever we have such feelings we are deceiving ourselves about them -- we are taking ourselves to be passive when we are not.

I am not saying that the disturbed feelings a person has aren't genuine--that the person doesn't really have them. He does. The college girl wasn't pretending to be bitter; she was bitter. The point is that the bitterness was not the passive response to the situation that it took itself to be. It is in this respect that it was a lie. It is in this respect that a person having such a feeling is self-deceived.

Self-Betrayal

In what context do such disturbed feelings arise? If

they are not caused, how do they come about?

To suggest an answer to this question let me share a personal story.

Some time ago the toilet in one of the downstairs bathrooms broke. This annoyed my 14-year-old son, David, because the other bathroom downstairs, by the children's bedrooms, was also unavailable. Consequently, David and the other teenagers were forced to come upstairs to a bathroom off the rear entrance to our house in order to use a toilet. This was a harrassment in the mornings, as the smaller children too were competing for the use of that one facility. Immediately David began to badger me: "Why don't you get our toilet fixed? You are causing all of us a great inconvenience." And indeed they were inconvenienced. But the sword of accusation cuts both ways. I was far busier than he, I felt; he had a brain and at least as much mechanical aptitude as I—why didn't he fix it?

Two days elapsed before I addressed the problem. Under the lid of the water chamber, the float--the plastic ball—was cracked and half-full of water. Emboldened by the simplicity of the prospective solution and enlivened by a distinctly dutiful feeling, I went to the home center, bought a new float, and, returning, screwed it on in place of the broken one. But a test flush failed. The rocker-arm assembly at the end of the float was stuck; I couldn't free it. I abandoned the task, promising myself that the next morning I would call a plumber.

That evening I was upstairs in the rear-entrance bathroom changing the baby and occupying strategic territory, when David, with no place else to go, burst through the door and with a trembling chin screamed at me: "When are you going to get the downstairs toilet fixed, anyway?" I was pierced. Given the unreasonable demands he had made of me, and my sincere effort that afternoon, this affront was inexcusable. Nevertheless, in a mature, controlled, and even calm manner I quietly answered, "I don't think I should answer a question put to me in that tone of voice." This was the perfectly just response. But he did no concur. He shot back loudly, "Oh, so you're not going to speak to your own son, huh!" I felt betrayed. So he was going to be a defiant teenager! Nevertheless, restraining myself, I recounted the events of the day and my determination to have the toilet fixed in the morning. Contrary to my expectation, it neither shamed nor subdued him. "That's all I wanted to know!" he blared-and marched out, slamming the door as he went.

During and following this episode I was angry, hurt, and irritated. How could this ungrateful boy of mine treat me in such a disrespectful and unthinking manner? I had spoken quietly to him, it is true, but behind my verbal sophistication was a mountain of hurt and despair.

What is the proper analysis of this case? Only later did I discover it. To begin with, I initially felt that I should fix the toilet. I had a personal sense that this was morally right for me to do. But still I didn't do it. I procrastinated. Now I call this act, in which a person violates his own sense of right and wrong, an act of self-betrayal. So I betrayed myself. I violated my own sense of what was right to do in the situation; I failed, simply, to fix the toilet.

But this is not all. In my act of self-betrayal I worked up emotions by which I showed myself not to be responsible for this failure. Early, even before the blow-up, I felt greatly burdened by the situation. I thought, "Why doesn't David fix the toilet? Where's his ambition?" Notice that this feeling of weariness was

itself an accusation of David. I accused him with words but also with feelings. It was as if I said: "Look how weary your laziness is making me!" It was the way I shifted the blame for my own moral failure onto him. Later, when David blared at me in the bathroom, my wounded feelings were again a declaration of my innocent and victimized state. To feel angry and hurt was to accuse him and to shift responsibility from myself onto him.

All this is to say that my self-betrayal was hypocritical. In the very act of betraying myself I shifted resopnsibility so that the blame for my failure would fall elsewhere. I did this through my victimized feelings. By feeling burdened, hurt, angry, etc., I showed that there was a great deal to overcome in these circumstances and therefore that I could't be blamed if I failed to overcome them. And if I did overcome them? Well, then I would be positively stupendous. To overcome such odds and to reply with softness in the face of such ingratitude—that is a remarkable feat indeed.

What, then, was the nature of my disturbed feelings in this situation? They were part and parcel of my self-betrayal, of my attempt to justify myself in doing what I felt to be wrong. They were not passive. They were the way I actually blamed the circumstances in order to exonerate myself in my own wrongdoing. Moreover, in the episode with David, they were how I demonstrated the contrast between my own spectacular virtue and David's crass selfishness. The very fact that the situation was so trying--as evidenced by my wounded feelings--was proof of how virtuous I was in responding as "maturely" and calmly as I did. My wounded feelings showed just how much unkindness I had to overcome. These feelings were the way I made the wrong I was doing appear to be right, even virtuous. The self-betrayer's version of virtue always involves accusing others by means of his own disturbed feelings. Virtue and peace never go together in the self-deceiver's view of things.

What does this story of mine have to do with the cases I shared earlier? I will explain. Think again of the college girl. Despite all his cruelty to her, this girl felt that she should love her father--this was a moral obligation that she felt profoundly. But she didn't love him. She betraved herself. And her disturbed feelings--her hatred of him and her despair in life generally--were her manner of justifying herself in this self-betrayal, in doing what she herself felt to be wrong. More accurately, her refusal to love her father took the form of bitterness toward him, a bitterness which demonstrated the preposterousness of what she was refusing to do and thus justified her in not doing it. Her bitterness, in other words, was a way of trying to show that her non-loving was not her fault, but his. In this she was self-deceived. Her disturbed feelings were initiatives on her part--they were accusations--but just because of this they constituted a view of themselves as passive. Thus, as long as she was bitter toward her father, she saw herself as caused to have the bitterness and thus saw the possibility of abandoning it as absurd. That's why she reacted as she initially did to the counsel of her bishop.

I believe that the proper analysis of this case, then, is the same as the analysis I have offered of my own. This girl was betraying herself and part of the self-betrayal was the generation of victimized feelings by which she shifted responsibility from herself onto someone else, namely her father. All of her bitterness and despair can be seen in this attempt at self-justification, an attempt inherent in every act of self-betrayal.

It is important to notice that nothing I've said implies that this girl was "bad" or "sinful" in her refusal to love her father. I've not even said that she should have loved him. The point is, she felt she should. In not doing so, she was betraying a moral sense that was not someone else's. but her own.

How widespread is hypocrisy like this? Does it account for all disturbed feelings? Is it the root of serious pyschological problems, for example? I don't know. I don't want to say that all emotional and personality problems are ultimately hypocrisies that accompany self-betrayal. But I do want to say that at least sometimes they are. I believe it's true in my own case and in the case of this college girl, for example, as well as in the other stories I've shared. I also think it is the correct account of the cases Freud treated, and in general covers what he called the neuroses. It is the act of self-betrayal that I believe accounts for these cases. The disturbed feelings, at least here, are not passive; they are self-deceptive attempts by the person to justify himself in wrongdoing. Sin, Hypocrisy, and Psychological Bondage

It is important to understand that self-deception is not an accomplishment that consists of a sequence of steps. We do not first sense that something is right to do, then begin to live a lie, then concoct a feeling or emotion by which to shift blame away from ourselves and hide from ourselves our wrongdoing, and so on. This is precisely the sort of thing that is impossible to do. Instead we deceive ourselves in and by the very act of self-betrayal; it is a self-regarding, posturing, responsibility-evading act. That is its essence. There is no other way to perform it. We do it this way or not at all. Every sin is a lie-a submersion in darkness.

You will be interested in another aspect of the lie. Typically, the individual suffering from disturbed and victimized feelings longs to be rid of them. This means that he wants his circumstances to change, because in his view it is the circumstances that are causing his feelings. But this desire for the circumstances to change is as much a self-deception as the feelings are. He is the one who is interpreting the circumstances in this way. He needs them to be just as they are, in order to feel justified in what he is doing. When my son yelled at me in the bathroom, I had my proof that I was doing all I could in a very difficult situation. What father could have done more, I asked myself, while being cut to the heart by a defiant teenager? I could excuse my self-righteous refusal to love him freely only so long as he was treating me cruelly. Because I needed my suffering, I needed my persecutor.

