



Journal of the Association
of Mormon Counselors
and Psychotherapists

July 1982 Vol. 8, Issue 3

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- 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 amended Sep. 30, 1981)*



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July 1982 Vol. 8, Issue 3

Editor Burton C. Kelly
Brigham Young University

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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
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Dear Editor:

I enjoyed immensely the issue on sexual dysfunction. I shared it with my Bishop and many other people in and out of the Church, especially other therapists. Some of them like it greatly.

One of the big points I loved was pointing out that the word "intimacy" does not mean physical or sexual intimacy only. We should have a lot more articles on emotional intimacy, especially for therapeutic reasons.

I wanted to express an opinion that I have through the editors column and to see what others may think. There are several parts to love. Some of them are trainable, and one isn't. Learning to be empathic, getting the symbiotic road blocks out of the way so that you can have your spirit self show forth its natural, loving ability, whether it is fellow human being love, parent-child love, love for God or self etc. These are some of the trainable things. There is a lot that we do understand about poor and better forms of love. There is something that bothers me that some of the sexual dysfunction people rarely seem to understand, that is the unfathomable, unexplainable, part of romantic love, the "spark" or magnetism, the mystic "spiritual" bonding in the unique emotional union, especially when that unity is expressed through sex.

For many years as I give speeches about the good kind of sex and the bad kind of sex, I always say that the good kind of sex is like two people weeping together for joy, and that sex is one optional way to express this emotional union between two really loving people who are responsible and in a permanent, legally contracted relationship (and in San Francisco I always add between a man and a woman). There is a mystic bonding, a flowing, unfathomable, part of love that great experts for thousands of years have never been able to put their finger on, (not just the idea of soul mates that was mentioned). I am convinced and believe strongly in my twenty years of doing psychotherapy that there is such a thing as this extraordinary affection between two certain people. Then sex is like two people who weep together. They can't plan it. They can't train weeping. They can't go to seminars on how to weep, anymore than you could be trained to learn to weep while you bear your testimony or to predict in a certain talk that you give in a sacrament meeting or some where else...that between the sixth and seventh minute you will weep 37 tears! That to me seems so ridiculous, mechanistic, so crass, and insensitive, and that is the thing that some of the sexual dysfunction people seem to not understand...that there is a mystic, spiritual, unexplainable thing in some romances...maybe a varying percentage that is a certain part of most romantic love that is very rare, very beautiful, and wonderful.

I have never been able to explain it, and I have never seen anyone who has. I don't think that just because you can explain it that that ruins it, either. Maybe in the next life we will or won't have to. I know Satan has many substitutes for this factor, most of them symbiotic matches--but don't throw the real baby out with the bath water. But I do think that there is something that

LETTER TO THE EDITOR

comes to our divine being that to us in this life is unexplainable, that flows, that can't be trained, that is beautiful and lovely beyond description, that does exist.

It is that thing that Val McMurray seems to point out in part of his article, that has to precede healthy sex. All the training in the world won't make it happen anymore than to train people to have the Holy Spirit so much in one given moment that they cry. I think that that flows. It doesn't have to do with preparing a talk or anything else. It happens at the strangest times and is completely unexplainable, and it is beautiful to behold. Training or removing negative fears and lies or blocks may increase its probability of occurring, but never directly cause it. This "spark" occurs in large degrees in some of our romances but certainly not the majority of them and even less in most sex. In fact many people exaggerate sex to compensate for the lack of the genuine "spark" in their romance, and it's precisely this fake sex that can be trained!

Thank you for listening.

Sincerely,
Sterling G. Ellsworth, Ph.D.,
P.C.

P.S. I would like to personally thank Marybeth Raynes and Val McMurray for their excellent and wonderful articles. They helped a lot of people. I hope they keep them coming. I am going to cut them out and put them in my waiting room. I am going to also give them to all the seven doctors in our case conferences that meet twice a month. They aren't members of the Church. I hope they will see how real sex should be and how far away from this the world is.

We are grateful for Sister Barbara Smith's willingness to share her inspirational thoughts given at the last April AMCAP meeting on the great compassionate service role of the Relief Society, agency, and how the Gospel has helped Sisters to successfully meet severe challenges and adversities. Following her article we have included perhaps an unusual article for a professional journal, a funeral address. Those of us who had the opportunity of attending this funeral were most uplifted by the message of faith, courage and eternal perspective given by Sister Sabra Peterson regarding the life of her handicapped son and the lives he touched and influenced. Hopefully the thoughts shared by her and other members of her family will help each of us and those whom we serve in meeting with courage, faith and growth the "opposition in all things" that all of us face. We think you will find the atypical approach to helping homosexuals change by Brother Richard Anderson, a BYU graduate student, both intriguing and helpful. Finally, we conclude this issue with the first known analysis of the content of our *AMCAP Journal* and of the perspectives of some of our authors since its inception. We think you will find the thoughts of Sister and Brother De Hoyos both stimulating and provocative.

We're grateful to have one letter to the editor to share. We would like to hear from more of you--including your suggestions for any special articles or issues for the Journal.

And now, again another plea for you to put your pen to the paper, as well as your shoulder to the wheel. We very much need you to share your ideas, experiences, research findings, theoretical views. Please take the time to share. Also, please encourage your colleagues to share with us. If you know others whom you think would write a quality article for the *AMCAP Journal* and would like us to contact them, please advise us. Thank you.

BCK

EDITORIAL

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"THE GOOD PART"

Barbara B. Smith

Relief Society General President

Presented at the AMCAP Convention

2 April, 1982

Following the story of the Good Samaritan in which Jesus instructed us to be of service to those in need, we read in Luke, chapter 10, verses 38-42 about the visit of Jesus to the home of Martha and Mary:

Now it came to pass, as they went, that he entered into a certain village: and a certain woman named Martha received him into her house.

And she had a sister named Mary, which also sat at Jesus' feet, and heard his word.

But Martha was cumbered about much serving, and came to him, and said, Lord, Dost thou not care that my sister hath left me to serve alone? Bid her therefore that she should help me.

And Jesus answered and said unto her, Martha, Martha, thou art careful and troubled about many things:

But one thing is needful: and Mary hath chosen that good part, which shall not be taken away from her.

This scripture suggests a number of things; but I should like to direct your attention to the phrase "and Mary hath chosen that good part, which shall not be taken away from her." I am impressed each day with the responsibility I have to help women choose that good part which shall not be taken away from them, and as I consider your contributions to troubled clients I suspect that you are most successful when you help those who seek your guidance to come to an understanding of that most human of all activities: choosing.

I do not believe that you or I can give the good part to anyone else. I believe that *they must choose it for themselves*. Yet, I am equally certain that *we have an obligation to help others make meaningful choices*.

How do we help? You know ways that I do not know, but I do know that as an individual and as Relief Society President there are at least three areas in which I can have an influence.

First of all, in the Relief Society curriculum and programs we try, as the Church does in all of its programs, to help people understand that each one has a choice to make and that choice is a God-given privilege. The ancient prophet, Joshua, declared to the Jews "choose you this day whom ye will serve...but as for me and my house, we will serve the Lord." (Joshua 24:15) In later times the prophet, President David O. McKay, explained to us, "Next to the bestowal of life itself, the right to direct our lives is God's greatest gift to man." Knowing that she has a choice, each woman, and I think it equally true for each man, then needs to understand why choices are important and how to recognize them.

A second area in which the Relief Society is very significantly involved is helping women to enlarge their understanding of the process that must be followed in order to make good choices. I think I can help women with whom I have considerable personal interaction to better understand this principle. I know that you spend

your professional hours helping the sick to come to a place from which they can begin to make choices again.

A third challenge that we in Relief Society try to respond to is to give instruction and understanding to help individual women recognize that choosing is an everyday, lifelong process. It is never a thing fully achieved. This is particularly true if a woman is to choose "the good part" that will not dissipate or be taken away.

Each woman has a choice. From time to time I hear someone say that Mormon women do not have the right of choice or I read that Mormon women have no opportunity to choose the direction of their own lives, but I am absolutely certain that Mormon women, like all women in America today, have never enjoyed an environment so filled with options as the one in which we are privileged to live. We have the right to vote, the right of legal entity, the right to sue and to be sued, the right to education—in fact, I cannot think of a single fundamental right of citizenship that has not been extended to women. I know that there is inequity in the world of work and I am sure there are state laws which may need modification. But the truth is that a woman in today's world has more access to the nation's opportunities and resources than any other generation of women. This means that a woman may be part of the process of problem-solving in a very direct way. This means that she can enter into the mainstream of life from many, many doors.

I study the gospel constantly and I am more and more aware of the Law of Agency. There is no more profoundly important doctrine than this in our whole structure of gospel teachings. It is not only a privilege; it is a right, if you will, but it is also a responsibility for each human being to have the divinely-given and guaranteed option for agency. One of the fundamental reasons for being in mortality is to have the right to make responsible choices regarding good and evil. Therefore, it becomes critically important for each of us to understand that we have choices and also to understand the meaning of those choices. The gospel teaches us that there is responsibility in choice, and that the essential elements of choice which lead us to a oneness with eternal things are available to all no matter what the circumstances of their life.

Too often it is suggested that choice wants to be accompanied by freedom from consequences. It is no service to perpetuate such a notion. One great contribution of the gospel teachings to our lives lies in helping us understand that we do not belong to a capricious world of mere chance. Rather, we belong to a universe governed by law. Natural happenings and human behavior are both subject to the rule of law. If we

throw a ball into the air, it will come down in response to the law of gravity. If we give love, love will be returned to us—perhaps in ways we least expect, but nevertheless it will come back to us. Knowing this, we recognize that there is an undergirding to human experience which is based upon laws and the natural consequences of those principles of truth, and it helps us to understand the nature of choice.

I believe most of the sisters in Relief Society receive great strength from their knowledge of eternal principles, especially when circumstances become enormously stressful. Let me share with you a few experiences and letters.

Recently, I returned from a trip where I met a young mother in an airport who had a three-year-old child in a stroller. Before our conversation concluded, this vivacious mother told me about the day she and her then two-year-old were out in their yard. The little girl ran over to the neighbor's just as they backed out of the driveway in their station wagon, and they ran over her. Doctors determined that the baby would never walk again because of the injury done to her spinal cord. I couldn't hold back the tears; yet, the mother was hopeful, happy and vibrant. She had one child at home and was expecting another. I could see that her choice would have been either to mope around helplessly or to do all that she could to bring happiness to that child, to live worthy of the blessings of the Lord, and to have peace in her own heart. This is the path she had chosen.

Recently I received a letter from a sister who lost a child in a drowning accident. She wrote to tell me about her experiences as a mother. She said that after the birth of her first child she worked full-time, doing extremely well in her chosen work and having great opportunities in that area. Her first little girl was raised, in the mother's own words, "largely by a babysitter." Then she gave birth to another daughter, and decided to stay home with the two little girls. She described the fun and laughter the three of them had together as she learned to be a mother and a homemaker and won anew the love and companionship of her first daughter. Now let me quote a few paragraphs:

Then July 1980 came, that awful day. Our little daughter left our yard and in a matter of seconds fell into our neighbor's ditch. We searched and searched for her. My husband found her and pulled her out of the ditch and tried to breathe the breath of life back into her. I felt that her spirit had left her body. The shock was terrible. All I could think was that God would not take her. She was too hard to get here and he had already taken a teenage boy from our neighborhood just last week. The doctor, being a neighbor, got there right away. He worked on her at the hospital for an hour.

I feel that her spirit suffered pain to re-enter her body just because of her love for us. I felt her respond when I would touch her and talk to her. All night we stayed with her, and silently prayed for her life.

My husband and I went the next day for a walk. I knew his pain was great. We talked. I told him I did not know what to do anymore. I didn't want her to suffer, yet I couldn't give her up. I guess it was in the park that day that we finally faced reality and were willing to let God's will be done. When we went back it seemed as though her life was slipping quietly away from her. She no longer responded. Her heart rate was dropping. The

doctor came and he told us that she had very severe brain damage. They called him away and when he came back he said, "She is gone." I shall always remember him, with tears in his eyes, saying those words...we then went to her room. I picked her body up in my arms and held her for the last time. I felt her spirit next to me and I shall always remember that feeling I had when it left. We came home to face our house empty without her. I thought of the poor older daughter, she had not held her little sister. There was a deep pain within her.

Through the love and support of family, friends, neighbors and ward members, we survived this most difficult time in our lives but I know now the joys of being a mother, a supportive wife. I also know the pain of losing my child and longing to pick her up in my arms once more.

I have grown even closer to Chantell now. I tell her constantly that I love her. I hug her often and sometimes cradle her in my arms to comfort her. No matter how old a child gets, it still needs that love that only a mother can give them.

I am thankful that Heavenly Father gave us such an important role in life, and I will always strive to better myself as a mother and helpmate to my husband.

Let me share one more of last week's letters. This sister describes her problem in these words:

When my High Priest husband suddenly left us, his family, and announced he wanted a divorce, I was heartbroken. I was also in big trouble. He left me five confused teenagers and \$50.00. The only job I'd had was a part-time custodian at the meeting house and I'd never been allowed to learn to drive!

My only recourse was prayer and after the necessary soul searching and realization and confession of my own flaws I got up from my knees one evening knowing that everything would be "OK," and also that some how this was an opportunity for me. My life had been put in my own hands in order that I might become what my Heavenly Father wanted me to be. I didn't stop being devastated; I just charged ahead anyway!

Let me tell you how the Lord and the Relief Society prepared me and helped me through all this.

As a Stake Board Member (welfare, homemaking) I had worked with young special interests for two years. I knew the program and the pitfalls. It really helped.

