



ASSOCIATION OF
MORMON COUNSELORS
AND PSYCHOTHERAPISTS

AMCAP
2500 East 1700 South
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MORMON COUNSELORS
AND PSYCHOTHERAPISTS

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- b) To encourage and support members' efforts to actively 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.

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Editorial

In this number of the journal we have a discussion by Clyde Parker and Alan Westover on the issue of whether to have a “Mormon” theory of counseling. This issue seems an ongoing one. At least it is one I have been aware of for several years now. I first became conscious of the issue when I did some work for the old Values Institute at BYU. It was their mission to do what they could to develop better insight into our fields from a Gospel base. I think it has been a somewhat difficult issue. It seems easier to critique the world’s theories than to generate really sterling stuff of our own. Also, one wonders if we should be coming up with theories with a particular Mormon bent, or just trying to search for the truth. Often I have seen Latter-day Saints in our field propagate what they think is the truth, only to present us with methods and ideas that generate a feeling that what they are presenting is somehow what “true believer’s,” must believe. Frequently, I feel these efforts “go beyond the mark.” It has often given me an uncomfortable feeling. It seems now obvious to me that the Lord is not going to enlighten us above the world’s theories unless we do our homework—unless we pay the price.

I recently ran across some interesting material from the Renaissance, which I thought could add to our perspective. It was a little book, *The Enchiridion*—meaning, a small dagger—a best seller in its day (1519), written by the early European, Catholic humanist,

Erasmus.¹ I believe it is enlightening to our debate. Erasmus's audience was young Christian soldiers.

First, on the importance and power of the scriptures:

It is of prime importance to understand the value of these writings. Think of them as genuine oracles, as they are, originating in the secret depths of the mind of God. If you approach them reverently, with veneration and humility, you will perceive yourself to be possessed by His will, to be ineffably rapt and transported. You will experience the delights of His blessed Spirit, you will know the riches of Solomon, you will find the hidden storehouse of everlasting wisdom. But beware of brazenly forcing your way into the chambers. The door is low; see that you do not bump your head and bounce back!

Consider, too, that *none of those things you see with your eyes and touch with your hands are as real as the truths you read there*, so that if heaven and earth were to pass away, from God's word not one jot or iota would pass away, but all will come to pass. Remember that men lie, that they are deceived, but that the truth of God neither misleads nor itself misled.

He then speaks on the value of the worldly philosophers:

Therefore, if you will devote yourself earnestly to the study of the Scripture, if you will ponder the law of the Lord both day and night, you will have no fear either by night or day, but be disciplined and trained against every onslaught of the adversary. As a matter of fact, for the early stages of this campaigning I would not disapprove of the new recruit's getting some practice in the work of pagan poets and philosophers; only let him take them up in moderation, in a way appropriate to his immaturity and, so to speak, in passing—without expending his life on them and rotting, as it were on the crags of the Sirens. . . .

I would by no means have you adopt the moral habits of the pagans as a result of studying their literature, but you may find much in such sources that is otherwise conducive to right living. And whatever good advice even a pagan author gives ought not to be scorned, seeing that Moses did not spurn the counsel of his father-in-law, Jethro. Literature shapes and invigorates the youthful character and prepares one marvelously well for understanding Holy Scripture, to pounce upon which with unscrubbed hands and feet is something akin to sacrilege. Jerome chides the effrontery of those who, coming straight out of secular studies, dare to expound the Scriptures; but how much more impudent is the behavior

¹The following extracts are from Raymond Himelick, ed. and trans., *The Enchiridion of Erasmus*, (Gloucester, MA: Peter Smith, 1970), pp. 50–53, 94–95.

of those people who presume to do that very same thing without even a taste of those disciplines!

However, just as divine Scripture bears no great fruit if you persist in clinging only to the literal sense, so the poetry of Homer and Virgil is of no small benefit if you remember that this is all allegorical, a fact which no one who has but touched his lips to the wisdom of the ancients will deny. I would advise you, though, not to handle the lewd poets at all, or at least not to study them too closely—unless you perhaps learn how to better avoid the vices described in their works and through the antithesis of immortality attain to love of virtue. I should prefer, too, that you follow the Platonists among the philosophers, because in most of their ideas and in their very manner of speaking they come nearest to the beauty of the prophets and the gospels.