That is not all. My accusing attitude toward him provoked the persecution that he inflicted. That attitude came across to him, even though I did not raise my voice.

"I do not think I should answer a question put to me in that tone of voice," I said, in spite of the wounded feelings I was mustering. Proverbs says, "A soft answer turneth away wrath." Mine was not a soft answer, but a biting answer spoken in low tones. It was pharisaically-hypocritically--soft. Its veiled message was: "You are hurting me, your own father. You're making me bleed inside, you insensitive and inconsiderate kid. What makes you think I ought to talk to you?" I could not have degraded him more effectively had I screamed at him. The principle here is that by the victimized and selfjustifying attitudes and feelings that are always part of sin, we tend to provoke or elicit the very behavior that we blame our victimizers for. By this means we obtain proof that they are to blame and we are innocent. Thus these attitudes and feelings are ruthless. Sin is ruthless. It uses people insensitively in a desperate effort to be excused or justified. Sin and love are constitutionally incompatible.

It is important to try to appreciate how engulfing, how completely self-deceiving, is a sin such as mine. I didn't set out deliberately to provoke my son into bad behavior. Had this been my procedure, I could have stopped at any point. I could have said to myself, "Should I continue on this course or not?" and could have chosen to desist. But this was not what happened. I saw him in the first place as deserving the treatment he was getting. My very perception of him was part of the lie I was living. The choice I faced was not whether to see him accusingly--I was already doing that--but whether, in seeing him accusingly, I should yell at him as many fathers no doubt would or else refuse to stoop to his level and restrain myself. This so-called choice was part of my lie: it wasn't a choice at all. The real choice had been made by my selfbetrayal; my "choice" of whether to punish my son or take his punishment patiently was only sin masquerading as choice. Both courses of action were morally wrong. The sin was in the seeing. It always is. To see others as the problem is the problem.

My very perception of my son was accusing; the options of conduct I therefore gave myself were the options for an accuser: I could accuse him either overtly and immaturely or covertly and "maturely." I "chose" the latter, supposing that he gave me no other alternatives. Was not this bondage? My lie might as well have been true; he might as well have been giving me no alternatives. For it was impossible, as long as I continued in self-betrayal, for me to make the real choice of whether or not to see my son as Jesus saw his executioners, with compassion rather than accusation.

I was using my free agency to abdicate my free agency. As one philosopher said, "I was systematically denying my humanity in order to be justifed." I want to revise that saying a little. I was denying my divinity. That is an interesting trade-off. Justification--wanting to convince ourselves that we are worthy of a good judgment--is an obsessive concern when we betray ourselves. We deny what we are; we contrive personalities or role-masks; we dissipate ourselves in artificiality. And we lose touch with others, obliterating our love as we accuse, demean, and retaliate--all in order to obtain a good judgment.

This bondage is related to the unpopular fact that dealing properly with people is not a matter of technique, but of purity of heart. In my self-deceived condition, anything I could have conceived to say to my son would have been wrong. For example, suppose you had been standing by me and had whispered in my ear. "You shouldn't accuse your son. He's only fourteen. He is not a mature person. He's got his own pressures." From within my self-deceived perspective, I would have said to myself, "Oh, I know that I should not be so irritated. But it's not my fault. After all, he yelled at me. Still, he's no doubt learned his rebelliousness from his friends. It's not all his fault either. I'm not really angry at him. I just pity him. I pity him, that he would be so warped at so young an age to defy his father. He needs help. I've got to get him some help." This new attitude is no less accusing than the old one. And no matter how this attitude would have been expressed, it would have been felt by my son for what it was. You can see that it did not matter how I tried to change my behavior, as long as I remained a self-deceiver, whatever I did would have been but a variation of my basic lie. It would have been a continuation of my accusing heart. Until sin is gone there is no way out of self-deception.

Theories and Therapies

Suppose that all I have said is true. Suppose that at least sometimes disturbed feelings are self-deceptions: not caused by circumstances or other people, but self-victimizations. One's disturbed feelings are the manner in which one makes it appear that he is others' victim and thus justifies himself in doing what he feels to be wrong. How does one help such a person? What is the preferred therapy in this kind of case?

It is helpful to answer this question by first considering the usual view and treatment of disturbed feelings. The contrast, then, is instructive.

Standard Theory and Treatment

The standard view of disturbed feelings is that either they are genuine and sincere, and therefore actually caused as they seem to be caused, or else they are pretended or "cooked up"in order to hide some other, deeper, feeling--which itself is caused in the way that it seems to be caused. No one in mainstream psychology believes that a feeling can be genuine, i.e. "really felt," and at the same time dishonest, i.e. a lie about its own nature.

Now if you accept this standard view, your first step in therapy would no doubt concern whether, in the bathroom incident, I was being honest and open about my feelings. (On the standard theory, though I can't be dishonest in my feelings, I can be dishonest about them.) You might suspect that underneath my controlled exterior I am deeply angry but will not admit it. Your first step will be to get me to admit it. You might even say, "You can't deal with these feelings you have unless you are willing to be open about them." This was Freud's strategy almost from the beginning of his work. He sought, for example, to dig beneath Elisabeth von R's insistence the her attitude toward her brother-in-law was innocent and to admit a secret love. He tried to break down her resistance by saying that such an affection was

not a horrible thing because, as he said, "We're not responsible for our feelings."

Often the first therapeutic step, then, is to try to overcome resistance to admission of the feelings disturbing us, and to be "open" and "truthful" about them.

The probable next step, if you believe the standard theory, is to get me to have the right attitude toward the feeling that I may previously have tried to hide. Precisely because these feelings are not my responsibility, you don't want to "lay a guilt trip" on me. You don't want to condemn me for what isn't my fault. You may say things like, "It's natural to feel the way you do. Anybody in your circumstances would." Freud told Elisabeth von R. that her coverup of her affections proved what a moral person she was, so that she had no reason to condemn herself.

This second therapeutic step, then, is to assuage or forestall guilt. It is step based squarely upon the assumption that we cannot be dishonest in our feelings, i.e. self-deception with respect to feelings is impossible.

The third step concerns what has come to be known as achieving congruence. You will want me to conduct myself in a manner congruent with my feelings. You might suggest that I be open with my son about my frustration and irritation--that, for example, Isay, "Son, it irritates me that you keep pestering me to fix the toilet. It would irritate you, too, if you were in my position. You could do it, you know, just as well as I, and a lot more easily." The concern here is for me to avoid suppression of feeling, so that it does not "build up inside" and manifest itself in the form of some neurotic symptom or other, such as ulcers. It is better to give civilized expression to one's feelings than to seethe inside. So teaching congruence is the third therapeutic step.

Finally, a person holding to the standard theory of feelings will teach the disturbed individual to cope with his situation, change it, or remove himself from it. These are all strategies for neutralizing or eliminating the source of troubling feelings. Winston Churchill said that he and his wife got along as well as they did and stayed married only because they never saw each other before noon. This, on the standard view, is a paradigmatic solution. Be assertive. Negotiate for satisfaction. Insist upon rights. Rearrange relationships.

The pattern I have just traced is instructive, even if a little simplistic. The helper who relies on the standard kind of theory necessarily has as his aims not joy and perfect peace but accommodation and/or adaptation. The approach is that, because we can alter neither our psychological vulnerability nor the abusiveness of circumstances and society, our only option is to arrange our circumstances in order to minimize our pain. I'll call such a helper a "standard helper."