A whole year before my separation I had worked hard to complete a project for Relief Society. It had been very spiritually lifting. I made some commitments to the Lord and discussed my eternal goals with him. At this time it was continually impressed upon me that there would be a change in my life and that I should be ready. I know Relief Society prepared me spiritually to want this progress.

My testimony was tried. It was life's darkest hour. I didn't doubt the Church or the gospel but my place in it. I clung and struggled and passed the test.

My calling in the Church was to teach the Spiritual Living lessons. The first lesson's purpose was: 'The latter-day saint woman is comforted to know that all things work together for good for the who is righteous.' I have never forgotten that principle.

I drove. I didn't learn first, I just drove. I knew my job was too lonely, too low paying and not offering enough growth so I went to the employment office and took some aptitude tests. Then I went to the junior college for academic counseling. They offered me a job teaching time management, a seminar I'd taught in Relief Society. Armed with confidence I managed to persuade DuPont to hire me as an artist. I had only a high school education, no work experience and no training. In place of a portfolio I took my orientation chart from, you guessed it, Relief Society and some program covers! The motto among the sisters was 'keep your knees warm,' we literally prayed me into that job. I'd been single two months.

I struggled, how I struggled with the kids, the house, the car - broke down eleven times in three months - and money. I lost a fender one midnight picking up a young man from work. I prayed for strength. One Sunday in sacrament while listening to a talk on prayer I realized I was wrong. I was praying for strength! I immediately bowed my head and prayed for relief. Three weeks later I was in the hospital. I had had some trouble focusing my eyes and the eye doctor sent me on to a neurologist. I walked out of his office that sunny January afternoon with the words brain tumor ringing in my ears. I stood on the sidewalk and literally didn't know what to do. I wanted to run to my husband - he didn't exist! In that moment my marriage ended. In the car was a teenage boy who needed me. Who could I lean on? The Savior. My Savior.

After I had been examined and tested they discovered, not a tumor, but multiple sclerosis. I was paralyzed on one side of my face, it left. In March two months later I went slowly blind in one eye. It took six months altogether but it came back quite a bit.

Now look at the Lord's hand in this part. My job was temporary and had no benefits, no insurance, no sick leave. I was uninsurable and the day my divorce was final, I would be unprotected. The day before my divorce I was offered another job with full benefits. I took it. The work is not as satisfying, I do book and video illustration and whatever else, nor as challenging but I was insured! I had to wait until January 8th to be actually covered so for five months I stayed well. In January we were offered an additional benefit - long term disability! It took effect on February 1st. On February 10th I went into the hospital and February 11th my left eye went blind. Sometimes a door must close before another may open. I can see enough to read and write and get around. Unless more vision returns I will have to seek a new career. (After a month it has finally started to return.) I'm sure my Heavenly Father and Relief Society will turn out to have prepared me for it! All that I am and all that I have I owe to the Church.

Yes, sometimes I am lonely. And I know that the answer is to do something about it myself. There aren't a lot of single women here my age (I'm 41) and no men. I'm very careful about where I go and what I do and that is limiting but it's also protecting and I value that. I have a constant struggle to get them to let me serve. The priesthood worries about my time and my car and my strength. I was directing a play last fall and was asked if it was over-tiring me. I told them 'Never you mind - I need this.' There's always more ways to not be lonely than to have a date.

And I don't always get all the services I need. My washer has been on the fritz for a year. My home teacher has forgotten. But he never forgets me. I believe it is not the service we need so much as the emotional support. And of course the easiest and best cure is to go and help someone else. Single doesn't have to mean selfish. Let me serve.

I could go on and on but I'm embarrassed already at the length of this letter. Now I've been single for 22 months. How I've grown. And Relief Society and my Father and the priesthood are always there. They always will be.

Then she ends it with this paragraph:

I hope this letter sounds as "nice" as I mean it to. I know life has challenges. We knew that when we came. Don't worry about me, my patriarchal blessing promises me good health until I'm content to be called home. And I'm too busy to go!

Both of these letters attest that we have problems-- problems that are both grave and ongoing and problems that may never be solved completely. But I wanted you to hear how these two sisters have found great strength in gospel teachings. They have chosen to invite the Spirit

of the Lord into their problem-solving and they have found peace. Their problems have not gone away, but they are comforted. They have courage to go forward. I believe that women who know and understand the truth of their relationship with their Heavenly Father can have this great peace.

There are angry letters which come to my desk too. There are bitter women who come into my office and berate the Relief Society for not solving their problems. Some men and women tell me that God should not allow suffering. Others are constantly defensive and justify themselves as they play the role of martyr or victim. There are those who find flaws in someone else's life to justify their own bitterness.

I only want to reaffirm that making *choices* in relationship to eternal principles will bring comfort and peace to the troubled soul who can and does turn to God and seeks comfort. I know there are some who feel they cannot turn to God and I am grateful that there are people like you who can help them come to a wholeness sufficient to let them take hold of their own lives and direct its course again.

We approach the problems of the women of the Church from different perspectives. I have been called by my Heavenly Father through His prophet to do a very special work among the women of the Church and I want very much to help them improve their health and enrich the quality of their lives through Relief Society. You as professionals learn of the needs of women from your training and your clinical, listening ear. I learn of the needs of women from my experienced but not-so-trained ear and I learn of them through Relief Society women around the world. Still, I know we must work together for the good of Latter-day Saint women. We should help each other and not perform in such a way as to take over for each other. Both of us have a responsibility to them.

Let me suggest some ways that I see us working together to meet the needs of the individual women. I want you to know that I welcome dialogue with any of you that will help me improve my understanding of their needs and increase my vision of how to be more helpful to them as they meet their great challenges.

I know that you see women who need to have the ability to cope with life-threatening situations. At some point they will have to rely on themselves to adapt to the circumstances of their lives over which they have no control. This development can happen through Relief Society. The Relief Society can provide information and experience in disaster response as well as emotional support and companionship. If a woman accepts these opportunities, she can develop the ability to cope with life-threatening situations. She can deal with them personally, becoming strong enough to direct herself through the very difficult circumstances of her life, as my young friend from Texas wrote.

The experiences of cooperative effort in meeting emergencies outside her own life also have great value. Relief Society sisters have rallied together from the very beginning of the organization. The first challenge was to relieve the suffering of the poor. Later responses have

helped sisters through long-term illnesses or sustained them during earthquakes and floods.

You see women who cannot cope with being able to provide for others or take care of themselves. At some point in time they will have to learn to be decisive in planning and resourceful living. The Relief Society provides teaching and training in homemaking, career planning, multiple skills, and application of gospel principles. Perhaps some of these encouragements can be of help to you as you find others to support these women.

You see women who need esteem through recognition for their accomplishments. At some time they will have to gain emotional stability and congruency. Relief Society may be the only opportunity for some to give to others, or to provide leadership in a setting outside of the home.

You see women who need to go beyond themselves. We both know that at some point they will have to take risks and extend themselves to others beyond their family. The Relief Society provides an arena for risking themselves. Within its programs lie encouragement and multiple opportunity for giving compassionate service.

You see women who need feelings of self-worth. We know that at some point they will have to strengthen their sense of self. The Relief Society provides the means to acquire attitudes and gain skills of mastery over environment. We have lessons teaching the principles of managing temporal matters. We study the scriptures to gain an insight into attitudes.

You see women who need to love someone and to be loved. They will have to learn to give selflessly to another person and build loving relationships with others. Relief Society provides a truly remarkable opportunity to give to others through compassionate service and provides many opportunities to build friendships by working together.

You see women who need to belong and to be a part of something greater than themselves. We both know that they will have to enter the human community at some point in time both as a receiver and as a giver. Relief Society provides callings, opportunity, encouragement, and stimulation to give to others. There is, for instance, the visiting teaching program in which, by assignment, we go out to call upon others to become aware of their needs and then to give creative ideas as to how to meet that need.

You see women who need to experience congruency between belief and behavior. At some point in time they will have to come to a test of faith. Relief Society provides a support system for each woman and conveys a value for her, accepting her as she is.

You see women who need faith in the possibility of something better. At some point in time these women will have to make a commitment to covenants and gain assurance of an eternal process. Relief Society teaches of eternal potential in the midst of everyday realities. More than that, Relief Society offers opportunities to expand each sister's knowledge and experience in new areas of knowledge—areas having to do with eternal concepts.

I know I have not exhausted the list of things you see,

and by listing a few of the ways in which Relief Society is capable of responding I have not intended to suggest that Relief Society can do it all. I only wanted to suggest to you a few of the possibilities in Relief Society. Hopefully, you can see ways in which Relief Society and Relief Society sisters might become part of the environment which helps the individual women you work with.

Hopefully, also, we will be able to better understand needs and on occasion the malfunctioning of our program. Such awareness might help us to provide more effective help to the women we serve and to the women you are helping.

I am aware of the importance of confidences. I respect your professional, confidential relationship with clients and I would not expect you to break ethical privacy to share information with the Relief Society president without the permission of the client. On the other hand, I hope you understand that a Relief Society president also has a confidential relationship with a woman when she perceives apparent concerns. The Relief Society President, under the responsibility of her calling, should not divulge those confidences to you although she should divulge them to the Bishop because of his divine calling. Obviously this means we have to learn how to become accessible to the individual woman.

I am extremely aware of the importance of agency. I know that a woman's agency is of critical importance to her as she seeks to work out her own salvation and exaltation. I would hope that neither you as professionals nor we as called Relief Society workers would ever forget our responsibility in this matter. We must not deny a woman her agency. We must not seek to remove agency from women. We must not confuse a woman's agency.

I pray that we may both have wisdom and judgment in giving help when we can, striving always to help those we serve become independently able to take on their own challenges and successfully address them.

I think Relief Society has a long and distinguished history of urging women to take a positive attitude toward the problems they face. Sometimes people have suggested that this was an unrealistic position which brought more harm than good. It was never intended that way. From the long-term vision of gospel teaching, such a positive position is really only designed to help our sisters to believe they can meet their challenges and to give them encouragement to keep that positive thrust. The gospel is a gospel of hope. Living the principles of this divine good news helps human beings rise above the circumstances of their lives and become more perfect.

We can seek wisdom and knowledge. We can learn truth. We can give service. We can give love. We can be loved. It is our choice. Agency, when exercised, gives us freedom to become what we have within us to become. Through the use of agency the authentic self emerges. The scriptures attest that the power is in us to do much good, for we are agents unto ourselves. God grant us the vision to live accordingly—to choose the good part which shall not be taken away.

THE LIFE AND INFLUENCE OF A SPECIAL ONE

Sabra Peterson*

My dear, dear brothers and sisters, many of you were here the day that Brett was confirmed a member of the Church after his baptism and heard him make a lot of racket during the sacrament meeting because he wanted to bear his testimony. He had so many things he wanted to share, and he loved you so much because you gave him so much love. So I felt that I must share a little of him with you today and tell you a few of his experiences here in life.

Several hours after Brett was born the nurse cheerfully handed each of my three roommates her baby and started toward the door. "I get mine this time," I said. She stepped closer to my bed and said, "Oh, no, Mrs. Peterson, you won't get your baby." "Why not?" I asked, feeling my face grow pink and warm. "Well, we can't take babies out of isolation," was her reply. I had worked in hospitals quite a bit during my high school years, and I knew a lot of reasons for babies being in isolation and none of them were good, so I asked, "What is he doing in there?" and she said, "Hasn't anyone talked to you?" I said, "No," and she hurriedly left the room.

I lay quietly, reliving the delivery. This was the first of our seven children that Elwood had been able to witness with me. He had wanted to every time, but we could never obtain permission. Everything had seemed to go well, except when Brett was born one corner of his mouth was pulled down, which seemed a little bit strange. We were a bit concerned, but the doctor told us everything was all right, and he had gone.

Brett had a beautiful little body with broad shoulders and clear skin, and as much or more hair than any of our babies had had, which wasn't anything to brag about. He weighed nine pounds even. We had called home and told our children and mother that we had a little football player and that everything was fine.

I had time to think things through forward and back again several times before the pediatrician entered the room, drawing the curtain around my bed somewhat in an attempt at some privacy. He was a friend and I could see that his task was difficult for him, as well as for me. I became sort of hung up on the first words and couldn't seem to grasp it all, or maybe I didn't want to. He said there had been damage to the part of the brain that handles motor control resulting in cerebral palsy. I felt embarrassed that I knew so little about such things. I wasn't even smart enough to ask intelligent questions. The doctor was gentle and kind; he offered to come back again and talk when Elwood could be there also.

Elwood arrived soon and, as usual, was my strength in time of weakness. He said everything would be fine.

Hadn't it always been? We both had a great deal of faith, and I immediately felt better.

A kind friend that Elwood had worked with in a bishopric came to the hospital and they obtained permission to scrub, put on gowns and masks, and go in to put their hands through the holes in the isolette and give Brett a blessing.

Then so many of you dear people came fasting and praying to our home. I shall always have a picture in my mind of our many, many dear friends kneeling in our living room and on into the other area. I remember the great spirit and faith that was there and how Brother Andrus had wanted to say in his prayer that Brett would be well. Later, after everyone had gone, he told us that the words just wouldn't come but that he had been assured of how aware Heavenly Father was of Brett and that Brett had come to fulfill a special mission.

Brett was kept in the hospital for three weeks because of the many problems, and they were trying to work out his medication. He couldn't suck so he had to be tube fed, and I had to be taught how to tube feed him. Finally we were able to bring him home.

The children were excited. They already loved him. They had been praying and fasting for his health and happiness and could hardly wait for a turn to hold him. This was a rather unique experience, for what little bit of strength Brett had was in his back and at first he was very rigid and didn't enjoy being held. It was sort of disappointing to us, but we just kept holding and hugging him and whispering to him, and this changed very soon. We learned in our family that love conquers all.