In short, it will be profitable to study all pagan literature, provided you do it, as I have said, at a suitable age and with discrimination—not only warily and judiciously, but also rapidly, *like someone just traveling through rather than taking up residence there*. (Does this sound familiar?)

Then, we have Erasmus's criteria for discerning the worthy from the unworthy.

Finally—something especially important—let everything be related to Christ. . . . But in order that you may press forward to felicity by a more trustworthy course, take this as your . . . rule: that you set Christ before you as the only goal of your whole life and direct all your efforts, all your activities, all your leisure, all your business in His direction. Think of Christ, not as an empty word, but as nothing other than love, candor, patience, purity—in brief, whatever He taught. Think of the Devil as nothing but whatever things call us away from those qualities. A man impelled toward virtue alone is turning toward Christ; a man serving his own vices is surrendering to Satan. Let your eye be clear, therefore, and your whole being will be full of light. Look at Christ alone as the absolute Good, so that you may love nothing, marvel at nothing, want nothing but Christ or because of Christ; and hate nothing, despise nothing, shun nothing except wickedness or because of wickedness.

Two other points about this edition of the journal. First, the common theme seems to be “change.” The articles approach this topic from varying perspectives.

Second, we are pleased to announce in this issue the Hardy Lectureship in LDS Perspective and the Behavioral Sciences, sponsored by the Psychology Department at Brigham Young University. This lectureship was established in honor of Kenneth R. Hardy—one of our contributors to this issue of the journal. The purpose of the lecture is to promote the enterprise of bringing the

Gospel and psychology into a fruitful, eventual integration. Turn to the back of this issue for the notice of this competition. We hope that members will give serious consideration to contributing to this worthy effort.

As always, we welcome your comments.

Paul F. Cook, Editor

Techniques, Principles and Persons

Clyde A. Parker, PhD

Since almost a year ago when Brent Scharman announced to the Board his intent to have this convention focus on principles and techniques of the change process, I have been anxious to hear what some of my long-time colleagues would have to say. My respect for Bill Dyer, Richard Bednar and Allen Bergin led me to expect their high quality presentations. The nature of change is a topic that has interested me for many years. In my last several years of teaching, counseling and psychotherapy, I spent most of my time encouraging students to become careful observers of *themselves* as they engaged with clients who were making changes in their lives. My research those last years centered on teaching as an element of personal developmental change. I am happy now, in the spirit of this meeting, for an opportunity to share a few of my conclusions about the change process with you. Frankly, I'm glad to get my "two cents" in!

Recently a colleague asked me, "How do you treat child abuse?" My initial reaction was to be somewhat at a loss for words—something that rarely happens to me. After a second thought, I responded, "Why, I don't treat child abuse. I often treat persons who were abused as children, but I don't treat the abuse, per se. I only consider it as it appears significant *to the concerns* the person presents to me." I would like that to be a marker as I explain to you what I believe about psychotherapy and learning to become a psychotherapist.

Consider, for example, three persons who present themselves as "Depressed," each of whom meet the DSM III-R criteria for Major Depression. All three describe themselves as having a "dark feeling as if a dark cloud hangs over me," having reduced energy, are being lethargic and without motivation to "get going." Their

appetites have decreased, their sexual libido diminished and their regular sleep pattern interrupted. This much they have in common. They are also very different. Two are females, one is male. One is about 50 years of age, one forty-ish and one twenty-five. One has been married to the same man for more than twenty-five years, had three children and is determined never to divorce. One has married seven times, is now proceeding with a divorce, and is determined never to marry again. The other has never married, is dating for the first time in 3 years, and is extremely shy. Two respond to antidepressant medication. One of them has used medication successfully several times in the past but says medication alone is not enough to help. One has well-developed social skills and can move in and out of relationships easily, even if defensively. One is very comfortable with same sex peers and very uncomfortable with opposite sex peers. Two are deeply religious (though of very different faiths)—one LDS, one very anti-LDS—and one isn't interested in religion at all. Two are "child-like" in their faith and dependence on the therapist. The other is an independent, adult-like patient, somewhat bewildered because something has happened to her "feelings" that she doesn't understand. The parents of one divorced while the patient was a young child; two had alcoholic parents who never separated. I am confident the list could be expanded. I believe, however, that it is sufficiently complete to show that there is little that is common among the three patients other than their depressive symptoms. The question is, therefore, whether the treatments of the three can have much in common.