This approach makes sense if the standard theory that we're not responsible for our feelings is correct. But if it's not correct—if we can be dishonest in our feelings—then there is something else to say about contemporary psychological helpers. It is that they are taken in by the lies the client lives. Often they accept his self-deceived

belief that his feelings are caused by circumstances. That, of course, is folly, because if the client is selfdeceived in his feelings then he's the least reliable witness there is concerning the nature of those feelings. By undertaking to help a client be honest about and have the right attitude toward his feelings, and act congruently! with those feelings, the helper is endorsing and reinforcing him in his self-deceived view of the origin of his feelings. Whether he works with the client on resistance, guilt-feelings, congruence, or coping, he is saying to him, "Yes, your feelings are not dishonest and therefore it's not the fact that you have them that we need to worry about. It's what you do about the situation that's causing the feelings, or else, if the situation can't be changed, how you behave even though you have the feelings.

You may be saying, "Not at all. Many counselors and psychotherapists are very sophisticated about the baloney that's thrown at them. They see through it." Certainly standard helpers do not always accept all they hear. But my point is that when they don't, they are still being taken in by the client, in a very subtle way. For when they reject the client's story they usually suppose the client is a malingerer--is simply "faking it." There are malingerers, to be sure. But the supposition that anyone who's not a victim is a malingerer is the supposition that there's no self-deception--no psychological bondage resulting from a free act--and that genuine cases are still to be treated as I've outlined. The client has seduced the therapist into living his lie with him if the therapist supposes that malingering is the type of diagnosis to be given if the client isn't genuine victim.

An Alternative to Standard Therapy

Let us contrast to all of this the kind of help you would give a disturbed person if you believed that he can be dishonest in his feelings and consequently responsible for them. My associates and I have developed a special kind of teaching that for many people, at least, is an alternative to counseling and therapy. It is a seminar we have given to both Mormons and non-Mormons, from California to Florida. The participants in these seminars are not asked to divulge their problems or life-stories. No diagnosis is made of their situations. No advice is given. The sanctity of confession and of privacy is maintained. More significantly, responsibility for changing individual problem feelings is never shifted from participant to teacher.

One important element of the seminar I am describing is the presentation of stories or parables of self-betrayal and its consequences. My repeated observation is that participants find these stories to have about them a spirit of truth and because of this often see themselves in the stories. Yielding to accept the truth in the stories, many

are led to yield to comparable truths in their own lives. For example, a 36-year-old woman hated Saturdays because her husband yelled at the children, disrupting her plans for a family day of cooperative work and loving play. When she understood some of the stories she heard, she realized that the problems of Saturday mornings were not her husband's fault alone. When the yelling would begin, she would roll her eyes in a despairing, "Here we go again" and "He's going to ruin everything once more" attitude. Sometimes she would cry, the victim of the domestic autocrat she had married. By this accusing attitude she was blaming him and in that moment abandoning all honest hope of changing things. Her project became one of exonerating herself by finding him at fault. No longer did she try to achieve the cooperative and happy Saturday she said she wanted-though she made numerous posturing attempts in that direction, by which she showed how impossible it was to be a mother in association with such a father. She now saw that the "Oh, no, here we go again" feeling was accusing and, in its own way, even vicious. Her husband felt the rebuke, and considered her unfair and unfeeling. He would feel abused and become impatient. She was helping to create the very situation she suffered from. This is the kind of realization that comes regularly to most participants about one-and one-half hours into the seminar.

We do not try to get people to see themselves in these stories. Whether or not they do is their own, anonymous business. If they do, they are already beginning to take responsibility for their own problems. They are beginning to give up their determinist way of viewing their disturbed feelings. This means that they are giving up the feelings also, since one can't have the feelings and simultaneously admit that the feelings are one's own responsibility.

At various points in the seminar we ask the participants to write stories or case studies from their experience, observation, or imagination. We don't specify that they should write about themselves, but most of them do. Typically their minds are filled with the discoveries they are making about past events and relationships that they experienced and now recall with hurt feelings, anger, or bitterness. The act of telling or writing the truth is liberating; the bitterness or anger dissipates. You can't tell the truth and keep living a lie. By virtue of their honesty, the lie they are living is abandoned. The learning exercise is itself restorative and therapeutic.

Here is another example, told by the person to whom it happened.

My husband and I are both writers. We have a baby. Shawn insists without sympathy that I keep the house clean, prepare the meals, stay well-dressed and appealing, and, most of all, keep the baby absolutely quiet during his writing hours. I write during the baby's afternoon nap if I can, but usually late at night and early in the morning.

If there is any noise from the baby, Shawn is not patient. He bitingly asks whether I understand the importance of what he is writing or its crucial place in his career or what it means for our future. Until recently tears would well up in my eyes in response to this harshness. Sometimes I would protest that he

¹The idea of congruence is firmly based on the assumption that feelings are always straightforward responses to situations, and never dishonest. And both these notions are related to the idea that the only way to be hypocritical is to behave incongruently. I have already shown that if we give up these assumptions about feelings, it is not primarily in our behavior that hypocrisy is to be found, but in our attitudes, perceptions, memories, and thoughts.

had no right to speak rudely to me. A quarrel would ensue. But more often I would suffer this sharpness silently and bitterly. I could not understand why I had to suffer so when I had done nothing wrong.

One morning I was doing this assignment—writing a case. I left the bedroom door ajar and the baby toddled out. She was scattering some of Shawn's pages when he saw her. He began to yell at me. Immediately I felt attacked; I began to burn with resentment and to search my mind for some way I could respond in kind. But all of a sudden I thought—"it's a lie. What I am doing now is a lie." I was doing the very thing that I was imputing to him. My rage just dissipated. I was filled with compassion for the first time, and all I could think of was how. I could help my husband.

Now someone who has not had this kind of experience may well think it impossible, or at best mystical. But those who have know otherwise. It is liberation from self-deception, and is as straightforward as it is peaceful and renewing.

We also do a number of exercises during the siminar. One of them has to do with imagining that you are living in a world that is precisely like the present one except in one respect: you are not taking offense of any kind. You are asked to think of someone who has injured. inconvenienced, or offended you at some time in you life, and to describe that person from you imagined perspective. You do not "white-wash" the individual; you do not simply describe all his or her good qualities. Instead you tell the truth about him or her. Being properly prepared by their experience in the seminar, most of the participants can do this exercise. They find their feelings changing toward those they write about. With their realization of the truth, their accusing attitudes-the attitudes by which they had been maintaining a falsified relationship toward another person--disappear.

We do not encourage them to tell what they wrote, for that is and ought to remain private. But we do ask them whether they want to share any insights they may have gained from the exercise. At one of the seminars I wrote the responses on the chalkboard, as follows:

I discovered that what the other person is doing isn't being done to me.

The irritability of her qualities is something I have been contributing.

I was flooded with compassion. His self-betrayal didn't offend me, but I felt sorrow for him. I longed for him to change.

It hurt me to think of all the things I have done to hurt him. By being offended I have added fuel to her offensive ways of acting. I have promoted her destruction.

Doing this exercise releases you from reacting. It sets you free.

The same features that can be described irritably can be described compassionately.

Though we do not encourage individuals to divulge their private experiences, sometimes they want to. The woman who shared the last insight on the list told about the individual she had described in the exercise. She did not say he was her husband, but I knew this, for he had taken the seminar on a previous occasion. She said, "For twenty years I have seen this individual as cocky and demeaning in his manner. In my eyes he acted so superior that I felt put down in his presence. Other

people felt the same way, and that is no doubt why he had personality conflicts in his work. But as I did this exercise I suddenly saw all the same qualities that had offended me in a different light. I saw him as a little boy who was afraid of life and of everyone around him. He didn't change, but I did. Where I had been heavy inside with self-pity, I now felt only love."

This corroborated another insight (that appeared on the list I gave you:) When we no longer need the other person to validate our lie, he becomes real to us.