The doctors had sent him home armed with paper robes and masks and warnings that he was weak and extra-susceptible to every germ. We began with great caution—every member of the family decked out like they were on their way to surgery. However, this soon went by the way. I awoke one morning to find the crib empty, and Elwood was still in bed. I jumped straight up and ran down the hall to find five-year-old Thayne and two-year-old Jeneae and Brett watching cartoons on the family-room floor. That was a wonderful breakthrough for Brett. The children wanted him to experience everything along with them, and what a great blessing this was to all of us. They explained everything to him, and although he never moved for a long time, rarely cried, couldn't hold anything or sit or speak, his beautiful, big, blue eyes told us he knew what was going on.

When Elwood gave him a name and a blessing, we again fasted and prayed. We knew that if it were the Lord's will he could be healed, but Elwood said it was like there was a wall there. The blessing was so beautiful but again it spoke of a special mission and that he was to

*Talk given by Sister Peterson at the funeral of her eight year old son, Brett W. Peterson, April 19, 1978.

learn and to teach love, understanding, and patience--so many things that we are so grateful to him for.

Soon after we brought him home, El Rey wanted to learn how to tube feed him. This was such a great help to me. He was also the first one to take a turn bathing Brett each morning and caring for him with such love.

When Brett was about five months old, it was suggested that we take him to a speech and hearing specialist. He didn't react at all to the hearing test, but I knew he could hear, and I told the specialist so. At home we would clap our hands and bang lids behind his back, and he never flinched, but if one of the other children started to cry, he would cry also. Before they were through in the sound booth my ears were ringing, but Brett didn't bat an eyelash. (They even watched for this kind of movement.) When I talked to the speech specialist about it, he said this was possible, and told me to bring him back in a few more months. I did, and at that time, they said he could hear somewhat. I knew that he could hear well and that he could react also. This has proven to be so.

One day Thayne came in from first grade, and I heard him say, "Hey, Brett, guess what? I stole a base today." There was a long pause, and then I heard him say, "No, that doesn't mean I took something that wasn't mine. You see, when you play ball you have these four square things called bases and when you hit the ball..." and he went on and on and on. This became a daily occurrence that I enjoyed so much--hearing the children explain everything in great detail to him--things that he wasn't able to experience by himself. How we began to thank Heavenly Father for the magic this little child was weaving in our lives.

The doctors had sent me home with medication for Brett because they thought he was having seizures. With a child like this you pray an awful lot and hope for a lot of inspiration, and I soon felt strongly that he didn't need the medication. I felt it was holding him back, but I was frightened. Still, he was lethargic anyway and so gradually I eased him off the medicine. That was seven years ago, and he never had a seizure, so, I guess it was all right.

As much as we loved and expressed love to our baby, still he didn't have any way, as yet, to let us know how much he was comprehending. Many people thought he comprehended nothing at all. Then one day I came home from Relief Society and Elwood met me with exciting news. He had been in the yard with Brett in his arms. Someone needed help with their car, so he handed Brett to Brother Pletsch to hold for a minute. Brett looked up at Brother Pletsch and began to scream. When Elwood took him back he was happy again. Such a funny little thing. So many funny little things brought such great joy. This was our first sure sign that he knew what was going on.

Brett's respiratory tract was weak, and he had a great deal of trouble. He made a lot of noise most of the time just breathing. Because of this he had bronchial pneumonia very often. It was a constant fight. I couldn't guess how many times he had this, but we only had to hospitalize him about three times, which we felt was an

excellent record. The first time our doctor was out of town and the doctor who met us at Emergency, upon examining Brett and seeing his many problems, said, "I guess you just want some routine help, no heroics." I thought my kind, gentle husband was going to hit him, and then I thought if he didn't, I would. But instead we told him how dear this boy was to us and for him to do everything for him that he would do for his own son. Once he understood how we felt, he couldn't have done a better job.

The hospital, however wonderful, was a hard place for Brett. There were so many quirks, and it seems we never told everything to everyone. Dr. Smith was so kind to try to always let us handle Brett's problems at home unless it was absolutely impossible. One visit I left Brett at the hospital, after getting him to sleep, and went home to care for the family for a few minutes. I returned just a short time later, and the nurse met me at the door of Brett's room and said, "Oh, Mrs. Peterson, I feel so terrible. I thought that Brett couldn't move. I rolled the head and the foot of his bed up to get him in the right position and left the room..." She didn't need to finish. I knew that as soon as Brett saw that hump in the bed he would want to know what was on the other side and by now he was getting very good at pushing himself on his back. He would pull his knees up and push with his feet and, sure enough, he'd gone over the hump and through and onto the floor, hitting his eye on the way down on something on the bed. The nurse looked like she was ready for the intensive care unit and Brett looked very proud and perfectly all right in spite of the lump near his eye.

Another trip to the hospital left him without his two front teeth. Some of the children have asked why Brett was without those teeth for so long, because they were lost so early. They were giving him something with a syringe and he thought it was a real fun trick to not give the syringe back, so they didn't get it until the two teeth were missing.

He also had great problems with different food combinations, and this was another reason it was best for him to always be home. He could eat certain things but certain things together would turn him into a blue Brett. You've heard him and have been very patient with him after the sacrament, but he insisted on taking the sacrament and so we would go ahead even though it was a little difficult for him.

I must tell you that Brett almost never needed to be disciplined. He never had temper tantrums or in any way was anything but sweet and dear, except for this one thing. If I would leave him for more than a day it was like he had to show me that he didn't approve of that at all, and he would really give me the cold shoulder for a little while when I returned home. I came home after having been in the hospital with my broken leg. I was home while Brett was still in school, and I was back in the corner where he couldn't see me as they pushed his chair through the door. I said, "Well, look who's home!" thinking I would surprise him and that he would be all thrilled. He looked fast at me, and I could see the happy look, and then he turned his head away like he was going

to punish me for a little while. The children put him down and out of his chair, and I said, "Brett, you know I couldn't help it that I broke my leg," and explained to him how badly he was making me feel. In a few minutes he pushed himself across the floor to where I was and put his hand up in mine.

Brett's hands were always very weak. He was 13 months old before he could get his fingers into his mouth. Most children are born with their fingers in their mouths, practically. We did all sorts of therapy to try to strengthen them and stimulate the brain and all the things that are done to help these dear children, but it was slow. One day while he was still this way, (he was about two and Thayne was about seven), I was working in another part of the house when I heard Thayne exclaim, "Good boy, Brett, you pulled my hair right out." I hurried into the living room to see Brett with a fist full of Thayne's hair and Thayne cheering him on. How thankful I was, again, for the sweet exchange that was constant between Brett and his brothers and sisters.

I guess Brett was three when the children told us he wanted a sled with sides. I was a little worried, but he got a sled with sides for Christmas. When he went sledding I'm sure he felt snug and secure, for whoever caught him at the bottom of the hill was met with a big smile.

That same year we vacationed in California and Brett rode horses sitting in front of the older children, and he loved it. He learned to float in the swimming pool with his head in a small tube. El Rey figured that out for him. He's loved swimming ever since, and the wonderful school he attended took them every Thursday. He always looked forward to Thursdays. He was always at the peak of his alertness in these new situations. Two summers in a row we spent two or three weeks in Mesa, Arizona, and the children almost lived in the swimming pool. Brett was in the pool with them about every day. He loved it when Vaughn would put his hand over his nose and mouth and put him under the water and bring him up again. One day as I watched from the edge, they pulled Brett by his feet through the water while his head rested on an air mattress. All of a sudden his head slipped off the air mattress, and he went down to the bottom. I was about to jump in in my clothes when they brought him up laughing with his eyes wide open. Another great experience, he thought.

Another day, Jenae came in from Primary (she was about six). She came running through the house saying, "Mother, where are you? Mother, where are you?" and I said, "Down here in your room." She came in and said, "Mother, you would never guess what I saw at Primary today," and I said, "Well, what did you see?" She said, "They showed me a picture of a boy in a wheelchair passing the sacrament with his friend pushing him," and then she ran over to Brett. It was like a light was turned on inside of Jenae as she explained to him how someday he could do this. And then she came back to me and said, "I wish we had a whole room full of crippled children. I could just hug and kiss all of them." It was a beautiful experience to see this beautiful spirit working in such a small child. Again I thanked my Heavenly Father for this experience of Jenae's which had helped her to

understand and have empathy and to make such a little event so wonderful in her life.

Elwood would take Brett out to work in the yard, sometimes to watch, sometimes to play, and sometimes to help. Last summer, the day they planted the garden, Brett sat right in the dirt leaning on his dad, and with Elwood's hand holding his, he helped dig the holes and plant the seeds and pat the dirt. It was slow, but oh how he loved it. He hated to come back in the house. Intently he watched everything that was brought in from the garden.

Another warm, summer day Elwood had him on the platform of our steep hill in the backyard watching as he put railroad-tie steps down the hill to the lot below. Suddenly, without warning, Brett's limp body was rolling end over end down the hill, through the dirt, shrubs, weeds, etc. Thayne was right behind him crying all the way, and Elwood was right behind Thayne. Brett landed down beneath the apricot tree. I nearly cried as they carried him into the house. He looked just terrible with dirt in his eyes and mouth and all scratched, but the look of triumph on Brett's face had a calming influence on all of us. He seemed to say, "Boy, did you see me go, Dad. Wasn't that something!" And Elwood, seeing Brett's big smile said, "He's just fine everybody. Boy, you should have seen Brett get down that hill." That was a little bit too much encouragement--he took the basement steps on next. After a few lumps, Thayne taught him how to go down feet first, slowly wriggling his body just right. He became very good at getting down the stairs without getting hurt.

The way Brett communicated without words was sometimes taken for granted by us at home, but it was really brought front and center when I asked his school teacher, Eva Shelley, "Have you noticed how much harder Brett's been trying to talk and how many more words he is trying to form?" She looked at me so funny for a minute and said, "You know, I forget Brett can't talk, he communicates so well." That's how it was at home, but what a thrill it was for me to know that's how it was between them, also. When he was hungry or thirsty we could hear him smacking rooms away. If someone helped themselves to ice cream without offering him some, we found out very fast. That was one of his favorites. Often this silent communication and the deep understanding the children had for him shocked me.

I remember his seventh birthday. I was trying to think what would be just right for Brett and what he would really enjoy. It was always kind of hard, it seemed, to come up with just the right thing for him. Then Klyss and Valynn came home with a wristwatch. I think it was Cookie Monster, or something, but oh, how he loved that watch. It was something he could have on every day. Another time Klyss brought him "Frye" boots, the littlest pair I had ever seen, and he's hardly had them off a day since. His feet grew so slowly. Last Christmas they got him a wrist radio. I didn't know there was a wrist radio. We strapped it on his wrist, and he even turned it on and off by himself once. I don't know if he rubbed it on the floor, or how he figured it out, but it was another

gift that he greatly enjoyed.

I knew that B.Y.U. had a wonderful program for handicapped children. I talked to their Principal, Glen Thomas. He told me that because of the facility they were in with all the stairs, it would be impossible for Brett to attend. We wanted so much for Brett to be able to go to school. This was the summer he was five. We knew that there was a great deal going on in his little mind and that he needed to go to school. One day over at the Rock Canyon School I talked with a friend who told me of the little training center school that I didn't know anything about that her boy attended. I'll always be grateful to the Larsens for this. I thought, well, her boy can talk and walk and there were many things that he could do that Brett couldn't do, but Elwood and I went to investigate. How thrilled we were when they told us they would accept him, and they would pick him up on the bus at 8:00 in the morning.

The first morning the bus came, tears of thanksgiving and joy filled my eyes as Tell Muhlestein came in our front door with a big smile saying, "Do we have a Brett here?" That is what he said every morning. I asked him how he could take him, as he couldn't sit up alone, but he was undaunted. He said, "Do you have a blanket?" I said, "Sure," and he said, "Well, we'll just put him there on the floor right behind me and I'll watch him. I can reach back and pat him once in a while so he'll feel all right. I followed him out onto the bus, fearful that at any moment he would say, "No, that just won't work," but I came to find out that with Tell something would always work. When Brett became more brave and wriggly and decided to interact with the other children on the bus, the other children would yell to the bus driver and say, "He's doing it again, Mr. Muhlestein," as he tried to wriggle his way down the aisle. Tell said, "Have you got an old buggy top? That would work just fine." So, we got a buggy top and put pillows in it to prop him up. He went to school a whole year in the buggy top. Tell would have one of the older boys help him carry Brett out to the bus. Then there was a wheelchair that they fastened a little carseat in. Always, something worked out.

Then, there came the summer of Education Week in Arizona, and we saw this beautiful wheelchair--the only one we had seen that would handle Brett. He couldn't sit in a regular one. I thought this is really an answer to prayer. Then the man came in and told us the price, and I thought, "Oh, my word!" It was just under a thousand dollars. I felt really discouraged as we left, yet we took all the brochures and information. I knew that somehow we would have to have that chair for Brett.

Upon our return home, the school called and said the B.Y.U. lab school buildings had been sold. The school would be moving to a new facility, and they thought that was where Brett should be this year. They were going to have a new bus with a hydraulic lift for wheelchairs. It was just almost too much to believe.

About two months later, the morning of Brett's birthday, August 21, the phone rang. It was dear Sister Babcock. She wanted to know if we would be home for awhile and could she come over. She had been so kind to Brett. She had brought him two little shirts on his last

birthday. So, I was a little suspecting, but totally unprepared for what happened. She came in and presented a large, beautiful home-made card to Brett. One of the Darais girls had made it--I think Andrea. It portrayed a boy in a wheelchair on a beautiful green lawn under a big apple tree. Inside and outside there were many, many signatures of neighbors and friends, and it was bulging with many hundreds of dollars. There were ones, fives and a few checks. We were absolutely overwhelmed. She said this is for a wheelchair for Brett.