Consider the other side of the treatment equation, the therapist. I could choose from my staff of 12 therapists three who were similar on any one or two characteristics; non-LDS, female, male, Minnesota graduates, Utah graduates. All have professional training and hold a valid license to do psychotherapy. Yet, the list of their personal characteristics, which I believe affect therapy, would be as divergent as the three clients. Their personal histories, personal values, family status, and reaction to control are all different. Indeed, they are as unique in their individual therapy as are the clients they treat. I know, because I consult with them weekly. To be sure, they often do similar things, but they do therapy in a unique way that is a manifestation of their personalities, beliefs, values, childhood and adult experiences as well as their training and professional experiences.

Because I believe this in general to be as true of therapists as with clients, I would like to make four declarative statements about psychotherapy and the education of psychotherapists. I will preface these statements with four observations that I believe serve to justify these beliefs. I will finish with a statement about what these conclusions mean concerning the mission of AMCAP.

General Observations About Psychotherapy

1. After 40 or more years of research on the outcomes and process of psychotherapy there is still little evidence that any therapeutic approach is significantly more effective than any other. Many have attempted to show the efficacy of one approach over another for particular types of problems, but, with few exceptions, those attempts have failed.

2. The Analytic, client-centered, behaviorist, cognitive, and existential schools of therapy have grown up around very sensitive, capable, charismatic therapists—respectively, Carl Rogers, B. F. Skinner, Albert Ellis, Milton Erickson. At first, they were highly successful, then reflective and analytic, and, finally, theoretical in their work. Not the reverse. That is, theory followed practice, practice did not follow theory. Wolpe may be the only exception to this rule. Rather than it being a case that “Nothing is as practical as a good theory.” It has been the case that “Nothing is as theoretical as good practice” (Hunt, 1987).

3. Schemes of diagnostic categories (beginning with Kraelin and ending in DSM III-R) have been reasonably successful in describing symptom patterns and assigning labels with fair reliability. However, except for the symptom patterns that clearly suggest medical treatments (viz., major depressions, thought disorders, and bi-polar illnesses), treatment modalities have otherwise been inconsistent. The medical therapies have some consistent success with specific diagnoses, but this is not true of different psychotherapeutic modalities.

4. Perhaps the most cogent observation is that there is very little evidence that professionally *trained* therapists are more successful than carefully *selected* non-professional care givers. In a related way, the cumulative evidence that short-term therapy is just as effective as long-term therapy leads me to question the efficacy of “treatments” of any particular kind.

Psychotherapy and the Education of the Psychotherapist

1. Psychotherapy is an art, not a science or a technology. And like all good art, while fundamental principles and techniques contribute to a finished work, the artist and his or her material is the essence of a finished work. Therapy is a creative process and to be successful, a therapist uses his tools as creatively as an artist. The therapist as a person is more important than theories or treatments.

2. Therapy—particularly good therapy—is the result of a unique interaction between two or more persons. *It is not the application of anything.* It is the result of one person (the therapist) sensitively responding to the pull of the other so that person can change, grow, develop, or heal. In the case of the three depressed patients described above, the minute-by-minute, hour-by-hour interaction had little in common across the three patients unless the units of analysis are so large as to offer very little useful direction. At times the therapist responds with great warmth, at times with inspired insight, at times with strong confrontation, and at times with cold indifference. At one time the therapist might be very supportive and directive, at another quietly evasive, at another provocative, and still at another interpretive. He might be very experiential or he might be very analytical. The response is most often pre-logical, intuitive, and non-conscious and is always in tune with the expressed (verbal and non-verbal) and unexpressed (though unconsciously communicated) need, hurt, or joy of the patient.