Why does this liberation come? I will tell you. When we have accusing and self-justifying attitudes towards people, we are living self-deceivingly. We are not in touch with reality. In the way we see things, it is necessary to protect and defend ourselves, to lick our wounds, to justify and explain our behavior, and to get our share before others take it from us. The world thus seen is a lie. To understand about some of our own self-betrayals is to begin to repent of living that lie. Our entire way of looking at the world changes. Because we are no longer making ourselves its victim, we enjoy a sense of profound freedom. Because we are not agitating ourselves to demonstrate how victimized we are, we feel servene

Let me tell you about Lolly, who, like many others, illustrates what I am takling about. Lolly is the mother of a large family of small children. Her husband is a rising young executive with heavy demands on his time. Before the seminar she felt under continual pressure, apprehensive about money and in need of her husband's time and assistance. There were poor relations with some members of her husband's family, particularly with her father-in-law; with him there had been much tension for 13 years. She had a handicapped son whose disposition was, she thought, harassing her beyond her limits

By the time Lolly had gotten to the point of undertaking the "imagine" exercise, her heart was softened so that she was prepared to do it. She took her father-in-law as the person whom she would describe. She wrote an account of her feelings. When she was done, she had compassion and respect for him. She told her husband, Rob, that his father was a pretty fine man; needless to say, Rob had difficulty believing his ears. Several nights later, there was a family party which in previous times she would have dreaded attending. But she went. Rob reported that she did not try to do anything particular to rebuild the relationship with his father; she simply felt differently about her father-inlaw and as a consequence everything she did came over to him differently. He reciprocated. They spent all evening with each other, talking delightedly; and as she was about to go, they embraced. He said, "I see you must have made a New Year's resolution to be sweet and lovable for the rest of your life."

The handicapped child was almost two years old. He had been born with a physical problem that is not noticeable to the untrained eye; but the doctor had said it would give him headaches and make him very irritable all his life. Lolly and her husband had difficulties with little Charles: he dominated the household, biting and

attacking whenever he wanted somehing and generally taking out his misery on the closest party. In order to pacify him, they put a bottle in his mouth on what seemed innumerable occasions each day. They found other special ways of treating him to compensate for his problem. One is reminded of Helen Keller before Annie Sullivan came along. After learning the concept of selfbetraval, Lolly came to understand it in terms of her own family. She began to see how she and some of the other family members were provoking Charles, whom they were blaming for many problems, into doing the very things they were blaming him for. They were pampering him and making him dependent upon them, so as to assuage the guilt they felt about his handicap. The more they pampered him the more he indulged himself in wild behavior, and the more, in turn, they saw him as needing special attention. Lolly could think of dozens of ways in which his behavior had been systematically induced by her. So, in the spirit of kindness rather than punishment, she went home and told Charles he would no longer be drinking from a bottle; and she began to expect of him a high standard of behavior in every aspect of his life. That night he announced to the family, "Bottle: no, no." From that moment, he changed. Her husband reported to me that he is now a happy child. proud of his responsibility and progress.

Rob says that their marriage generally has improved. Whereas Lolly was before so tense about finances and other problems facing the family that she could not talk about them, she now is serene; they talk openly about the challenges facing them. This is new. Her husband was asked to assume a leadership position in the community for which he was well-qualified and needed. He said that instead of fussing about the time this would take him away from home, adding to her burden, Lolly spontaneously and actively planned ways to enable him to spend the increased time away from home without feeling guilty. And this, he says, is completely new.

Beyond Guilt and Compromise

Some might think that to talk about self-betrayal, as we do, would "lay a guilt trip" on the seminar participants, and that the sessions would indeed be gloomy. It seems that it would be like one of those sacrament meetings from which you go home semiuplifted and semi-depressed. This would happen if it were true that we cannot help our negative feelings. Talking excessively about them would indeed tend to induce guilt, at least in our culture. But if we are responsible for these feelings--if we produce them as part of our attempts to justify ourselves in self-betraval--then in giving up such attempts we cease producing them. We feel them no more. And then there is nothing in us to feel guilty about. This is what the seminar participants discover; they discover the joy of liberation. By gradually freeing themselves of such feelings, many become inspired and "ungloomy" for the first time. The sessions, for this reason, are not heavy, but light and buoyant. They are inspiring and the time (though we generally meet in five-hour sessions) passes very quickly. Most don't want the sessions to end.

We saw from the list of participants' insights that

many of them felt sorrow for the offended feelings they were giving up and for the way those feelings had provoked disturbed feelings in others. This sorrow is to be strictly differentiated from a certain kind of guilt, however. This kind of guilt is itself an aspect of sin or self-betraval. It is different from the guilt that leads to sorrow and repentance. You might think of it as sin on the pay-as-you-go plan. If I feel badly enough about what I am doing, I don't have to give it up. Counselors and religious leaders are very familiar with the kind of person who feels terrible about the life he is leading, even to the extent of bitter tears, but he does not change. He is not seeking release from his problems, but reinforcement of his lie that they are too great to be solved, that he is their victim, and that his guilt is an honorable if insufficient self-inflicted punishment. On the other hand, sorrow is what one feels about a selfbetraval in which one is no longer involved.

All of this has to do with hope. It as become a wellaccepted piece of mythology that the kind, campassionate view to take of people is that they are not responsible for their disturbed, victimized feelings. To hold such people responsible is to be judgmental and unsympathetic. It is to condemn them for what they seem unable to do anything about. It is to leave them without excuse. But I say that it is the other view--the view that people are not responsible-that is the message of despair. For it implies that we can do nothing about our condition-that, for example, the college girl was helpless to change her miserable lot in life and therefore. in the absence of some miraculous (and therefore improbable) feat of human engineering, was doomed to live it out. But this is not true if her misery was something she was doing. If it was something she was doing, then, as I said earlier, it was something she could stop doing. So the idea that people's emotional problems are of their own making, that therefore they can unmake them, and that they can taste a happiness of which they previously could not have dreamed-this is a message of hope. To suppose otherwise, in the name of compassion, seems to me an extreme case of misplaced liberalism.

Love and Technique

When I talked about our alternative to therapy, I outlined some of the things we do and don't do. But I probably misled you a little. For helping other people has very little to do with technique, and everything to do with love. Psychotherapy outcome studies indicate that this is so.

A helper who is living in self-betrayal and self-deception has severely limited perceptions. The only things he can see to do are those that will justify himself and accuse others. When I spoke of the bondage of sin, I said the choices that lie before a self-betrayer are all accusing; they are the restricted options of a person who has already, by sin, made the choice to blame others and exonerate himself. He cannot see the non-accusing option.

That is one point. Another is that whatever he does choose to do, no matter how he tries to make it seem gentle and mature, will be an accusation, will have a sting

in it, and will tend to provoke the person he purports to help to maintain his disturbed feelings. What we are comes through, however we may try to disguise it.

Now you ask about what I should have said to my son. There is no answer to that question. What words I used didn't matter very much. What mattered was my heart. I could have said the very same words without fueling my son's rage, had my heart been right—had I not been taking offense. Or I might have told him we'd go fix the toilet there and then. Or I might have confessed my procrastination and thoughtlessness, and asked his forgiveness. In any case, he might or might not have responded in kind, but my attitude would not have provoked him to betray himself, accuse me, and seek to exonerate himself. My attitude would have been a compassionate, loving one.

So powerful can this compassionate attitude be that it can often elicit a new kind of response in a moment. This is illustrated by a friend of mine who wanted to write about the principles that I am discussing. He took these principles home (there were about fifty of them on several sheets of paper) and shared them with his wife one evening. They began to read about 10 o'clock. For each one of the principles, they thought of an example in their extended family. After about an hour they felt that their own attitudes toward one another and their family had changed. They went to bed at 2:00, and the the next morning when the children got up, his 6-year-old said, "Hey, what's different here?" Then they sat down at the breakfast table, and his son, Chad, pulled his sister's pigtail. Chad was 9. He was a boy who would never take correction. Whenever his father told him to stop doing something, he would make excuses. He would say that his father had done things like that when he was a little boy; he would say that someone else hurt him first. On this occasion he said that his sister pinched him under the table, and that's why he pulled her pigtail. Then this writer related that he said somthing to Chad that he had said at least 100 times before. But he had a different feeling toward Chad when he said it. He said, "Chad, we're not going to do that anymore." Suddenly, and for the first time that the parents could remember, Chad melted in his father's arms and cried.