We started looking for the wonderful chair. No one in Provo had heard of such a chair. They didn't believe there was such a chair, but we knew there was, and we finally did find one and order it. It was sent for Christmas, and just in time because Brett was getting too heavy for me to carry everywhere, and he was more interested in going everywhere. The children had pulled him around in the wagon and an old buggy for a long time, but the view was never too good. They had had to stop and carry him to smell the roses, to pick some flowers and to play with a dog, but now he could see everything as they went along.

Valynn and Greg had gone together for three years and how Brett loved Greg, as we all did, but the day we told Brett that Greg and Valynn were going to be married, he was so happy and nodding. His eyes were sparkling as they told him all about it and how they wanted him to be at the reception. He thought that was wonderful, and then I said, "And then Valynn will move away from our home, and she and Greg will have a home." Brett began to shake his head no, he had a better idea. He wanted Greg to move into our home. It seemed pretty good to me, too, but he came to accept her leaving and loved to go to their home and visit them there.

Another day, as Thayne and Brett were playing together, I heard Thayne say, "You know, Bretty Boy, some day we're all going to die and go back and live with Heavenly Father, and when we do I'm going to run you a race, and you know what--I'll bet you win." There was a big smile on Brett's face and a prayer of thanksgiving again in my heart for the blessing of this choice spirit in our home who just naturally, without even trying, brought out the best in every one.

As parents, you know we all pray for love, understanding and unselfishness and all those wonderful things to be in our lives and in our home, in our hearts and in our children's hearts. Brett seemed to just work miracles for us in all of these areas. As a family, we count him a very great blessing, for even as we lifted him, he lifted us higher. As we held his hand, he somehow drew us to him and further from the cares of this life to a more eternal perspective.

My great desire and prayer have been that we might keep him at least as long as the other children remained at home, but this was not our Heavenly Father's plan, and His plan is our first desire. These past two days I have felt a beautiful peace and that a giant spirit whom I was privileged to care for was somehow watching over me. Always, I am overwhelmed by the goodness of our Father in Heaven that He would trust us with Brett for this very short time.

I awoke in the night thinking that breaking my leg was like easing an addict off something he thought he couldn't live without. As I had been forced to give up many aspects of Brett's care to others, I had learned that I could do that, that others could take over where I left off. Also I became at least a little prepared, which at first seemed impossible to accept, for not being with him when he went. I now see this as great kindness, for I never could have let him go—at least not very gracefully. I have learned through Brett to trust my Heavenly Father. His ways are not our ways, but they are always for our welfare. As a family we pray that we might live worthy of the love and trust that have been given us from both our Father in Heaven and from our Brett, and I say these things in the name of Jesus Christ, amen.

The following additional comments by family members regarding Brett and their relationship with him are selected excerpts from a book by Sister Peterson personally published this year entitled, *God's Plan for Brett*.

Brett would soon be eight years old, the age of accountability, when children should be baptized and when each of our other children were baptized. Our kind Bishop said, "With Brett it doesn't matter. He could be baptized or not. He is perfect. He has never said or done anything wrong." But Brett cried at this statement. He wanted very much to be baptized. He had been to Jenae's baptism. He had learned all about this commandment at home, Sunday School, Sacrament Meeting and Primary and he very much wanted to be baptized.

We began to teach this dear son with real intent that we might fulfill our obligation to him and to the Lord and that Brett would fully understand and be able to answer the Bishop's questions. He had been taught long ago that the inaudible prayers in his heart were heard by his Heavenly Father.

I remember it well. The Bishop came to our home and we were all there. Brett was propped in an upholstered chair in front of the fireplace. As the Bishop asked him questions, he would nod his head or smile. Everyone was keyed in on Brett and sometimes one of the children would say, "He says this, or he means that."

It was like always. Everyone wanted Brett to succeed. The interview went well and it was decided that Brett would be baptized on the following Stake Baptism day and that his big brother Vaughn would baptize him.

It was a glorious day. Brett looked like the angel he was in the little white one-piece suit. The whole family was there.

I have never seen anyone come out of the baptismal waters as thrilled as Brett was. He had a big grin on his face and his eyes were wide open.

The following day in Sacrament Meeting, Brett was confirmed a member of the Church of Jesus Christ of Latter-day Saints.

As is the custom, testimonies were then borne by various members of our ward. The young Priesthood boys carried microphones with cords to those who stood desiring to do so. Brett was always good in Church but today he yelled loudly each time the microphone came

near him and reached out for it. Finally, Mother took the microphone and stood. She said, in essence, that Brett wanted to bear his testimony and say how happy he was to be baptized a member of the Church. He wants to thank all of you for being so good and kind to him. Now Brett smiled, relaxed and was happy. How difficult it was to feel such joy and gratitude and find no voice to express it.

* * *

There had been some quiet talk now and then at our house about the possibility of our taking an Indian child on the Placement Program. The talk had quieted more since Mother had broken her leg and the prognosis was six months in a full leg cast. She had felt that we should take one, as we had been so very blessed all of our lives in every way and should share our love and blessings. Dad was hesitant at this point because of his great concern for Mother and his desire to make things as easy as possible at this time and not add more burden.

And so it was that we were having Home Evening and Dad started asking each family member how they felt about it. However, he didn't ask Brett. As he asked one of the other children, "Do you think we should take an Indian Child?" Brett's little, seldom used voice was heard by all as he answered, "I do." His vote carried a lot of weight. The Fall of 1978, Niki Pedro joined our family.

Sabra Peterson: Mother

Love, patience and understanding—these were the three major components of Brett's life's mission he was told in a Father's Blessing when he was an infant. He was not only to learn them himself, but also to teach them to others. His life was a living manifestation of all three.

Brett had a natural affinity for people and they for him. He was especially drawn to those who needed him such as the handicapped, the underdog or the rejected person. If anyone who was a little different from others entered his presence he was instantly aware of them and he reached out to them physically or emotionally, and they couldn't resist his advances and reached back.

As a counselor by profession, I work with many varied kinds of people with a myriad of problems. Often when I had difficulty communicating to a client about interpersonal relationship skills I would use Brett as a living example and not only would he win their hearts but he would teach them, through his role model, the skill I had in vain tried to explain.

Brett did not like conflict or dissension and he would either turn away or shake his head vigorously, "NO," if any of it went on in his presence. He would close his eyes and turn away if there was violence or bickering in a movie or on the television.

He was very affectionate and loved to be held and snuggled, touched or stroked. His soft, big blue eyes were full of loving expression and told a great deal of his inner feelings. I am deeply honored to be chosen of God to be his Father. I feel humble and touched to be given this great one of God as my son. I pray to be worthy of this great compliment.

Elwood Rey Peterson: Father
(and a committed AMCAP member)

Brett and I had some really great times together. I'm so glad I was able to spend time with Brett, he really taught me a lot. He brought such a special spirit into our home. I love him very much and I look forward to the day when I can be with him.

*Janae Peterson: Sister, Age 10**

There was a lot more to learn concerning this little brother than how to put on special masks in order to be around him; before he was through, Brett would teach nearly everyone he came in contact with the true meaning of love. His whole being communicated such a special spirit and such a great love that even strangers were attracted, all wanting to know more about him. Many of those contacts evolved into subsequent visits, and friendships.

Brett was a friend to everyone. He was a perfect model of unconditional love. It didn't matter to Brett if a person was rich or poor, handsome or homely, old or young, he loved them all.

Brett was always so happy and despite the many problems that he personally struggled with, he was always concerned with the welfare of those around him. It seemed that no matter how badly I thought life was treating me or how rotten of a mood I was in, Brett was always there with his contagious, twisted smile. You know the song that says, "Just one look, that's all it took, yeah, just one look!" Well, that's how Brett was--just one look from him and all your worries suddenly seemed very small and insignificant.

I still remember Brett's reaction when someone near him would be crying or upset about something. A feeling of caring, love and sympathy would radiate so strongly from Brett that when the distressed person would meet Brett's sympathetic stare and see the intense expression on his face, suddenly any prior feelings of discontent or anger would vanish. What magic gifts Brett had been endowed with!

*Vaughn Leslie Peterson: Brother, Age 18**

A special time in my life was the Summer that Klyss and I took turns taking Brett to American Fork Training School for therapy. I learned a great deal about the special spirit of all handicapped children. Of course, none ever seemed nearly so exceptional as Brett was to me.

It wasn't long at all before I wasn't sorry for the way that Brett was. I realized that it was the way the Lord wanted him to be and we were blessed enough to be the family to help with his special mission.

My life would have been only half full without Brett. His influence changed my every attitude on life and I am indeed grateful for that change.

*Valynn Peterson Baum: Sister, Age 21**

It was New Year's Day 1974, when Valynn introduced me to her little brother Brett. There he lay, a twisted little boy of four; a crooked mouth, limp limbs, and an expressionless gaze encompassed him. Valynn said he had cerebral palsy and was unable to do the things that other children his age do, but was very alert and able to

communicate.

How sad--this family burdened with a retarded child to care for. Why didn't they put him in a care center? He had to inhibit them, but worst of all was that they loved him so much they gave him credit for things he wasn't capable of. Could they really believe that he could communicate? What fools! I had tremendous pity for them.

That was my first impression of Brett. I was seventeen years old and had never been around a handicapped person. It was a new and growing experience for me. It is a hard adjustment for a person to make when he has to deal with something completely out of his frame of reference. But as I was around Brett, I discovered that I was the fool, not them.

The little boy that I once considered grotesque was indeed an intelligent person--probably more so than I. The gaze I mistook as expressionless was nothing more than an aloof face--no different than that of a perfectly normal, but shy, four year old. As I began to really know Brett, I discovered that the only thing strange about him was the tiny body he tried so hard to control, but simply couldn't.

Sometimes it takes a shock, something out of the ordinary to really affect a change in the way a person thinks. I thank the Lord that I had a chance to meet Brett. He gave me an understanding of something that I never before had encountered.

Gregory Carl Baum: Brother-in-law

Brett had more influence in my life than anyone I have ever known. He always emulated those Christ-like qualities that I thought no one could obtain in this mortal life. We knew Brett was special from the first day he came into our home.

My earliest recollections of Brett began from the time my Mother gave birth to him in the Utah Valley Hospital. I knew that my Dad would be home filled with excitement and beaming with pride over his new son. However, this time when my Dad came home he called us all together and in a very loving, gentle way explained to us how Brett was even more special than we had imagined. Cerebral palsy was a big word for us kids and went right over our heads. Yet, as my Father talked on he explained that it was a compliment from our Heavenly Father that He would entrust such a special spirit into our care, and how lucky our family was. I've always appreciated and admired my Dad for the special way he handled this unique situation, and from that moment on we all did love Brett with more love than we'd ever known.

Brett still is so close to our family, and in moments of despair I can always feel his love and comfort--as if he had his arms wrapped around me. I love Brett with all my heart and I know that if I live worthily I can be with him again--reunited for Eternity. I know of no greater feeling of joy.

Brett continues to influence my life every day, although he only spent eight short years with us. We have an Eternity to look forward to.

Klyss Peterson Smith: Sister, Age 22

*Ages given are ages at the time of Brett's death.

A RETREAT FROM HYPERSEXUALITY: THE DE-EMPHASIS OF OVERT SEXUALITY IN HOMOSEXUAL CHANGE THERAPY

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Despite the removal of homosexuality from the list of sexual disorders in DSM-III (APA, 1980), Goode and Troiden (1980), Brown (1981), and others report that there are still a significant number of therapists working with homosexuals who wish to change their sexual orientation.

Of critical interest to such clinicians is determining what commonalities successful change therapies share. Despite the wide variety of reorientation therapies available--most therapeutic modes have supplied one--almost all current therapies share a common focus: the overtly sexual aspects of homophobic behavior. The sex act itself seems to be the starting point and the ending point of most of today's therapy procedures, with the tacit assumption that if a client can be induced to once stop having sex with his own gender and start having sex with the other gender, he must be "improved" if not "cured." The work of Feldman and MacCulloch (1971), Bancroft (1970), Fookes (1968), Freeman and Meyer (1975), McConaghy (1969), and Thorpe, Schmidt and Castell (1963), naming only a few, document this focus on explicit sexual behavior. Current therapy seems to be literally inundated with attempts to "seduce the patient back to heterosexuality." Even the services of prostitutes have been secured in this attempt (Moan and Heath, 1972).

While some attention to the sexual behavior of the client is obviously necessary, recent reviews of the change literature have commented on what seems to be an unwarrantedly narrow focus of many therapies: "The behavioral treatments have oversimplified the matter--they have assumed that simply discouraging homosexual arousal and encouraging heterosexual arousal would be sufficient treatment--to assume that the only behavior of a homosexual relevant to treatment is his sex behavior is a mistake" (Sturgis, 1977). James, in an unpublished dissertation, answers, "It is questionable whether heterosexual intercourse should be considered the ultimate evidence for successful reorientation, as seems to be implied by so many therapists" (1978). Says Tanner, "The addition of social skills training past the purely physical would be useful" (1974). Sturgis reports that only 14% of the studies he reviewed endeavored to alter the social skills of the individual seeking treatment. And Wilson and Davis, in the same vein, suggest a need for multi-component treatment for complex sexual behaviors (1974).