3. Therapy, because it is so personal, must then begin with the person of the therapist, not with some pre-determined school, theory, modality or technique of therapy. It must even begin with the person of the therapist before the person of the patient.

Largely, the professional psychotherapy education programs are upside down and backwards. They begin with science (abstractions), then techniques (applications), and then practice (experience). They should begin by doing therapy (experience), while consulting with a good therapist who can encourage sensitive reflection. Then through analysis and abstraction, the therapist finds compatible theoretical constructs. At that point a consultant or teacher can help a beginning therapist to get connected and stay in touch with the huge body of knowledge compatible with his

personal style. In this way a teacher can support and strengthen the new therapist's already partially developed abilities to help others.

I believe, for example, that Richard Bednar's therapy, a procedure based on *coping* with rather than *avoiding* dysfunctional behaviors or conflicts, is not coincidental. I know enough of his history and patterns of coping to believe that his therapy is a natural consequence of his life achievement translated through years of careful observation of what works for him. Likewise, I believe the same for Carl Rogers' formulation of client-centered therapy: that it was the result of developing a therapy that worked best for him—one which grew from his life experiences. Thus, the practice of therapy must be learned from the "inside out," not from the "outside in" (Hunt, 1987).

4. Therapy as a practice and the practice of therapy as a profession must be strengthened and supported by continued research and theoretical formulations. We become better artists as we learn more about our materials and their use. The more an artist knows about how other artists work, the more an artist sees what other artists do, the greater his works become, so long as they continue to be an expression of himself and not copies of someone else, even copies of a master.

I want to be clear about this. Twenty five years ago I had the good fortune to work with Jack Gibbs, a brother of Bill Dyer. Jack was an expert small group leader. He had done much of the early work with leaderless groups at the University of Colorado and was a part of the "Bethel, Maine" group. In our discussions about his "method," "style," or "technique" he protested strongly that he had no "method" nor "style" nor "technique." He was *just a person*. Yet it was clear to those of us who worked with him and observed him carefully that he was not an unskilled person-at-random. He was a person who had highly developed sensitivity and skill derived from thousands of hours of research, reading, writing and practice, finely honed into an expertise that could not be abstracted from his person.

Unfortunately, many young, inexperienced, group leaders during that period heard only that one should be his own person however clumsy or destructive that might be. Too often, profound damage to group members was the result.

It is the larger body of knowledge that is the source material for individual growth as a therapist. Always it is the integration of that material within the person of the therapist that leads to truly good

therapy. It is just that we have things backwards—the person must come first, then theory, research, and practice. Nothing frightens me more than religious adherence to or evangelical proclamation of a given theory, modality or school or therapy. These schools of therapy are source materials for the therapist to use in refining his sensitivity to patients.

A few years ago, when I returned to Utah and rejoined AMCAP, there was much excitement about the need, the desire, even the will or mission to find *The True* gospel approach to therapy. It should be obvious from what I have said above that I am not supportive of such a venture. Not because I am not in favor of the gospel nor that I am not supportive of the church. Rather, I don't believe it is the nature of good therapy or of good care giving.

I believe we are obligated to conduct therapy in a way not only expressive of ourselves, but also consistent with gospel principles. When patients make choices—or even if they are about to choose actions inconsistent with the essentials of Christ's teachings—we would be inconsistent with our belief in free agency and individual responsibility to *prevent* them from doing so. On the other hand, it would be irresponsible of us as committed Latter-day Saints *not* to confront them. Our effort to have them give full consideration to alternatives should not, however, be at the expense of interfering with their right to make a choice free of defensive action.

One illustration may help. A woman is attempting to stabilize herself through a painful and bitter divorce. She was shaken because her husband wasn't excommunicated by a church court when she was sure he should have been. She is very angry with the "other woman." Though the "facts" of the case (as she presented them) certainly seemed to justify her expectations, I quietly explained to her, "I have sat through many high council courts. I often expected that my psychological knowledge might conflict with the proceedings and final judgment. Yet, not once have I left a court with the belief that an improper judgment had taken place." My assurance seemed to give her strength to accept what had hitherto been unacceptable.