I have been told many other similar stories. Attitude is everything. "We will be judged according to our works, according as our desires shall be." The commonplace question, "Doctor, what shall I do with my children (or my spouse) when they...?" is a misguided question. But it is the sort of question always asked by those who don't believe that feelings can be dishonest. Since according to this view, we can't determine what our feelings will be, our only recourse is to determine our outward behavior. "What do I do when ...?" The answer is, it doesn't matter much what you do. It's what you are, how you feel, that matters. "Now I would that ye should remember that God has said that the inward vessel shall be cleansed first, and then shall the outer vessel be cleansed also" (Alma 60:23).

I want to share an illustration of this, of a helper who did something that is not recommended in any book, and indeed would not even occur to most helpers, but was right because the helper's heart was right. And it will be obvious that it is not something that could be recommended, for unless it were felt to be right because of Christlike love in the helper, and indeed necessary in the situation, it would backfire. Only love can see what to do, and only love can do it.

A woman, married for several years, came to her older brother (their father was dead) and said that she was going to divorce her husband. She had discovered that he had committed adultery several times over the years, and her heart was broken. She was ashamed and hurt: she could do nothing but leave him. The brother was incredulous--he had had no hint of this--and sought an occasion to speak to his brother-in-law. When the occasion came and they spoke, he sensed that something was wrong. So he began to pry: Why did you do this? Why have you been a philanderer? What about my sister? Has she been loving? He pried and finally discovered that in all their married life they had never had intercourse--she had let him lie on top of her and so on, but they had never had intercourse. Now the brother knew that his sister had been raped when she was twelve years old. She had seemed to recover fairly well and to have lived a normal girlhood. But now, he realized, she had spent her whole married life frightened and withdrawn and had always withheld herself from her husband. The brother was astonished. He said a fervent, silent prayer and asked his brother-in-law to go get her. He felt he had to do something, but what? Should he "let her off?" After all, given what she'd been through as a child, wasn't her behavior understandable? Shouldn't he be sympathetic? What counsel could he give? He spent the intervening hour sobbing almost uncontrollably.

After a short while they came back, and he said to his sister, "Tell me how you feel about you husband." "Oh, I think he's terrible," she cried. "He's shamed me so much. I can't do anything but leave him, because he has left me." He responded: "I understand that you've never had intercourse." "Oh no, that's not true," she said. And he said, "Let me tell you what intercourse is." He told her and then he said, "I understand, then, that you have never had intercourse." She replied, "Oh, but that part isn't important." And then he said, with love in his soul, "I want to tell you something. What you did is worse than what he did--and what he did was reprehensible. You have been mean and stingy and shriveled and small and unwilling to love just because of something that happened to you years ago. If you don't go home with your husband tonight and love him, I will testify against you in the divorce proceedings."

She was stunned, even livid. She left angrily. But she came back to her brother the next day and embraced him. Weeping, she reported that those few minutes talking to him the night before had changed her life. "I have found peace and joy," she said. "I love my husband with all of the physical and emotional completeness that a person can, and I am no longer afraid. I no longer hate the person who did that to me years ago."

Now this case is rather unusual. What this brother did is not a technique that can be prescribed and copied by other counselors. The primary factor was love. It was the brother's love for his sister that permitted him to see that she was ruining her own life and that she didn't have to. She could give up her fear and bitterness and resentment. She didn't have to be shackled all her life with a crippled personality. His love enabled him to see that her crippled personality was her own doing. His love enabled him to help.

I will not talk extensively about the pitfalls of techniques--any techniques--when they are used without love. But I will say that in such cases--and they predominate--the actions, words, and gestures of the clinician amount to no more than manipulations. And when the client succumbs to manipulation, no matter how artful and sensitive it may be, he is shifting responsibility for his problems to the manipulator. It is true that he may abandon the symptoms for which he has come to the clinic, but always they will be replaced by other symptoms.

A woman appears for a first appointment. It is obvious that she is struggling to put up a valiant front, but it is equally obvious, once she begins to tell her story, that her husband's abusiveness and infidelity and her children's rebelliousness have her on the ropes emotionally. She is barely in control of herself. The clinician initiates a routine series of responses designed to ensure that all the facts come out. As the story unfolds he feels a particular sympathy for this woman's suffering, and is reminded again of a question he has asked himself a thousand times: Should someone as sensitive as he be in this profession? Should a counselor feel his clients' pain as deeply as he does? He searches his mind for ways he can help her. The responsibility he bears weighs heavily. It is obviously a crossroads moment for this woman; what he does for good or ill will affect her future irrevocably. It is as if she has given him her agency temporarily--placed herself in his hands. He knows his task is to take over direction of her life in order to prepare her to receive her agency back soon, to regain control of herself, and to stand autonomously. "What can you do to help me?" she asks. He asks himself, "Do I have a right to play God?" But he is a poor theologian: God never did anything like what he is about to do.

Already the counselor has accepted her proposition that her feelings are sincere, that she is a victim, that she is not responsible for what has happened. Whatever he does now will indulge her in the lie she is living by means of her distraught feelings. The indulgence is an accusation and an insult: "You are not responsible," it says. "You need me." This is true even if he is, as they say, non-directive--for given the state of his heart, the so-called non-directive responses accept and reinforce her self-deceiving view of the world.

But, you may say, suppose he doesn't buy her story? Suppose he recognizes at once that she is a self-deceiver, pulling the wool over her own eyes in order to excuse herself for her contribution to the family's problems? Why then, of course, his skepticism will be expressed in his responses to her, whatever they may be. She won't feel protected and indulged; she will feel accused of being a sham, a faker. His lack of sympathy will seem to

minimize her suffering. He pushes a choice on her: either she must resist him or else start to consider the possibility that she has had hidden, evil intentions all along. Which every way she turns she will have been manipulated into continuing her lie in this new, clinical setting. For she is neither innocent nor cynically evil, but she will find a perverse comfort if she can only extract from her clinical experience a validation that she is one or the other, for then she has an explanation that absolves her of responsibility. She is either the victim she always thought she was or else she can't help herself, because she is really no good.

These issues are very complex; they require an extensive treatment. I mention them briefly only because many of you will recognize in them a pattern that you are already familiar with. There are myriad ways in which a client can evade responsibility, even when "confessing" the truth, and if his heart is not completely pure, the clinician, self-deceivingly seeking validation for some lie he himself is living, will abet the evasion in one direction or another. And he will not comprehand what he is doing, for he will be exactly as self-decived as the person he thinks he is helping! If the clinician takes responsibility for the client, he himself is being manipulated. Their positions mirror one another. The clinician is evading his responsibility to help his client take responsibility. He is using the client to validate his lie that he is doing what must be done, responsibly. And the client is using him reciprocally, to validate his own lie that he, the client, is being as responsible as he can be in the circumstances. This is as much a collusion as the scene in the bathroom between my son and me. Client and clinician are manipulating one another--provoking, pleading, judging, managing, etc .-- in order to gain reinforcement for their individual conviction that they are not doing what they are doing. And the interesting thing is that very often one or both of these colluders will change; symptoms may disappear. But you can be certain that they are replaced by other symptoms. The theme continues, but in a new variation.

Now I touch upon this complicated subject, even though I may cause confusion because I cannot discuss it adequately here, since I need it as background for an important point. Understandably, individuals in the helping services want anxiously to know what they can do, now, practically and concretely, to help their clients more effectively. I will tell you. We can repent with all our hearts and become pure by partaking of the influence and power of Christ's atonement. When I suggested that people can abandon their victimized and self-deceiving feelings I spoke incompletely. They can, but only be receiving and yielding to the Spirit of Truth, which originates in but one Source and speaks directly to the heart, and, ultimately, by accepting the constantly available psychological miracle that in the scriptures is called the baptism of fire and the Holy Ghost.

My experience is that people can shed many of their self-deceptions by yielding their hearts to do exactly as they feel they ought to do, obeying the Spirit of Truth, whether or not they recognize that it is God's Spirit. To become completely pure, however, they must come to

this recognition and believe in Christ and accept His gift, which includes having His pure love within us for all creatures.