My thesis follows as a logical extension of the above: those therapies which de-emphasize overt sexual

activity during therapy, both homosexual and heterosexual, are more likely to produce lasting change than those therapies which use overtly sexual procedures. The de-emphasis of sexual activity in a therapy process where success is ultimately measured in terms of sexual activity may at first seem puzzling. A review of the change literature supports this position, however, and a number of therapeutic experiences demonstrate a sound practical reasoning for a focus away from overt sex during therapy (Brown, 1981).

Such, then, is the justification of topic. Two points, however, need to be raised briefly before the bulk of the argument can begin. First, I have referred to, and will continue to refer to, homo-heterosexual shifts as "change" and not "treatment." This has been deliberate. Terminology in the helping professions has often been a burden, both to the theorist in his attempts to conceptualize the problems of sexual orientation, and to the therapist in his relationship with his homosexual client. The removal of homosexuality from DSM-III was at least in part an attempt to remove some of the stigma derived from a traditional disease model, where such value-laden words as "illness," "deviance," "treatment," and "pathological" were used to describe the homosexual. It does no good to burden clients with such terms. As long as there are individuals who wish, *for any reason*, to change their sexual orientation, the question of "treating" a homosexual for his "pathology" is irrelevant. Voluntary change is what we are concerned with, not socially imposed treatment. Secondly, implicit in the modes of treatment discussed in this article is the personal responsibility of the client for this decision to change. Kierkegaard said that no matter what forces helped shape a man into what he was, that man was responsible for what he could become (*Fear and Trembling*). Without a personal acceptance of responsibility and a belief that personal decisions can lead to meaningful progress, change is unlikely.

SEX AS AN APPETITE

It is currently popular to assume that the sex urge is a biological need, a drive reduced only by sexual release or by suitable sublimation of the sexual impulses. This assumption is rarely seen in writing *per se*, and it is therefore almost never challenged. Nevertheless, it is present. It is consistent with the instinct theories of Freud and his contemporaries; it fits today's emphasis of finding physiological determinants for behavior; and it is echoed in the literature of pop psychology. The necessity of regular sexual release is now virtually assumed in the bulk of the literature on sexual problems and treatment--researchers today simply assume that frequent sexual activity is a psychological, even physiological

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concomitant to good health, and place its importance as a drive not far below the needs of food, air, and elimination (Masters and Johnson, 1970, 1974; Kaplan, 1974; Socarides, 1968).

Sexual behavior in humans is a multi-faceted phenomenon, and it is not my purpose to underestimate the role of physiological factors in sexuality. However, such a *de facto* assumption--that sex is a physical drive--however well hidden, is unwarranted:

No genuine tissue or biological needs are generated by sexual abstinence. It used to be believed that prolonged sexual inactivity in adulthood resulted in the progressive accumulation of secretions within the sex glands and gave rise to sexual urges. Modern evidence negates this hypothesis. (Beach, 1977)

"The present generation would seem to be 'victims' of the misconception that periodic sexual outlet is biologically required" (Hardy, 1964).

I question the mentality of assuming, *a priori*, that sexual activity is necessary for physical as well as mental health. It is possible that psychologists, as high priests of a "me-generation," are echoing more the self-indulgent wishes of our society for continual gratification than they are indicating actual research results. (Lasch, 1978).

Hardy has suggested an alternative (1964). Based on a review of the hormonal evidence, hermaphroditic studies, phyletic comparison, and other psychosexual research, Hardy suggests that sexual motivation can be adequately conceptualized not as a drive, but as an experientially developed appetite. Developed through social learning processes, the strength of the sexual appetite is largely contingent upon affective experience: the more you have, the more you want.

While Hardy by no means dismisses biological considerations in human sexuality, he favors the psychological construct of an "appetite" over purely physiological explanations. Psycho-biological paradigms obviously cannot be ignored in sexual research. Sex differences of the CNS; the deprivation of prenatal sex hormones; fetal androgenization; congenital adrenal hyperplasia, adrenogenital; and other syndromes all play an undeniable role in psychosexual orientation. But research is incomplete, and the exact nature of those roles is still unclear (Money and Ehrhardt, 1968, 1972; Ehrhardt, 1974, 1979; Dörner, 1978). As such, the explanatory power of purely physiological paradigms in human sexual regulation remains weak, at least for the present.

But in therapy--whose realm is almost entirely limited to cognition and affect--the construct of a sexual appetite may be very useful in illuminating to the client the possibilities of consciously regulating his sexual behavior. For the purposes of therapy, sexual appetite is a viable model.

The implications of an appetitional model in the treatment of problems of sexual control contrast sharply with treatments derived from theories that place sex as a drive. According to drive theories, sexual tension is released by a) the direct gratification of sexual impulses, and b) the sublimation of the sexual drive into non-sexual, more appropriate channels. Freud, of course, first elaborated the concepts of sublimation and

substitution. Psychoanalytic interpretations of literature, art, music, etc. as sublimated sexual urges form an impressive literature all their own.

Appetitional theory, however, interprets the control of sexual impulse in quite the opposite way: "If the substitute activity is sexually stimulating, then the appetite will tend to increase and the problem is increased. If the activity is non-sexual in character, sexual impulses will neither be relieved nor aroused" (Hardy 1964).

Appetitional theory implies that the way to control inappropriate sexual desire is not to gratify the sexual urge, nor to sublimate it, but to reduce the sex urge by abstinence. Masturbation or sexually explicit reading material, as obvious examples, would not be considered acceptable substitutes for inappropriate sexual behavior, because rather than relieve sexual appetite, they tend to increase it. It is a common expression in the armed forces and other one-sex groups that no sex is better than a little sex--a taste titillates the appetite, while total abstinence reduces it.

I am not encouraging celibacy, however. I am simply attempting to demonstrate that, viewed as an appetite, the problems of sexual control are quite different than sex viewed as a drive, a biological imperative. Where greater sexual control is deemed desirable--as in homosexual reorientation--an appetitional conceptualization implies that reduced sexual activity and reduced exposure to sexual stimulation will lead to a reduction of sexual impulse; while the continued gratification of sexual urges will tend to maintain or increase sexual appetite.

To the agentic therapist, this view is very promising. Appetitional theory holds much more hope for those clients who desire impulse control than a drive theory can traditionally offer. It suggests that the client be taught responsibility for his sexual appetite: "The idea that sex is not a drive--i.e., uncontrolled--but an appetite is important because it implies that sex desire can be controlled...we don't have to change our values to fit a 'biological sex drive'; sex is appetitional and subject to conscious control" (Hardy, 1964).

In summary, sexual motivation can be conceptualized not as the physiological tissue need assumed by so many professionals, but as an appetite. As with any appetite, increases of sexual indulgence lead to increased sexual appetite, and appetite is reduced during periods of abstinence. This conclusion has implications for homosexual reorientation.

INTIMACY VS. HYPERSEXUALITY

As a group, homosexuals appear to be more sexually active than heterosexuals. While some studies have recently challenged the universality of homophilic promiscuity (Bell and Weinberg, 1978; Tripp, 1975), it is evident from these same studies that homosexuals, taken in the aggregate, are much more promiscuous, in terms of number of partners and frequency of sexual contact, than their heterosexual counterparts. Bell and Weinberg report that a male homosexual, established in a gay subculture, may have literally hundreds of sexual contacts within a one-year period (1978). "While the

range of sexual contact among homosexuals varies greatly, it is true that homosexual men are far more likely to have sex with many partners than either heterosexual men or women" (Saghir and Robins, 1973). Rechy, well-known homosexual writer, states, "Among some homosexual men, having sex with many partners on an impersonal, casual basis is almost a mark of pride" (1977). And Goode and Troiden report: "Clearly, homosexual men are more promiscuous than other heterosexuals" (1980). While there are undoubtedly those who lead a monogamous existence, a majority of male homosexuals tend toward a relatively promiscuous lifestyle.

The outstanding features of most homosexual encounters, both in and out of gay subcultures, are *transience*, and a *lack of interpersonal involvement*, typically much less involvement than in heterosexual relations. Goode and Troiden write:

The charge that promiscuous sex is related to the emotional superficiality of one's sexual encounters is difficult to refute; our evidence clearly supports the charge. This is indicated by a variety of measures and manifestations...clearly, it is difficult to have anything but a superficial relationship with a very large number of partners...emotional superficiality appears to be a fixture in promiscuous homosexual sex. (1980)

In the ferment of sexual activity frequently surrounding a gay lifestyle, homosexuals learn to replace human intimacy with a hypersexuality. This comment demands careful explanation.

It is a normative goal of individuals of our society to develop a number of relationships which fulfill different kinds of needs. Thus we see familial attachments, romantic relationships, best friends, etc. It is within these attachment bonds that the human need for intimacy--long term, permanent attachments of emotional closeness--are met (Schofield, 1965).

A number of investigators have noted that homosexual males, as a result of inadequate childhood experience, develop a limited repertoire of interpersonal behavior, which may supply a limited amount of interpersonal involvement (Brown, 1980). Indeed, a lack of social repertoire development and subsequent limited interpersonal involvements seem to be, in an otherwise storm of contradictions, a commonality. Writes Apperson and McAdoo: "Early in life, he [the homosexual] resorts to methods of interaction which reduce risk of failure, and reduce potential for further confusion and pain. Because deep and emotional intimate relationships are not within his ability to develop, he learns to meet his needs, often impulsively, by emotional and physical collaboration with other" (1968). Thompson echoes this idea: "It might be said that he [the homosexual] develops skills not of relationship, but of alienation" (1949).

The result of these inadequacies is to compensate by withdrawing into a lifestyle which does not require heavy interpersonal involvement. Unilateral means of self-expression and a narcissistic self-focus often characterize a homosexual lifestyle (Brown, 1980, Tripp, 1975). Lacking the necessary social skills, many homosexuals develop interests and modes of living

which preclude intimate relationships with other people. "Without a comfortable role identity and a good repertoire of interpersonal behavior, a homosexual simply may not feel secure enough with his identity or his abilities to enter into very many close, satisfying relationships" (Tripp, 1975). Often above average in intelligence and confronted with a society that places high values on achievement, the homosexual tends to invest his energies in activities which require minimum collaboration and provide maximum self-expression (Schofield, 1965, Brown, 1980). Thus, interior design, drama, music, dance, and literature legitimately attract many homosexuals, not because of sexual preference per se, but because those fields allow individual achievement, without great inter-personal involvement.

In football I was a running back. I liked to do things myself. I didn't like team sports because someone else could lose for you. But on the wrestling mat, it was me and the other guy...I think you have to understand clearly that I was one of the most antisocial and consequently asexual people that I've ever met. I couldn't relate to people on a friendship level...I couldn't touch. I was too wrapped up in myself. (Adair, 1978).

I am not intimating that homosexuals are social outcasts, without friends or someone to spend an evening with. Not at all. They are not necessarily even more lonely than heterosexuals. But it is possible to be socially facile, to have friends, to be an excellent conversationalist, and yet still be deprived of intimate relationships. Intimacy is most easily developed in a familial or marital setting, both of which homosexuals miss, almost by definition. Intimate relations require permanence, which is often at a premium in gay subcultures. Intimacy requires a certain minimum of role security and interpersonal skill, neither of which the homosexual may have, given the etiology of homosexual development. In such a climate of obstacles, the homosexual may find long term, intimate relationships almost impossible.

Limited in their intimate relationships by the very nature of their sexual preference, it is not difficult to understand how (or why) homosexuals substitute promiscuity for unachievable permanent intimacy. Caught desiring the universal human need for intimate social contact but unable to achieve it, the homosexual, in or out of a gay subculture, may float from relationship to relationship, seeking what satisfaction he can find. And in a milieu of transience and emotional superficiality, with both partners seeking self-gratification, that satisfaction is likely to be sexual. Bathroom contacts, pick-ups in gay bars, bath houses, short affairs, where most of the involvement is from the waist down, become not only the replacement of intimate relationship, but its anathema, because often the people with whom the homosexual becomes sexually involved are not those he would want to associate with socially anyway. Concludes Goode and Troiden:

Emotional superficiality--or rather, the absence of emotional involvement--appears to be a fixture in promiscuous [homosexual] sex. The larger the number of men a homosexual has had sex with, the higher the likelihood that he will generally

have sex with a partner only once, and the lower the likelihood that he and his partner will be involved interpersonally. At the same time, it is clear that promiscuous sex among male homosexuals is accompanied by a number of experiences that are almost universally regarded as undesirable—even dangerous. (1980).

The Impracticability of a Direct Shift

Earlier I questioned the assumption that sexual activity is a physiological necessity, and proposed that sex, for the purposes of change therapy, be viewed not as a drive, but as an appetite, subject to voluntary control. I then suggested that lacking an interpersonal repertoire and social opportunity, homosexuals learn to replace intimate relationships with a promiscuous, hypersexual lifestyle. My third argument derives from these earlier points: it is impractical to sustain a direct shift from overtly homosexual behavior to overtly heterosexual behavior. The use of the word "direct" is deliberate.

While the homosexual replacement of relationship with sex is not an adequate substitute, his sexual encounters are powerfully rewarding and tend to perpetuate themselves. The homosexual is drawn, often against his conscious inclinations, into an increasingly heavy schedule of transient, my-turn, your-turn sexual contacts. As the homosexual's behavior becomes more sexual in tone, especially sex outside meaningful relationships, his sexual appetite naturally increases. It is important to see the experienced homosexual as an individual with a stimulated and increased appetite for sexual gratification (Reid, 1976; Cory, 1960).