As she worked on her anger toward the "other woman," she devised a clever metaphorical "trick" that would help her discharge a heavy reservoir of anger. I thought it was an excellent and creative catharsis. However, if it had been carried out in full, it would embarrass and humiliate the "other woman" in front of people she would associate with for years to come. I merely called the patient's attention to the inconsistency between her deep

religious commitments and her plan to embarrass her rival. Serious reflection by the patient led to an alternate act that served the need as well.

Thus, I believe the mission of AMCAP is to strengthen our awareness of good professional practice, our knowledge of a wide array of human problems, and our commitment to gospel principles in our practice. I further believe we can do this best through supportive and open dialogue with each other, especially about those things which concern and affect us most deeply—our patients, our beliefs and values, and our testimonies. I pray that we will continue to have the courage to do so.

References

Hunt, D. E., *Beginning with ourselves*. Cambridge, MA: Brookline Brooks, 1987.

Response

L. Alan Westover, MS

I am writing in response to Brother Clyde Parker's presidential address in our October 1988 convention. Normally, I would wait until I had received a printed copy of his address before formally responding to its content. Because of the length of time which passes between AMCAP newsletters and journals, I have decided not to wait. Something is lost in a dialogue when months pass between point and counterpoint. Nonetheless, there is a danger that by relying upon notes and subjective memory, I may not accurately represent Brother Parker's views. I will begin, therefore, by summarizing my understanding of our past president's remarks, so that you will understand the basis of my comments.

Summary

1. Research has not shown that any particular therapeutic approach to be superior to alternative therapeutic methodologies.
2. New theoretical perspectives have historically been forwarded by noted charismatic therapists. Successful therapy precedes the adoption of a theoretical perspective, not vice versa as is often supposed.
3. Clinical practice is an art, and good clinical work grows out of the therapist's ability to draw from his or her personal lifestyle, personality, value system, and knowledge base in establishing a comfortable therapeutic relationship with his or her clients.
4. Brother Parker is concerned when he sees arguments that (at least in part) appeal to religious views that validate or support a particular theory or applied clinical methodology.

5. Brother Parker does not personally support efforts to generate gospel-based theories of behavior and behavior change nor gospel-based clinical intervention strategies within AMCAP.

It is my hope that the recommendations and arguments outlined above will be rejected by the AMCAP membership. Let me address the various assertions listed above individually.

1. Research has not shown that any particular therapeutic approach to be superior to alternative therapeutic methodologies.

Here, Brother Parker is, in large part, relating what Alan Bergin noted in two 1977 addresses, namely, that there is an absence of empirical evidence demonstrating the superiority of any particular clinical intervention strategy, or even that professional counselors are more effective than untrained, yet charismatic individuals who render support. What is the best way to interpret this apparent reality?

In answer to this question, Brother Parker suggests that there exists no “right” way to intervene clinically. He asserts that if a therapeutic relationship is established with the client, a strong potential for productive change exists. He reasons that because therapists have different personalities and lifestyles, that there are, of necessity, many means of establishing such therapeutic relationships.

This argument is reminiscent of an argument I have occasionally heard from individuals invited to hear the gospel. Some of these people would observe, “All religions are good. There are many roads to Heaven.” From this adopted position, it is inconsistent to seek after a single “true church” or “true gospel of Jesus Christ.” Once having stated this generous view regarding the accessibility of Heaven via various routes, it is not unusual for these people to become offended with challenges to hear the discussions, read the Book of Mormon, or pray concerning its veracity. When one adopts the premise that all religions are fundamentally equal in ability to obtain Heaven, it seems presumptuous and absurd to assert that only one church possesses legitimate priesthood authority, and a fulness of revealed truth. As will be explored subsequently, Brother Parker’s position appears to arrive at a similar conclusion: namely, that it is not useful for individuals or groups of individuals (such as AMCAP) to seek to generate

gospel-based theories of behavior and behavior change nor gospel-based clinical intervention strategies.