If we do purify ourselves, we will possess powers of influence beyond anything we could have anticipated. We will neither manipulate nor provoke, not even inadvertently. It is, of course, true that some may take offense, as they did to Christ. But that is very different from the active collaboration in their sin for the purpose of gaining proof the that they are guilty and we are innocent. It is different because only in charity are we not active collaborators in the sins of those around us, and our skirts free of their blood. No clinical program was ever devised that nullifies this truth.

President Kimball has repeatedly said that if we have problems with our marriage or our children, the cause is our own selfishness. The prescription is repentance. We tend to respond: "What a simplistic answer. He does not comprehend the complexities of human behavior. But then we shouldn't be harsh in judging him; he hasn't studied the literature on these subjects, or had our clinical experience." I say that behavior is only complex to those who are caught in self-deception and thus regard disturbed feelings as complicated products of history and injury. It is only complex to those enmired in sin themselves. To say that the diagnosis is simple is, of course, not to say that the cure is easy. There is bondage in sin for which repentance is the only solvent. If there was an atonement, if we can follow in the footsteps of Christ, if we can be pure and free and whole and at peace, then it is possible to be victims of neither history nor accident nor those who would injure us, but to walk in newness of life and to look back upon our former self as upon someone we once knew and pitied and have all but forgotten.

Freedom

Let me share with you some questions that have been raised, as well as my responses to them. Perhaps the same questions have risen in your own mind.

Question: Have you suggested that I can't injure another person, because if they are suffering psychologically this is because of their own sin and self-deception? If so, then it doesn't make any sense to ask their forgiveness. The only harm you could inflict is on yourself, and if they were harmed they did it to themselves.

Answer: There is truth in what you say. Yet it needs to be understood carefully. I do not cause another to sin, but when I provoke him by my unloving attitude I do bend all my effort to promote his sin. I conspire, I cooperate, I validate his lie, I give him provocation and excuse. I lay my life upon the altar of his unhappinness. That is why the Savior said that if someone has aught against us, we must first go to him and be reconciled, if we desire to come to the Lord himself. Otherwise, we are not innocent of the other's sin: we have not caused it, but we have worked with our might to promote it.

When I ask forgiveness, then, I am not asking for his absolution for causing his downfall, but am repenting of my sin--confessing and forsaking it--and doing all in my

power to be reconciled with him.

Question: Aren't you defining the word "cause" a bit narrowly? If I insult you and you get angry, I have surely caused you to be angry.

Answer: It is proper to use the word "cause" in the way you are using it. And I am indeed using it in a narrower sense, which is this: a cause of a particular response is an event that, taken together with prevailing conditions, is a sufficient condition for that response. A provocation isn't cause in this sense because whether it is a sufficient condition depends upon that very response. In other words, we determine by our attitude—it may be the self-justifying and responsibility—evading attitude of the sinner or the open and guileless attitude of the upright individual—how the circumstances will influence us, i.e. whether or not they will seem to us provocations.

If circumstances could determine our response to them independent of that response, then our freedom, such as it is, could be exercised only in that little sliver of time between stimulus and response--between what I get from the world and my decision of what to give back. I have heard important psychologists espouse this view, including Rollo May. It is a theory that might be stated: "controlling behavior in spite of the character of the stimulus."

I do not accept this view. Freedom consists not in how we act, given how we see and feel about our circumstance. It consists in how we see and feel about it in the first place. Once we see it, most of our agency has been exercised. If I see my son offendedly and "nobly" control myself, my conduct is hypocritical and, specifically, pharisaical. But also I can see him compassionately, even when he is yelling at me. The way I see him is the primary exercise of my agency. But once I see him offendedly and accusingly, any "self-control" I exert is but whitewash laid over grime--a kind of sham. Once again we see that psychological wholeness does not consist in successful coping but instead in not seeing the circumstances as having to be coped with.

You may object that we cannot decide how we are going to respond to circumstances. In one sense of "decide" this is true. We do not deliberate and choose. We do decide whether to sin, but once this decision is made we do not then decide whether, having sinned, we will struggle in the bondage of sin. We do not then decide whether we will see others and circumstances accusingly and self-justifyingly. Fundamentally, our agency is exercised in the choice whether to sin or not to sin; how we see the world is a manner of carrying on our sin or our guilelessness.

If freedom were a matter of self-control, eternal life would be characterized fundamentally as keeping a lid on our wayward desires and acting in spite of offenses, irritations, and provocations. I do not believe this. I believe it is instead serenity and joy--a liberation from all evil inclinations, all need to fight against our desires. This is what the people of King Benjamin discovered when they repented wholeheartedly. They comprehended their carnal state, they pled with God for mercy, they testified that they were born of God and rid

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TESTING THEORIES OF BEHAVIOR WITH SCRIPTURE

Stephen L. Brower,* Ph.D.

This paper suggests procedures for testing behavioral theory with scripture. A theory of self-betrayal (Warner, et. al., 1979) is examined against the series of self-betrayal "strategies" Cain used to avoid the consequences of killing his brother Abel. The theory fits and explains well the behavior of Cain. A second example of testing theory with scripture deals with guidelines for assessing fundamental assumptions upon which theories of behavior are constructed.

Chidester, at the April 1981 AMCAP Workshop, proposed that Warner's theory of self-betrayal provides "the missing link, to a large extent," in the development of a "philosophy of human nature and behavior which is consistent with the Gospel of Jesus Christ." (Chidester, C. Richard. "An Additional Dimension to Marriage Enrichment: A change of Heart." Journal of the Association of Mormon Counselors and Psychotherapists, 1981, 7:3, 9-13, 23.) If Chidester's observation is valid, one could expect to verify it by an analysis of scriptures that underlie gospel principles dealing with human nature and behavior.

It is my conviction and experience that exploring the scriptural roots of theories of personality and human behavior can help one test the adequacy of a theory, expand one's understanding of the scriptures and gospel principles, and aid in formulating more adequate theories. This paper seeks to demonstrate procedures for using scriptures to assess the validity and adequacy of theories of behavior. Two uses of scripture for testing theories of behavior are presented.

The scriptural account of the Lord's confrontation with Cain after he had slain Abel serves as a vehicle for analysis of the self-betrayal theory. Without question, Cain's behavior before and after he killed Abel represents an extreme example of self-betrayal. Therefore, one should expect Warner's theory of self-betrayal to provide means for analysis and an explanation of Cain's behavior.

A behavioral content analysis of this scripture is paralleled with the principles outlined by Warner, et. al. to check the fit of the theory to the scripture. Obviously, this analysis operates on the assumption that the theory, if it approximates an explanation of reality, will be supported by a careful analysis of scripture. For the purposes of this paper, self-betrayal is defined as an individual doing what he feels is wrong. Such wrongdoing is attended by various forms of self-justifying attitude and behavior.

The account in the scriptures (Moses 5:31-39) of the

various strategies employed by Cain to avoid the consequences of killing Abel is paralleled by a behavioral analysis of this scripture presented at a BYU Six-Stake Conference, Spring 1977. These in turn, are juxtaposed with the descriptions proposed in the theory of self-betrayal outlined by Dr. Terry Warner and others at BYU (1979).

The purpose of my analysis in 1977 was to provide a set of behavioral indicators or "red flags" that signal the presence of destructive behavior, behavior that is damaging to self and others. Each strategy used by Cain was related to our present behavioral reality. Suggested means for eliminating or changing these destructive behaviors, based on the repentance process, were also presented at that stake conference. However, only the descriptive analyses of the strategies used by Cain are used in this paper.

The Behavioral Analysis

Cain kills his brother Abel, and the Lord calls Cain to account for this behavior. Cain's response includes a number of typical self-protective, yet self-betraying, strategies. They are behaviors we may use ourselves (or have seen others use) when we are refusing to acknowledge our responsibility for various errors, mistakes, sins, etc.

To begin with, Cain chooses to reject and disobey the counsel of his parents and the Lord and to follow Satan. "Wherefore Cain was called Master Mahan, and he gloried in his wickedness." (Moses 5:31, see also verses 18-30.)