Bearing in mind this increased homophilic sexual appetite, we can now begin to take a critical look at change therapy. As mentioned at the beginning of this paper, the overt sexual behavior of the client has been a major focus for most of the change procedures I reviewed. Reading change literature, one senses the assumption of many therapists that if a client can be induced to have a successful heterosexual orgasm(s) and simultaneously reports a drop in homophilic arousal, he must be at least improved if not cured (Acosta, 1975). Aversive conditioning, covert sensitization, aversion relief, masturbatory conditioning, desensitization, positive conditioning, behavioral rehearsals, modeling, surrogate sexual training; all of these techniques, well represented in the literature, are aimed, almost without exception, at the explicit sexual responses of the client (Bieber, 1962; Cautela, 1971; Hatterer, 1970).

Multi-component approaches, which attempt to work with more than one dimension of the problem, have become increasingly popular (James, 1978). But even multi-component therapies tend to focus their barrage of techniques at the sexual behaviors of their clients (James, 1978; Haddon, 1967). James writes, "Hetero-social retraining is often an integral part of the therapeutic procedure in both behavioral approaches and more traditional verbal therapies...but even when social retraining is utilized as part of a multi-component therapy, the training has usually concentrated on handling sexual, and potentially sexual encounters" (1978).

A particularly blatant example which illustrates this

singular sexual focus is found in the 1972 work of Moan and Heath. "The investigation began with an implantation of electrodes into the septal region of the brain--the so-called pleasure center (Olds, 1956). When a pleasure response to electrical stimulation was established, the investigators proceeded, over a period of several weeks, to condition the homosexual subject to respond pleasurable to heterosexual stimuli. After the subject regularly reported a conditioned pleasure response to presented heterosexual stimuli, the subject was left alone with a female prostitute, hired for the occasion, whose instructions were to seduce the client. She succeeded, and the subject was pronounced "cured." During the entire experiment, no attention was reportedly given to other factors which may have influenced the emotional well-being of the client(?). One wonders at the ethics of such "treatment."

It is questionable whether heterosexual intercourse should be considered the ultimate evidence for successful reorientation, as seems to be implied by so many therapists" (James, 1978). Change therapies which focus on overt sexuality, either homosexual or heterosexual, are likely to have limited success, because they do nothing to reduce the sexual appetite of the client. Therapeutic techniques which emphasize overt sexuality in any form (e.g. aversive relief, masturbatory conditioning, etc.) do not relieve sexual appetite; on the contrary, they stimulate it, leaving the client with an increased desire for sexual release. And is he going to release heterosexually? Probably not. Unless the client is already far into a heterosexual relationship (unlikely at early stages of treatment) or has immediate access to temporary heterosexual partners, he is not likely to find a way to release pent-up sexual appetite, appetite which may actually have increased during sexually oriented therapy.

I have to confess to you that what you'd said about how I spend more than two-thirds of the session talking about one form or another of sex is affecting my lifestyle. I just don't get it out of my mind. (Bell and Weinberg, 1978)

Unable to release heterosexually, the client quite naturally turns to the form of gratification at which he is already skilled--homosexuality.

It may help to visualize the homo-heterosexual shift as two large mountains (homo and hetero-erotic) with a deep valley of neutral ground in between. In the attempt to change homosexual arousal directly into heterosexual arousal, the therapist attempts the difficult task of moving the client from peak to peak without first taking him down into the neutral valley. It seems pointless to keep a client on a sexual high when he is not emotionally or socially prepared to act as a complete heterosexual.

Most important, from the outset he [the therapist] must avoid a hypersexual approach, informing the patient that his problem is not solely a sexual one...the patient must be given a sense of his total humanness and of his life in other than sexual terms...a therapist's show of excessive interest in homoerotic detail can too rapidly set a sexual tone, and direction of treatment. (Hatterer, 1970)

It is an oversimplification to even tacitly assume, by a focus of treatment, that sexual considerations are all

that are involved in a homophilic orientation. Insecurity of role, lack of identity, limited social repertoire, fear of opposite sex, may all play a part in the maintenance of homosexuality (Acosta, 1975; Brown 1980; Masters and Johnson, 1979). Overtly sexual techniques, which try to transfer homoerotic arousal directly into heteroerotic behavior encourage a continuance of sexual gratification. For the committed homophilic that gratification is most easily found within the homosexual milieu (Saghir and Robins, 1973). Masters and Johnson reported that homosexuals reached sexual fulfillment more easily and with greater frequency than their heterosexual counterparts (1979). They achieved orgasm more often and with greater ease than married couples. Other researchers have pointed out the availability of sex within the gay subcultures (Bell and Weinberg, 1978; Goode and Troiden, 1980). The reality is that homoerotic sex is probably more accessible and just as fulfilling as the heteroerotic variety. Having better sex is not a compelling reason for switching to heterosexuality.

Therapy, then, which emphasizes overt sexuality, homosexual or heterosexual, can have the following negative consequences: 1) it maintains sexual appetite, most easily gratified in the already established homosexual mode; 2) it may focus attention away from the development of interpersonal skills, necessary if the client is to develop lasting intimate relations, sexual or otherwise; 3) it promotes the feeling that once heterosexual intercourse has been achieved, the problems of homosexuality are over. This last, of course, is far from true. Writes Hatterer:

Once having negotiated successful intercourse, many patients feel that their problems are over. However, at this point the therapist must caution the homosexual patient that intercourse per se is not the answer, particularly intercourse that has taken place in a superficial manner. (1970)

An Asexual Approach to Therapy

For the reader who has followed the reasoning thus far it will come as no surprise that I advocate a therapeutic milieu of asexuality, at least in the beginning stages of change therapy. No matter what therapeutic techniques are employed, simply teaching the homosexual to respond hetero-organically is not a sufficient answer, perhaps not even a partial answer. The homosexual does not need new--albeit heterosexual--means of sexual gratification; he is already expert and can find sexual release more easily on his own. At least in initial stages of therapy it is important to deemphasize any form of sexual gratification, homosexual or heterosexual. This deemphasis should be reflected in all communication between therapist and client, and in all therapeutic procedures employed.

This is a departure from therapeutic procedures currently in vogue. But too many change therapies operate on a "quick-slip" principle, hoping a shift into a hetero-organic mode will balance the loss of the client's homosexual identity (James, 1978; Wilson and Davison, 1974). Homosexuality is far too complex for such a trade-off. As previous sections have pointed out, an

increased sexual appetite and the lack of an adequate behavioral repertoire make such a direct shift of sexual targets impractical.

It is not my purpose to elucidate a new change therapy. Rather, I have suggested an approach of asexual orientation--a principle which should prove useful in developing more successful future therapies. While I wish in this writing to avoid alliance to any particular therapeutic mode, our discussion does imply several general suggestions which may have application within a broad range of therapies:

1) Successful change therapy should begin by urging the client to limit, as much as possible, all sexual activity: including homosexual behavior, heterosexual behavior, masturbation, the viewing of explicitly sexual material, and other fantasy activities. Commensurate with our discussion, such a period of abstinence may be considerably facilitated by the de-emphasis of overt sexuality during therapy sessions. This idea is not new: a number of current therapies, particularly multi-component types, advocate beginning therapy with a period of sexual abstinence (Hatterer, 1970). The primary purpose of such a time-out period is appetite reduction; figuratively, to starve the sexual appetite into submission. A secondary advantage will be to simplify the life of the client. Most homosexuals enter therapy terribly confused. It is much more practical to help a client limit all sexual behavior--for a time--than to ask him to try and sort out one sexual impulse from another.

Complete sexual time-out will not happen overnight; after all, the cessation of homosexual behavior is itself a major goal of therapy. Nevertheless, urging a client toward even a modest attempt at self-restraint will itself be beneficial (Sturgis, 1977). Thought-stopping, and other cognitive and behavioral techniques may prove useful in beginning and maintaining a time-out period (Brown, 1980; Hatterer, 1970; Haddon, 1967). It is important to remember that such procedures assume the client is highly motivated to change: without such motivation, success rates drop precipitously (James, 1978).

2) In this period of sexual neutrality, a second appropriate therapeutic goal may be to teach the client to accept responsibility for his sexual behavior. It is here that an appetitional model can be a useful conceptual tool. If a client regards sex as a drive, a biologic necessity, he is likely to perceive his homosexual lifestyle as inescapable (Acosta, 1975; Haddon, 1976). Indeed, it is symptomatic of the confirmed homosexual to regard his sexual behavior as something he was born with, and the prevalence of this mental set has been a serious obstacle to many therapies (Brown, 1979; Sturgis, 1977). Without attempting to judge the presently-unclear role of hormones in human sexual orientation, it is safe to assert that a client seeking sexual reorientation has a much greater chance of success if he proceeds with the strong belief that he can consciously control his sexual activity. It is this mental set of appetitional control that a therapist can import to a client most easily in a period of sexual time-out.

3) As the client reduces his sexual activity and hence

his sexual appetite, he will begin to notice the vacuum surrounding him; a vacuum created by his inability to develop lasting intimate relationships. He may to some extent be aware of this vacuum already, but his homosexual lifestyle prevented him from acting on this perceived lack.

At this juncture, a third goal of therapy may be to help the client understand his homosexuality as a substitute for interpersonal intimacy. The etiology of a particular client's homosexual orientation needs to be thoroughly explored, evaluated, and finally accepted by the client. While the means for making this exploration will vary depending on the therapy employed, all clients may benefit by case-study presentations of other homosexual clients whose etiologies--and subsequently successful therapies--are similar to their own (Hatterer, 1970; Brown, 1979). Such case-studies are often reviewed by the client with a strong sense of relief ("Other people feel the way I do!"); they reinforce the cognitive set that sexual appetite is controllable; and they provide a strong role-model that sexual orientation can be successfully, i.e. permanently, changed (Brown, 1979).

4) As the client continues to develop control over his sexual appetite, a fourth goal of therapy may appropriately be the acquisition of an increased social repertoire of male behavior. This also is nothing new; multi-component therapies have been teaching social skills to homosexuals for years (James, 1978). However, the emphasis advocated here is hetero-social skills, rather than heterosexual.

When the client understands the etiology of his homosexual orientation, he will realize that his physical relations with men were really an expression of his inability to become emotionally close to men. This emotional inability finds its roots in early childhood, where as a pre-homosexual, he did not develop behavior skills necessary for closeness to his male peers (Bieber, 1962; Acosta, 1974). The irony of homosexuality is that the male homosexual is really only eroticizing his desire to be "one of the gang" (Reid, 1976).

The changing homosexual therefore needs to be taught heterosexual skill. Role playing, modeling, and other hands-on practice techniques are probably most effective in the acquisition of such a behavioral repertoire. A couple of points are worth noting, however. First, a homosexual does not need to be taught how to be "macho." In fact, this sort of hypersexual image is frequently identified with the homosexual milieu from which the client is trying to escape. Homosexual clients typically have no trouble perceiving themselves as male (Acosta, 1974; Bieber, 1962); what they need are communication skills. Ancillary to this, while most homosexuals (not bisexuals) have negative feelings toward women, before such feelings can be adequately addressed in therapy, the client needs to learn to relate with men non-sexually.

5) The last point has touched upon a fifth goal of therapy: teaching the client the possibility of non-erotic intimacy. As the social repertoire of the client expands, his social behavior outside therapy sessions will begin to

move past the sexual and the superficial. With appropriate encouragement from the therapist, the client will begin to move into deeper relationships with both men and women. At this point in therapy, the continued de-emphasis of overt sexuality will prove beneficial. The client should not be encouraged to move immediately into liaisons of an overtly heterosexual nature. The homosexual needs to be taught that intimacy does not need to be sexual. Hatterer states it perfectly:

The patient needs to learn that it is possible to relate on a non-erotic, yet affectionate, man-to-man basis...attempts at intimate relationships of a non-erotic nature with heterosexual male friends should be supported. (1970)

In an environment of sexual neutrality, where the client feels no pressure to respond sexually--because it is against the rules--he is in an excellent position to develop real intimacy with both genders. By keeping the focus away from sexuality, the client can practice, in low-pressure situations, new-found interpersonal skills. By moving away from the purely sensual, he can begin to experiment, perhaps for the first time, with much more subtle more gentle pleasures--holding hands, discussing the football game, inviting a woman to a concert, embracing a man non-erotically, etc. He can begin to experience a retreat from hypersexuality.

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THE MORMON PSYCHOTHERAPISTS: A SYNTHESIS

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A WARNING BY THE AUTHORS

The writers realize the danger of trying to categorize journal articles: 1) categories have boundaries and, as such, are rigid and often inexact; 2) to be placed in set categories, articles must be grossly over-generalized; 3) perceptions are not always accurate; and 4) judgment is limited by the fact that an article cannot communicate the varied facets individuals exhibit so much better in personal interaction.

Therefore, the writers hope for mercy and generosity from those they might have offended in this article; they also hope for an opportunity to consider their feedback.

The story of the genesis of this paper may help the reader understand the feelings with which the writers have approached this synthesizing attempt. The major author, having practiced social work for a number of years, has continued providing some psychotherapy while teaching at BYU. Some of the clients she has seen have shown obvious eagerness to include Gospel principles in the therapy sessions. Eventually this became too much of a temptation and Gospel discussions developed side by side with therapeutic intervention. But having been "properly trained not to share personal feelings and opinions, not to teach, and certainly not to teach Gospel in a professional setting, she felt troubled. About two years ago, she seriously considered writing an article on her discovery that teaching simply emerges out of a conviction one has that a given model is true, is right, and works. She wanted to demonstrate that whenever a therapist feels convinced that his therapeutic model is "true" and "good" (be it the Gestalt model or the T.A. model, or the Behavior Mod model), the therapist will unwittingly teach it to his clients. This being the case, should a Mormon with a firm testimony of the Gospel restrain himself from sharing its truth? But if he does share his knowledge, what of his professionalism?

She discussed these feelings with her husband, and they both decided to do some research to find out if others had the same sense of ambivalence and unrest.