There are, of course, alternative explanations for the failure of clinical approaches to distinguish themselves empirically: (1) As a scientific community we have failed to agree even upon what good “mental health” is, let alone measure it, and explain it; (2) People, as free agents, may well change their behavior only when they want to change, regardless of the clinical approach of the therapist or whether they receive therapy at all; and, (3) No prevailing clinical practice is sufficiently advanced and sophisticated as to consistently bring about effective change, just as none of the churches Joseph Smith investigated enjoyed the acceptance and recognition of deity. Considering these points, why should we be surprised that existing secular theories and methodologies are relatively equal in their inability to get the job done? Joseph Smith was told in the First Vision to join none of the churches. He was not counseled by the Lord to select a church which matched his lifestyle, personality, and existing values and knowledge base, or he might well have become a good Methodist. Neither was he told to pick and choose attractive bits and pieces of existing church doctrines and practices in the “eclectic” tradition. While all the churches possessed a measure of truth, none of the churches possessed the power to sanctify and exalt.

I believe that any one of these final three explanations contributes more to the failure of any clinical methodology to empirically lay claim to demonstrated superiority than does Parker’s assertion that no universally “right” or “best” therapeutic approach exists. While it is human to believe that, that which has not been personally achieved *cannot* be achieved, and, therefore, should not be attempted, there is considerable scriptural evidence that such an attitude is self-limiting and retards the process of learning and growth. We know, for example, that one rebellious and troubled people in the days of Enoch (Moses 6:27–29) made such remarkable changes that their entire city was translated. It seems doubtful these people would have been translated if suffering from personality disorders, profound emotional disturbance, as well as marital and family discord. Lamentably, the book of Enoch (Doctrine and Covenants 107:57) is currently unavailable to us for reference. But why should we, in the Dispensation of the Fulness of Times, intentionally set our sights for less than that which has been done before?

2. New theoretical perspectives have historically been forwarded by noted charismatic therapists. Successful therapy precedes the adoption of a theoretical perspective, not vice versa as is often supposed.

Brother Parker does a disservice to noted charismatic therapists when he suggests that their theories grew only from their clinical experience. It is more likely that theoretical principles upon which they based their clinical approaches were only of interest to others once they had achieved notoriety. Surely Brother Parker would not suggest that these clinical intervention strategies evolved from random counseling behaviors. Joseph Smith commented in his first lecture on faith that all rational behavior is chosen in the belief that some consequence of value will result from the chosen behavior (*Lectures on Faith, Lecture 1*). This is as true for clinical therapy as it is for other rational human behaviors. Joseph Smith's oft-quoted statement—"I teach them correct principles and they govern themselves"—suggests that productive self-governance is enhanced by a prior understanding of correct principles or accurate theoretical models. In the 88th Section of the Doctrine and Covenants, verses 77 through 80, the Lord appears to assert that one is better prepared, if more perfectly taught and instructed in theory, in principle, and in the law of the gospel.

If we must begin somewhere by exercising faith in some set of principles, theories, laws, or doctrines, why not begin with revealed truths and then build upon this foundation as we gain additional experience and understanding?

3. Clinical practice is an art, and good clinical work grows out of the therapist's ability to draw from his or her personal lifestyle, personality, value system, and knowledge base in establishing a comfortable therapeutic relationship with his or her clients.

It is true that clinical practice is an art. Great artistry, however, is preceded by the disciplined practice of proven fundamentals. Such disciplined practice may ultimately result in obtaining a masterful ability to apply these acquired skills in a discretionary fashion in each unique piece of art, or, in our case, counseling circumstance. When we seek to participate in the healing of the human soul, we would do well to begin with revealed fundamentals rather than "walking in our own way" (Doctrine and Covenants 1:14-16), or "doing our own thing."

It is true that none of us in AMCAP have a corner on revealed truth. We may honestly disagree regarding the application of such revealed principles in our work. We may disagree as to the extent to which secular theories and practices are harmonious with the gospel. AMCAP as an organization provides a forum for expressing such divergent views. We at AMCAP should not disagree, however, that the initial assumptions we adopt as principles to guide our clinical work will be the revealed truths of the gospel of Jesus Christ as taught by The Church of Jesus Christ of Latter-day Saints. There should be no question but that we will individually seek to validate and refine our theories in clinical practice by an appeal to the revealed principles of our religion. This leads me to Brother Parker's fourth point.