In following the scriptural record, it is possible to compare my analysis with Warner's, as follows:

Scriptural Account	Brower Analysis	Warner's Description of Self-Betrayal
v. 32 "Caih rose up against Abel, his brother, and slew him." v. 33. "And Cain gloried in that which he had done, saying: I am free; surely the flocks of my brother falleth into my hands."	Choose self-interest, self-gratification, self-gain behavior over concern for others' welfare, and deceive self.	When a person does what he feels to be wrong, he betrays himself.
v 34. "And the Lord said unto Cain: Where is Abel, they brother?" Cain answered, "I know not.	Lir. deny responsibility or involvement. Act innocent.	 When a person betrays himself, he lives a lie in order to make the wrong appear right (or at least not wrong).
Am I my brother's keeper?"	Allark, go on the offensive, using clever strategies to put the other person on the defensive.	

The Lord now directly confronts Cain with his behavior and specifies the consequences. "And the Lord said: What hast thou done? The voice of thy brother's

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blood cries unto me from the ground." (v. 35)

v. 38. "And Cain said unto the Lord: Satan	Blame others for the problem to divert	3. As a part of this lie, the person
tempted me because of my brother's flocks.	attention away from self.	insists that someone or something else is to blame.
And I was wroth also:	Make emotion-laden excuses for why it is not one's fault.	 This insistence takes the form of a concocted emotion.
for his offering thou didst accept and not mine;	Seek to appear to be the victim or the martyr.	5. By this display of emotion, the person makes it appear that he was a victim of the people or circumstance he is blaming.
my punishment is greater, than I can bear."	Complain about the harshness of the punishment.	 His insistence that others are victimizing him is his way of victimizing them.
v. 39. "Behold, thou hast driven me out this day from the face of the Lord,	Explain how the consequences are unfair and unjust.	7. Such a person tries to get the people he is blamin to actually do the thing he is accusing them of. By this he creates proof that they were to blame all along
and from thy face shall I be hid;	Make a play for sympathy.	(Continued insistence of being victimized & treated unfairlysee 6.)
and I shall be a fugitive and a vaga- bond in the earth:	Set the stage to negotials or plea bargain.	
and it shall come to pass, that he that findeth me will slay me.	Begin to plead for merry by dramatizing the worst possible results.	8. In order to justify himself in not doing the right thing, the self- betrayer insists that something, other than what is right, is supremely valuable.
because of mine iniquities, for these things are not hid from the Lord."	In pseudohumility, admit guilt and altempt to set the stage for a reduced	 A self-betrayer cannot achieve his goal. The more he succeeds in appearing to be justified, the less

At this point the Lord provides some safeguards to insure that Cain will not be subject to the judgments others might impose. "And I the Lord said unto him: whosoever slayeth thee, vengeance shall be taken on him sevenfold. And I the Lord set a mark upon Cain, lest any finding him should kill him." (v. 40)

prealty and avoid-

ance of consequences.

justified he feels

As will be noted, there is a remarkably good fit between the descriptions of the processes of selfbetrayal in Warner's theory and Cain's behavior. Chidester's evaluation of the theory seems to be supported. However, this analysis seems to uncover at least one important principle not treated in Warner's description of self-betrayal.

Cain's initial strategy after his outright lie is to attackgo on the offensive--with smokescreening tactics and the challenge, "Am I my brother's keeper?" This is an extremely subtle, manipulative strategy to try to put the Lord on the defensive and attempt to detract Him from the issue at hand. Cain seeks to use the principle of free agency as taught by the Lord to attack the question and the questioner. Cain cleverly tries to focus attention on the aspect of the Lord's question which he (Cain) seeks to construe to mean that the Lord is asking him to account for his brother's activities or whereabouts. Cain knows the Lord holds sacred the free agency principle which permits Abel to be free to be wherever he chooses.

And thus he shrewdly reminds the Lord that Abel, not himself (Cain), is accountable to the Lord for his whereabouts and actions.

However, the Lord does not fall for Cain's strategy. He ignores Cain's attack and continues to deal with the real issue at hand-that with malice of forethought Cain had killed Abel.

Attacking or going on the offensive is a common strategy used to block further questioning or challenge by trying to divert attention away from the real issue with the smokescreening tactic of attacking the other person. Smokescreening, if successful, relieves the "selfbetraver," for the time being, from having to deal with the discomfort of directly facing the reality of the lie. It gives the guilty one a sense of being in control and having the upper hand.

This principle seems to me to be missing in the Warner formulation. It could be stated: "To detract attention from the lie or wrongdoing, the person attacks or goes on the offensive by attempting to put the other person on the defensive." Some have pointed out that perhaps Warner would see this attacking behavior described under his principle number eight: "the self-betrayer insists that something, other than what is right, is supremely valuable." It would be my contention that "going on the offensive" behavior is such a common strategy that it needs to be clearly and separately specified.

One key to understanding dysfunctional behavior is to explore the roots of manipulative, self-protective, responsibility-avoidance behavior. One will find this kind of behavior associated with those whose lives are characterized by constant reactive strategies aimed at self-protection and self-interest with little or no concern for others. In this example, it seems to begin as a companion to justifying the initial lie. If successful, in the short run, it then allows the self-betrayer to think he has laid the issue to rest, thus deceiving himself into feeling he now will not have to deal with the problem any further.

Examining Behavioral Theory Assumptions

Another example of the use of scripture for testing behavioral theories deals with exploring the underlying assumptions upon which the theory rests. I believe it is safe to say that a majority of the theories of human behavior have as a central focus the explanation of sick, pathological, or dysfunctional behavior. These theories have spawned a wide variety of treatment strategies. They seem to be based first upon an assumption that if one can describe and explain a behavioral problem and if one has a viable treatment strategy, the pathology will be corrected and the patient will be equipped to be a functional, contributing member of society.

The fact is, a client under therapy may no longer exhibit dysfunctional behavior, but there is still no assurance that he has learned how to be functional. Behavioral theories that even attempt to define functional behavior usually do not detail and explain memtal health and growth processes with the clarity and precision one finds for dysfunctional, sick behavior.

Second, many behavior theories seem to be based

upon an assumption that human behavior and animal behavior are equivalent. Hence, it is assumed one can build theories of human behavior by observing,

analyzing and studying animal behavior.

Consider the implication for behavioral theories in two scriptures dealing with the expected outcomes of human behavior. In the Book of Mormon, Lehi instructs Jacob, his youngest son, on the nature of man and the plan of salvation in 2 Nephi 2. At four points in this chapter, Lehi emphasizes and reinforces the concept that God created two types of organisms-- one to "act" and the other to "be acted upon.

"God . . . created all things, both the heavens and the earth, and all things that in them are, both things to act and things to be acted upon." (2 Nephi 2:14) "And if there is no God we are not, neither the earth; for there could have been no creation of things, neither to act nor

to be acted upon." (2 Nephi 2:13)

Lehi then teaches Jacob that man was created to act, or be accountable for his behavior. The rest of earth's creatures were created to be acted upon, and thus behave in response to external influence.

"Wherefore, the Lord God gave unto man that he should act for himself." (2 Nephi 2:16) "And . . . become free forever, knowing good from evil; to act for themselves and not to be acted upon, save it be by the

punishment of the law." (2 Nephi 2:26)

Thus we find there is an inherent difference between the nature of man's behavior from that of other creatures. Each behavioral theory can be tested against this fundamental knowledge. Theories that explain human behavior as equivalent to animal behavior distort our understanding of human behavior and thus can encourage the "helping" professions to design and use inappropriate treatment strategies, or to have false expectations as to what constitutes a "cure."