It was a relief to find that indeed many had. It was even more satisfying to find that many were struggling, no longer about whether or not the Gospel should be included in therapy, but about how much and how the Gospel should be integrated into the therapeutic model. And it was with grateful hearts that the authors saw well-established, renowned therapists willingly risking their professional standing to affirm their religious

beliefs and make use of them to help their fellowmen.

Again the authors would be grateful for any feedback about the classification presented here which might improve, correct, or augment its usefulness.

INTRODUCTION

Ever since Western man discovered the scientific method, science and religion have been at odds, vacillating somewhere between conflict and uneasy conciliation. The social sciences in particular, have presented some major challenges to religion, and many of today's social scientists have declared religion to be a major obstacle to objectivity and rationality; an obstacle that, they claim, must be stamped out. Similarly, professions, particularly those with a foundation in the social or behavioral sciences, seem determined to treat moral issues within a supposedly amoral frame of reference. Thus, the behavioral scientists' claim to be concerned only with measurable phenomena, is matched by the psychotherapists' claim that a value-free therapy is not only possible, but mandatory.

In such an atmosphere, it must have taken some courage for Alan Bergin, a Mormon psychologist, to openly declare his dissonance, take a stand, and announce his thesis that religious values could and should be explicitly considered not only as a valid but as a central perspective in the social sciences and the therapeutic professions. (Bergin, 1981; 1982) And as it turned out, Bergin was not alone in his feelings. Other Mormon practitioners were also expressing this same sense of dissonance.

As early as March of 1964, Mormon psychotherapists who belonged to the American Personnel and Guidance Association and wanted to share their dissonance, met as a group during the APGA meetings in San Francisco, forming the LDS Personnel and Guidance Association (LDS PGA). At that time Mormon psychotherapists declared that the LDS PGA was organized to serve as a

...forum where counselors who had the common bond of the principles and standards of the Church of Jesus Christ of Latter-day Saints could get together and share ideas about both religious and professional concepts and practices. (Jensen, 1978)

This association functioned for ten years as an appendix to the APGA, until it became strong enough to be reorganized independently as the Association of Mormon Counselors and Psychotherapists (AMCAP), meeting in their First Annual Convention on October 1st, 1975. That same year the association published its first issue of the *AMCAP Journal*. (Jensen, 1978)

Today, the AMCAP by-laws state the purpose of the association as follows:

To promote fellowship, foster communication, enhance personal and professional development, and promote a forum

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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. (Jensen, 1978)

The association further encourages members to provide leadership in stemming the tide of materialism, amorality, and immorality that threatens to engulf professional organizations and society at large. And it demands that its members, who are professional counselors and psychotherapists and members of the LDS Church, be willing to declare a commitment to the principles and standards of the Church, both in their personal lives and professional practice. (Jensen, 1978)

Thus during the last decade, many Mormon psychotherapists have written and come together to discuss and resolve this sense of dissonance. Their writings typically manifest a desire to integrate their religiosity with their professional thinking. And for most of them, the dilemma no longer is whether professional psychotherapy can or should include a religious orientation, but rather, *how such an orientation can be incorporated in the therapeutic process without compromising professionalism.*

The present study attempts to identify the issues raised by Mormon psychotherapists and to analyze the various dimensions or directions the discussions have taken. It does so by surveying the published material found in the *AMCAP Journal*, the official organ of the Association of Mormon Counselors and Psychotherapists. In this paper, through content analysis, we first categorize all the journal articles in an effort to understand the concerns of Mormon psychotherapists today. *Second*, selecting those articles that attempt to integrate psychotherapy and religion, we try to identify the basic unresolved issues raised. And *third*, we propose a framework that might help resolve the ongoing debate concerning the degree to which Gospel material should be introduced in psychotherapy.

METHODOLOGY

The *AMCAP Journal* was first published in 1975. From 1975 through 1977, one issue was published yearly, two issues were published in 1978, three issues in 1979, and four issues each in 1980 and 1981. Ninety-one articles have appeared in these sixteen issues. However, after the preliminary content-analysis, six articles were rejected because, written by non-Mormon psychotherapists, they were considered irrelevant to our concern.

The rest of the articles (85) were then read, analyzed, and classified in terms of their format, their purpose and function, and their content so as to determine overall trends. Next, 36 articles primarily concerned with psychotherapy per se, were scrutinized in greater depth to identify the emerging patterns as Mormon psychotherapists attempt to resolve the perceived dilemma between professional expectations and the Gospel imperatives.

GENERAL TRENDS

As the 85 articles representing the views of Mormon psychotherapists in the *AMCAP Journal* are analyzed by

format, purpose, and content, there are strong indications that the Journal is becoming not only increasingly professional but increasingly religious as well. Such atypical findings can only be explained by the peculiar ethos of Mormonism which has always encouraged the blending of education and religion, ethos which is reflected in the AMCAP by-laws.

1. *Format*: The 85 articles reviewed included six panel discussions 36 transcribed speeches, and 43 formal articles. Taking into consideration the time of publication, this distribution emerges:

TABLE I
Format of Articles Published
by AMCAP Journal, 1975-1981

	1975-1978	1979-1981	Total
Panels	15%	3%	7%
Speeches	52%	38%	42%
Articles	33%	59%	51%

Thus during the first four years, the AMCAP Journal depended mostly on transcripts of panel discussions and speeches presented in earlier conventions. Now the trend has changed and the AMCAP Journal seems to be increasingly regarded as a good potential outlet for formal publications by psychotherapists, which attests to its professional maturity and credibility.

2. *Purpose and Function*: Of the 85 articles, five reported on original research, 31 were concerned with the mechanics of psychotherapy; and 49 were informational papers covering a variety of subjects. These informational papers were further subdivided into three categories: speeches by Church leaders to psychotherapists, presentations by non-therapists, and articles by psychotherapists.

TABLE II
Purpose and Function of Articles Published
by AMCAP Journal, 1975-1981

	1975-1978	1979-1981	Total
Informational Articles	81%	47%	58%
By Church Leaders	22%	7%	12%
By Non-therapists	15%	2%	6%
By Psychotherapists	44%	38%	40%
On Therapy	19%	44%	40%
On Research	-	9%	6%

These figures again indicate the increasing sophistication of the AMCAP Journal. That is, the more professional the Journal becomes, the less the use of general informative articles (particularly by non-professionals) and the more the concern with research and the therapeutic approaches and techniques.

The tradition of inviting a Church leader or a representative of the Church services to speak at each

AMCAP convention has persisted. And this appears to have brought about a real blending of religion and psychotherapeutic thought, with Church officials often discussing psychotherapeutic practices and the psychotherapists analyzing therapy in religious terms.

3. *Content:* A relatively large number of professional issues are covered in the *AMCAP Journal*. To make the list manageable, the contents were grouped under the following categories:

TABLE III
Content of Articles Published
by AMCAP Journal, 1975-1981

	1975-1978	1979-1981	Total
Gospel and People; Gospel and Psychotherapy	33%	52%	46%
Family, Marriage, Children, etc.	26%	15%	19%
Church Organization and People	7%	7%	7%
Secular Psychotherapy	-	9%	6%
History of AMCAP	4%	-	1%
Special Areas of Interest:			
Mental Illness/Maladjustment	4%	7%	6%
Sexual Problems	7%	3%	5%
The Single and Single Parents	11%	2%	5%
Women	4%	3%	3%
Mass Media	4%	-	1%
Unwed Mothers	-	2%	1%

This last distribution seems to indicate a growing interest, among AMCAP members, in the pursuit of the goal of integrating Gospel principles and professionalism as proposed in the by-laws.

Thus, generally speaking, there is a strong indication that AMCAP and its Journal have taken root and matured professionally. And at present, with this maturity, it is leaving behind its vague interest in a variety of narrow areas to concentrate on discussing the challenging dilemma of integrating religious thought and psychotherapeutic knowledge.

Gospel and Psychotherapy: The Integrating Process

Of the 36 articles dealing with the dilemma of integrating religion and psychotherapy, 35 seem to agree that such integration is legitimate for Mormon psychotherapists. Only one writer claims that his primary objective is to help his clients reach, through a rational and secular therapeutic process, whatever goals the clients set for themselves. Yet, even this writer admits attempting to help his female clients gain more marital freedom . . . by suggesting to them that they quote D&C Section 121 to their husband. (Hepworth, 1978)

On the other hand, the 35 articles give strong indications that Mormon psychotherapists are overwhelmingly interested in avoiding personal dissonance or compartmentalization between what they

do in therapy and the religion they practice. These articles, in fact, tend to be candid attempts at explaining and justifying whatever amount of religious content the therapists introduce into their therapy sessions.

As we inductively and systematically analyze their writings, we find that Mormon psychotherapists appear to be struggling with two dilemmas. One is concerned with the goals of the client, the other is concerned with the therapeutic means used by the practitioner. To understand this further, we divided the therapists into four groups on the basis of (1) their claim that they use either secular or "Mormon" therapy, and (2) their self-perceived reaction to their clients' goals. The following table illustrates the resulting four groups:

TABLE IV
Reaction to Client's Goals and Type of Therapy Used
by Mormon Psychotherapists

Type of Therapy		Therapists' Reaction to Clients' Goals				
		Accept Client's Goals		Challenge Client's Goals		
		N	%	N	%	
Secular	(Group I)	14	40	(Group III)	7	20
"Mormon"	(Group II)	4	11	(Group IV)	10	29

Of the resulting four groups of therapists, two represent opposite extremes in terms of their choice of therapy and response to clients' values and goals. The other two groups represent a more middle-ground position. Therapists in Group I prefer secular therapy while those in Group IV prefer "Mormon" therapy. These four groups merit further analysis.

Group I: Common Goals to be Achieved Through Secular Therapy

Fourteen articles represent this approach in which the psychotherapist accepts his client's goals and tries to help achieve these goals by using his secular professional skills. However, because not all of these psychotherapists felt equally satisfied with this practice, we further divided them into two groups on the basis of their satisfaction, or lack of it.

Group I-a includes ten psychotherapists who see their use of secular therapy as helping their clients attain greater comfort, happiness, righteousness and even greater perfection. For example, Thatcher describes her use of traditional social work skills to deal with the hostility and depression of LDS women (Thatcher, 1980); Ashton mentions a reality-based therapy to help teenage unmarried mothers decide about their babies (Ashton, 1979); Craig refers to learning theories to help clients discontinue masturbation (Craig, 1980); Russell writes of the Gestalt approach to help his clients reach out for perfection (Russell, 1979); and Rowley mentions an eclectic approach to help families gain more Christ-like attributes. (Rowley, 1979)

The three psychotherapists in *Group I-b* (representing four articles, accept their clients' goals (with the stated exception of abortion) and describe their use of secular

professional skills. However, they do not feel perfectly comfortable about it. Card mentions that he suspects that the Church does not really approve of his work although he has never been told so directly. (Card, 1975) And Broderick, the first psychotherapist in the *AMCAP Journal* to admit publicly his feelings of dissonance, has occasionally wondered how his bishop would react to what he does during his therapy sessions with what he calls his "messy cases." (Broderick, 1975, 1980)

Thus *Group I-a* is made up of Mormon psychotherapists who, using their secular techniques, feel comfortable helping their clients make a better life for themselves. But in *Group I-b* we find psychotherapists who, using the same techniques, feel less comfortable because their clients do not always want what is functional for them. Apparently, these writers have not yet resolved this problem. As we will see, the three other major groups have, though not in the same manner.

Group II: Common Goals to be Attained Through "Mormon" Therapy

In four articles, three psychotherapists readily accept their clients' general goal of gaining greater satisfaction in life. However, because the therapists operate within the assumption that when human beings violate basic Gospel principles (often unknowingly) problems emerge, they teach their clients awareness and "repentance." For example, James D. MacArthur (MacArthur, 1981; 1981) reviews the Ellsworths' book, *Getting to Know the Real You* (Ellsworth and Ellsworth, 1980), and explains how he uses this approach to help his clients get rid of the poor self-image they acquired through the conditional love they have received in their lives. Later, free from their poor self-image, these clients will be able successfully to face any of the problems that brought them to therapy in the first place.

C. Richard Chidester (Chidester, 1981) suggests that rather than teach couples to communicate their true feelings, in marriage enrichment classes, therapists should teach them to "repent" and transform their negative feelings into positive ones through understanding Warner's theory of self-betrayal. And Jonathan M. Chamberlain refers to Alma's experience to create a modified form of impulsive therapy to bring about a desire to change in some of his clients. (Chamberlain, 1979)

Thus, the writers in Group II have resolved their sense of dissonance by becoming teachers of models which might bring changes in the way the client sees himself, his problems, and life in general. Understanding a model and applying it in his personal life, the client might now solve his problems with minimum help.

Group III: Dissonant Goals to be Aligned Through Rational Teaching of Gospel Values and to be Achieved Through Secular Therapy

Two of the eight articles in this group are written by Allen E. Bergin who advocates the policy of making explicit one's values. (Bergin, 1980; 1981) Two other writers who work with LDS clients wholeheartedly support this policy. (Heaps, 1980; Brower, 1981)

Working with non-Mormons does not seem to be

considered an impediment by this group. But one writer suggests caution, when the psychotherapist exposes, influences, persuades (but never imposes) his clients with his Mormon values. (E. Wayne Wright, 1980) Other therapists are bolder. James C. Hurst, after going through the trauma of one of his young clients choosing abortion as a solution to her problem, expresses his strong feeling that goal confrontation is part of good psychotherapy as it brings values of both parties into the open. (Hurst, 1981) And Madsen and Millet, basing themselves on the doctrine that everyone on earth has received the light of Christ, make the statement that it is the responsibility of the therapist to teach to both Mormons and non-Mormons appropriate values and goals, such as Joseph Smith's eternalism. (Madsen and Millet, 1981; Millet and Madsen, 1981)

These psychotherapists appear to be different from those in Group II in that they are not using some *new* "Mormon" therapy. Instead, they suggest that any legitimate therapeutic approach can be enhanced by the teaching of Mormon values to any and all clients. They are also different from Group IV in that they are primarily rational in their approach.

Group IV: Dissonant Goals to be Aligned and Achieved Through Teaching and Preaching

Everyone in this last group unabashedly states being involved in providing Gospel-centered counseling. But while some insist that teaching the Gospel is the best therapy because it solves all problems, others emphasize the need for the therapist to be Christ-like. Because of these different emphases, we have also divided Group IV into two sub-groups.

In *Group IV-a* we have placed those psychotherapists who mentioned *teaching the Gospel* to their clients as being the most effective of all therapies: for example, James Cox who has developed a formula of prayer, (Cox, 1981) Gilbert W. Hull who suggests that clients be helped to become one with the Lord and with their fellowmen, (Hull, 1981) and Burton C. Kelly who admits sometimes referring to the scriptures in his therapy sessions to teach his clients the words of Christ. (Kelly, 1979, 1980, 1981)

In *Group IV-b*, the focus is more on the character of the therapist than on the relationship between therapist and client. Four writers fall in this category, all agreeing that the good therapist must be Christ-like. Richard D. Berrett, after confessing that he used to be a rational therapist, now suggests that the independent variable in psychotherapy outcome is the character of the therapist. (Berrett, 1981) Bergin draws the same conclusion after doing a thorough and objective review of the literature. (Bergin, 1981) Quinn Gardner agrees, (Gardner, 1979) and Howard Wagstaff adds that a good therapist can fast, pray, and seek inspiration on behalf of his clients. (Wagstaff, 1981)

Thus both subgroups in Group IV see good therapy in terms of the Gospel, but while one subgroup emphasizes the need for the therapist to become Christ-like, the other emphasizes the need for the therapist to know the Gospel and to teach it.

So far in this study, we have attempted to classify 35

different statements or discussions on psychotherapy published in the *AMCAP Journal*. Cautiously and inductively, and using goals and means as the analytical framework, we arrived at four basic grouping.

While a number of Mormon therapists (*Group I-a*) have achieved great satisfaction using their therapeutic skills to help their clients improve their quality of life in all areas, including the spiritual one, others (*Group I-b*) have at least some reservations.

Others feel even more dissonance. To resolve it, a few (*Group II*) have developed their own "Mormon" therapeutic approaches; others (*Group III*) have blended teaching and psychotherapy so as to share their personal values and goals with their clients. And still others (*Group IV*) suggest that the therapists become Christ-like and teach the Gospel, the source of all healing.

Such diversity of responses to the perceived dilemma is interesting and warrants further investigation.

General Trends among Mormon Psychotherapists

To better understand the factors related to this diversity of response among Mormon psychotherapists, we decided to divide the writers into two groups: (1) those who expressed a lesser need to include the gospel in their psychotherapy; and (2) those who expressed a greater need to use the gospel as a therapeutic tool. Then we compared these two groups in terms of their professional background and training, the Church-orientation of their work setting, and the date of their published contributions. This comparison is shown in Table V.

presidents of AMCAP and a number of its officers claim they have been using Gospel principles in their therapy. All this almost suggests that when a few high-level, high-powered, well-known Mormon professionals dared to express their feelings that the Gospel could add a great deal to psychotherapy for both Mormon and non-Mormon clients, those who had privately resolved their sense of dissonance by using gospel principles in their practice were able to come out of the closet...so to speak.

To Summarize

Briefly, in this survey of the *AMCAP Journal*, we have found (1) that the Journal has become increasingly sophisticated, respected, and credible, as well as increasingly Gospel-oriented; (2) that Mormon psychotherapists are increasingly voicing their sense of dissonance and increasingly solving this dissonance by introducing Gospel principles into their therapeutic practice; and (3) that this desire to blend secular and Gospel practices is initiated by the AMCAP leadership and other very reputable Mormon psychotherapists working in LDS and non-LDS settings.

Thus, we might conclude here that AMCAP is serving its purpose well: it is clearly fulfilling its stated purpose of providing a forum where Mormon therapists can share and integrate their professional and religious concerns.

But because not all Mormon psychotherapists agree, the dilemma for some is still a challenge. In fact Bergin, in an AMCAP Newsletter editorial dated January 1981.

TABLE V
Reported Need of LDS Psychotherapists to Use Gospel in Therapy
by Academic Degree, Work Setting and Date of Their Published Contributions

Reported Need to use Gospel in therapy	Academic Degree			Work Setting		Year of Publication			
	Ph.D.	Other degree	Unknown	LDS	Non-LDS	1975-8	1979	1980	1981
Lesser need	50%	40%	10%	80%	20%	20%	40%	30%	10%
Greater need	80%	20%	-	60%	40%	8%	13%	21%	58%

This table, beginning at the bottom, indicates that: (1) Apparently it has become progressively easier for Mormon psychotherapists to write about their need to use the Gospel. (2) Introducing Gospel principles into therapy is done by professionals working not only in LDS settings but in non-LDS settings as well. (3) And this need tends to be expressed by psychotherapists with higher degrees and high professional prestige.

On this basis, one cannot simply dismiss the phenomenon of introducing Gospel principles into the therapy setting as the work of low-level psychotherapists working in LDS settings. In fact, 80% of those who express the need and/or admit introducing Gospel principles into their therapy, have a Ph.D. degree or its equivalent, and only 60% of them work in LDS settings. It should also be noted that three past

comments on the highly emotional reactions (both positive and negative) to the Madsen-Millet workshop on Gospel psychotherapy presented at the preceding Fall convention. Then he restates his perception of the issue and of the dichotomized alternatives proposed by the Mormon therapists in attendance:

I believe that divergent views concerning the primacy of religion versus profession in guiding our therapeutic work is the main issue. Some feel that religious concepts and practices should be at the very core of our theories and techniques; others prefer to keep profession and religion more separate. Some feel that in the psychological realm, the gospel is the ultimate and last word; whereas others believe that behavioral science is the key to understanding. Many others are in between these extremes. (Bergin, 1981)

Bergin cautions against premature judgment until a

viable coordination of Gospel and professional approaches can be attained. Meanwhile he insightfully recognizes that change is in the air, and that this change may be threatening the professional identity of some practitioners.

What is rather puzzling about this is that, at least as far as the *AMCAP Journal* is concerned, the upsurge of emotion appears to be directed against a relatively middle-of-the-road approach. (Group III) What do these same people say when they listen to the words coming out of Group IV?

A Possible Resolution of the Dilemma

One might try to solve the dilemma at hand by first understanding what expectations ecclesiastical leaders have of Mormon psychotherapists. Then, one might use a Gospel framework that could help clarify what the true alternatives are.

1. *Church Leaders' Expectations of Mormon Psychotherapists:* Eight articles selected as representing the thinking of our Church leaders provide us with three distinct messages. Psychotherapists, we are told, are expected:

a. *To live by and be actively involved in the Gospel.* We must love our family and put our homes in order because, Elder James E. Faust reminds us, the family makes people. (Faust, 1981) We must always put the Gospel and inspiration through the Holy Ghost above professionalism, we are told by Elder Vaughn J. Featherstone. (Featherstone, 1980) And Elder Neal A. Maxwell encourages us to help our clients understand the deep things of God.

b. *To bring our clients to repentance.* As evil sweeps the world, warns Hartman Rector, Jr., sinners must not be allowed to fill the Church and force the Lord to disown it. Therefore, the primary responsibility of psychotherapists is to teach obedience and repentance and to send people to their bishops to get clean. (Rector, Jr., 1976) Victor Brown, Jr., speaking more as an ecclesiastical leader than as a therapist, takes a similar position. He feels that bishops and therapists must learn to work together. But he sees therapists as having a legitimate role as they help clients go through therapeutic guilt and redemption, with the ultimate goal of sending them to their bishop. (Brown, Jr., 1975) Bishop Vaughn J. Featherstone, in a second article, recommends that therapists do not compromise with sin, but help their clients repent and go to their bishop. (Featherstone, 1975) Finally, Henry B. Eyring suggests that, as the crises of the last days hit, good, strong people are becoming stronger while weak people are falling through. The latter will require increasing help from both therapists and bishops who must learn to work together. Therefore, therapists must combine the concepts of sin, guilt, and repentance with their counseling techniques. (Eyring, 1976)

c. *To help clients acquire traditional values.* In a very interesting talk, Elder L. Tom Perry reviews his youth showing how he learned from his parents such values as Gospel, family, honesty, industry, service, love of education, etc. However, many who are joining the Church today are not part of a traditional family and have not learned traditional values. Mormon therapists

must help these people gain those values since therapists outside of the Church might encourage these new members to go back to their old ways. (Perry, 1981)

From these talks we see that, besides saving ourselves and our families, we are expected to be good stewards over our fellow members, helping them acquire the traditional Church and Gospel values, and helping them go through the steps of repentance, by putting the Gospel ahead of our professionalism.

Our professional training has not prepared us at all for such expectations. In fact, most of these expectations do violence to traditional professional ethics: most of us have been specifically taught *not* to mix religion and psychotherapy, *not* to be directive, and *not* to be judgmental. It follows then, that the only way we can even attempt integrating such demands is by accepting and using a Gospel-based framework.

2. *Three Realms and Three Types of Therapy:* The scriptures indicate that, here on earth, all of us are free to follow Satan and join a telestial-like realm; free to follow the wisdom of the world and join a terrestrial-like realm; and free to follow the Lord and His gospel and join a celestial-like realm.

The *telestial-like realm* is under the direction of Satan. It entices to sin and then to sin again to escape the consequences of the first sin. There is no true happiness in this realm and, except for the few who yield power, there is much exploitation and pain.

The *terrestrial-like realm* is under the direction of the wisdom of man. It is typically based on some version of the Mosaic law mixed with reason and logic. At its best it can bring satisfaction and even some happiness. Lately, however, this terrestrial realm has come under a destructive attack by the telestial realm, bringing sin and affliction everywhere. In time, the terrestrial-like realm will dwindle and disappear leaving the telestial and the celestial battling it out until the Lord comes again.

The *celestial-like realm* is probably limited to a few individuals, a few families, and a few groups who are totally involved in trying to live the Gospel at all times and at all costs. Though often persecuted here on earth, these few can gain peace as they anticipate the joy they will receive as they enter their reward.

Each of these realms provides its own type of psychotherapists. Thus, the *telestial therapist* encourages his client to believe that he can gain happiness in sin. He helps a gay couple to make a more satisfactory adjustment; he helps an adulterer make plans to better fulfill his own selfish needs, while spreading pain all around him; he supports a young unmarried mother as she seeks an abortion, etc.

The *terrestrial therapist* is much more professional and responsible. He is aware of the fact that his client cannot violate with impunity the values of his community, family, and friends. Therefore, he helps him develop awareness about the reality he is dealing with, and helps him change his attitudes and behavior so that he may live in peace among his fellowmen. And he does this with acceptance and a non-judgmental attitude.

The *celestial therapist*, who is still a scarce commodity, is primarily concerned with the eternal salvation of his

client. It is his job, under inspiration, to influence, persuade, teach but never coerce; to reprove sharply then showing increased love, (D&C 121: 41-44) until the client has become one with Gospel principles, one with the therapist, and one with God.

3. *The Development of a Mormon Psychotherapy.* Now let us fit these three types of therapists to the expectations of our ecclesiastical authorities.

a. *We have been told to live by and be actively involved in the Gospel.* If we do so, we are promised the constant companionship of the Holy Ghost which is revelation. Then we will be able to wear two hats and use our therapeutic (terrestrial) skills when it is proper, and use our teaching (celestial) skills when it is proper.

b. *We have been told to bring our clients to repentance.* Through the ages, church leaders everywhere have functioned as the primary celestial therapists, teaching and calling people to repentance. But celestial therapists know that they are successful only with those who are willing and psychologically able to repent, those who have a good foothold in the terrestrial realm. And yet these men know also that those who are not ready cannot simply be abandoned. They need to be helped to grow and mature first.

In fact, for at least forty years now general authorities, stake presidents, and bishops have expected Mormon psychotherapists to work with those who could not repent yet. And for as many years, programs have been established within the Church through which priesthood leaders have gained some of our professional skills so as to avoid pushing too hard and hurting those they work with.

Therapists, like the bishops (but coming from the other end) should make a point of acquiring both types of skills so as to join forces with priesthood leaders, and help save souls.

c. *And now we are told to help our clients acquire traditional values.* More recently, our worldwide Church is facing the fact that many new members (and a few old ones) are burdened by a testial background. To achieve unity of faith, we are now faced with the responsibility of using both our terrestrial and celestial therapeutic skills to help our fellow members with perhaps the most difficult assignment of all: changing values.

This can be done only if we use all our knowledge, both our religious understandings and our professional know-how, so that we may identify the *real* issues and the *real* problems, and be able and willing to play both the role of therapist and the role of teacher as the situation demands.

As we all add celestial skills to our terrestrial professional skills, we will no longer argue whether our Group I is more professional than our Group IV, or our Groups II and III. We will all know that it depends on the type of clientele we happen to be working with at this particular time, on their degree of concern with spiritual well-being, and on our own ability to work with the Spirit.

And as we continue sharing our ideas, feelings, and learning experiences, we will be able to understand, conceptualize, structure, and monitor celestial skills

until we become, as a group, the most effective psychotherapists in the world.

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