Abraham, in his account of the Creation, similarly reveals and further specifies the differences between the behavior of man and that of other creatures. Abraham reports that a directive was given for all creatures except man to "be fruitful and multiply, and fill the waters ... and . . . to multiply in the earth." (Abraham 4:22) Later. the Lord's instructions for behavior expected of man included not only the directions given to the rest of creation, but also set additional specific expectations for the way man should behave. "Be fruitful and multiply, and replenish the earth, and subdue it, and to have dominion over . . . every living thing . . . upon the earth." (Abraham 4:28, emphasis added)

Thus man, in each of these scriptural accounts, is singled out to behave according to a different and expanded set of guidelines compared to the rest of creation. Man is to act (make rational choices, not just be acted upon or react to the pressures or influences about him). He further is to replenish (leave things in as good or better condition than before), subdue (improve, develop, moderate existing conditions), and have dominion over his environment (manage, organize, direct, have responsibility for or stewardship over).

These scriptures suggest to us that theories of behavior derived largely from descriptions and studies of dysfunctional (reactive) behavior and based heavily on experimental work with animals will have some relevance for animal behavior, for the processes of learning, and possibly for understanding some mentally ill people, but will have a built-in error when applied to functional human behavior as well as to much of dysfunctional human behavior.

The bulk of research into the nature of human behavior focuses upon studies of pathological, dysfunctional, or sick behavior. Comparatively little effort has been expended in the study and definition of healthy, well, or functional behavior. Generally, behavioral theories do not differentiate between animal behavior except possibly as they relate to thinking processes, and even there researchers continue to use non-human primates as a vehicle for exploring and testing learning theories.

The kinds of human behavior that are similar to animal behavior are those behaviors that are generally dysfunctional and destructive for man. Much behavioral research and behavioral theories fail to differentiate these issues: man was created to act, animals to react or to be acted upon; and healthy, functional behavior for man is more than freedom from pathology or

dysfunction.

If the scriptures conceive of man as a being who can choose to act, and if current theories of human behavior examine man as a being "acted upon," then one could propose that current theories of human behavior are inadequate and misleading. They are inadequate both for explaining dysfunctional human behavior and for defining functional human behavior. Lacking the underlying definitions provided by these and similar scriptures, present theories of human behavior tell us precious little about how to be functional, to choose, to decide, to be accountable, and to manage and improve self.

I suggest that the self-betraval theory is an example of one which makes important gospel-related contributions to the theories of dysfunctional human behavior. It is clearly based upon the agency principle found in the scriptures and is consistent with Lehi's definition of the basic behavioral capacity for man, that is, to act rather than be acted upon.

However, it is an explicit assumption in the theory of self-betrayal that when self-betrayal behavior is given up, what is left is the "purity of soul" to act in functional. healthy, non-self-betrayal ways. Similarly, it seems to be implicit in many theories of behavior upon which current therapies are based that by eliminating selfdefeating, dysfunctional behaviors one solves the person's problem and he/she is well and functional.

My alternative view is that the elimination of selfbetrayal behavior leads one to the point of a new beginning, like repentance and forgiveness of sin leads to a new beginning. It is a necessary precondition to be achieved before one can effectively begin the process for achieving functional growth (righteous living). But it is not a sufficient condition to insure that the processes for functional, productive behavior will occur.

If one calls self-betrayal behavior "losing" behavior,

then the elimination of self-betrayal behavior signals that one is no longer a "loser." But is one automatically a "winner" at that point? No! To become a "winner" (after the elimination of self-betrayal behavior) one must, "line upon line," learn, understand, practice, and apply principles and processes for productive, functional behavior. As repentance leads to forgiveness and opens the door to a new beginning, so also, I believe, the elimination of self-betrayal behavior performs the same function.

Once the "purity of soul" or the new beginning is achieved, one is required to both maintain that state of humility and purity and also initiate and struggle to acquire new skills and behaviors leading to productive, functional well-being (joy) for self and others.

For an example of the new processes and skills that come into play after the elimination of self-betrayal behavior, look at a scripture that outlines the skills needed for the righteous use of power (D&C 121:41-44). This revelation specifies at least eleven qualities needed in order for power or influence to be appropriately (righteously) used. The behavioral skills which this scripture reveals one must master include: persuasion, long-suffering, gentleness, meekness, love unfeigned, kindness, pure knowledge--without hypocrisy and guile, reproving betimes with sharpness when moved upon by the Holy Ghost, and then showing an increasing love. Such behavioral skills come not automatically as a result of eliminating self-betrayal behavior. It may well take a lifetime of practice to master the skills needed for the righteous use of power.

Again, I suggest the self-betrayal theory makes an important, gospel-related contribution to the theories of dysfunctional human behavior, but, like many current theories of behavior, gives us little specific guidance for learning how to be functional human beings after we have eliminated self-betrayal behavior.

Functional human behavior processes, too, need to be detailed and specified. Such processes will specify and detail how one can act in order to gain, maintain, and build mental-spiritual health and productive function. These processes will adhere to and build upon the wealth of revealed principles in the scriptures for functional, productive human behavior.

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You know, I shouldn't take the time, but I would like to leave you my testimony. Three and a half years ago President Kimball called me and asked me to come to Salt Lake. As I arrived and went into his room, he said, "The Lord has called you to serve in this capacity. Will you accept?"

And I could hear and I understood what he said, but I just could not comprehend it. I said, "President Kimball, could you kindly say it again for me?"

With his husky voice he said, "The Lord has called you to be a general authority."

And then my wife and I, we just started crying--not because I was happy--I wasn't! I wasn't ready! I never thought in my whole life that I would be a "G.A.".

We cried for a long time, and finally President Kimball asked, "Are you there, you folks? Do you want to go

back to the hotel to pray about it? Do you think you can accept?" I just couldn't answer. Finally he said, "You folks stay here. I will go out." He started walking out the door and said, "You folks talk and then tell me."

After about 30 minutes I said, "President Kimball, please, I just cannot accept this. I know the gospel is true. I know you are a prophet of the Lord."

And then he said, "Let me tell you something. The Lord revealed to me that I should extend the call to you from the land of Japan. Is that a sufficient answer for you?"

My brothers and sisters, I hope and pray, humbly, that in a small way, a very small way, I can serve the members of the Church and can serve this great kingdom. I know that this gospel is true. I know that Jesus is the Christ. I know it. I know it. I love Heavenly Father. I know he lives. There is no name under the heavens whereby we might be saved other than Jesus of Nazareth. And this is his Church and we are his disciples. Thank you very much for your patience. I humbly pray this morning in the name of the Lord Jesus Christ. Amen.

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- Smith, Joseph, Jun., translator. The Book of Mormon. Salt Lake City, Utah: The Church of Jesus Christ of Latter-day Saints, 1963, preface.
- 17. The Book of Mormon. Second Nephi, 2:16.
- 18. Doctrine and Covenants. 72:3.
- 19. Doctrine and Covenants, 132:19.
- 20. Op. cit., Smith, Joseph Fielding, pp. 345-346.
- Robbins, Elaine S. A self-concept comparison of LDS and non-LDS students. Unpublished doctoral dissertation. Provo, Utah: Brigham Young University, 1979.
- Fitts, W.H., PH.D. Tennessee Self Concept Scale Manual. Nashville, Tenn.: Counselor Recordings and Tests, 1965, p. 1.
- 23. Ibid., p.2.
- 24. Ibid.
- 25. Ibid.
- 26. Ibid.
- 27. Doctrine and Covenants, 76.
- Snow, Lorenzo. In a General Conference Sermon, May 22, 1892.
 Millenial Star. 54 (1892), 404.
- 29. James, W. The principles of psychology. New York: Henry Holt and Co., 1890, pp. 291-292.

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of all disposition to do evil, or in other words, rid of that carnal state.

Question: Isn't your position idealistic or solipsistic? You are saying, are you not, that we determine the nature of our circumstances. Do you mean that we can live in an external hell and still be in heaven?

Answer: Viktor Frankl said we could.

On the solipsism issue I will say that we insulate ourselves form reality only if we are deceiving ourselves. And even then we are in contact with the world. It is my boy I see in the bathroom. It is his yelling that I hear. I do not devise these things. But there are dimensions of my experience of them that I do determine, namely, whether they are offensive to me. Furthermore, if I do not deceive myself and am guileless, far from being insulated, I live at one with others. I see things as they are, for I have no investment in misconstruing them.