4. Brother Parker is concerned when he sees arguments that (at least in part) appeal to religious views that validate or support a particular theory or applied clinical methodology.

In the acknowledged absence of empirical evidence to support any given mode of therapy, I cannot understand why a president of the Association of Mormon Counselors and Psychotherapists comprised of individuals 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" (Article 1, Section 2, AMCAP by-laws) would reject as inappropriate religious arguments for or against specific theories and applied methodologies in our field.

5. Brother Parker does not personally support efforts to generate gospel-based theories of behavior and behavior change nor gospel-based clinical intervention strategies within AMCAP.

If we indeed believe that truth is absolute, that we can advance in the knowledge of the truth, line upon line (2 Nephi 28:30), until the perfect day (Doctrine and Covenants 50:24), why should we do anything but seek to generate gospel-based theories of behavior change and gospel-based clinical interventions? It is not necessary that we abandon our professional training, personal experience, and acquired skills in our quest for truth. Joseph Smith taught, "One of the grand fundamental principles of 'Mormonism' is to receive truth, let it come from whence it may" (*Discourses of the Prophet Joseph Smith*, p. 55).

Neither should we fear that we will become a mob of thoughtless clones if we continue to adopt gospel truths as the criterion against which we assess current theory and clinical practice. We are sufficiently divergent and independent that there is little risk of this happening within our lifetime.

We should not be disheartened and abandon the quest for gospel-based theories and interventions because our efforts are currently flawed and imperfect, anymore than we will abandon our quest for eternal life because we are not yet exalted. And in the process of growing and learning, let us not naively believe that we can safely pass through the mist of darkness, avoid forbidden paths, and avoid joining the great and spacious building (which stands for the pride of the world), without clinging tenaciously to the iron rod.

Author's Response: One Versus Many

Clyde A. Parker

I was delighted to learn of Alan's response to my AMCAP address. I was fully aware that there would be both enthusiastic support of my position and strongly held views to the contrary. Alan's response encourages exactly the dialogue I believe to be healthy in AMCAP.

Given that he had no written text to follow and the abbreviated form of the oral presentation, he captured the argument exceptionally well with one exception. He misunderstood the point I was making about "religious adherence" to a particular theory, modality or means of intervention. The reader should refer to my text for clarification.

I believe Alan's main concern is his fifth point. The other four are interesting differences of interpretation and certainly are points which I felt formed the basis of my central argument but were not crucial to it. So let me state my position clearly, then what I read Alan's to be and attempt a response to him.

I believe that good therapy consists of a sensitive person responding as a total person to the expressed and unexpressed needs, pain, and confusion of another in such a way that the other person can begin to respond in a more healthy and constructive way. There have been many "therapies" devised which have at one time or another been touted to be "The Therapy" because it worked. I do not believe there is One such therapy.

Alan argues, on the other hand, that because we believe in one true church, one true gospel, one true way to heaven we should seek the one true way to do therapy, and, as a corollary to that, he argues that we should begin our search with gospel principles and accept strategies, theories, and psychological principles consistent with the gospel.

While I disagree with him on his basic premise, there is much with which I do agree. He quotes Joseph Smith, "One of the grand fundamental principles of 'Mormonism' is to receive the Truth, let it come from whence it may." Certainly I agree. My acceptance of that principle leaves me comfortable with my integration of personal experience, academic education and religious training. I agree that my values, many of which were learned in church and my Mormon home, form the foundation of my practice as a therapist. It was the apparent consonance of those values with the perceived values of counseling and psychotherapy that led me into the field. Values such as service, compassion, self-reliance, free agency, integrity and honesty appeared basic to both my commitment as a Latter-day Saint and my practice as a therapist. I believe we agree that behavior has consequences and that our right to make choices necessitates our obligation to accept the consequences of those choices. I believe also, that Alan might agree with me that short of the mental illnesses which are biological in origin (viz., organic psychosis, schizophrenia, endogenous depression, and bi-polar illness), most of the pain, suffering and troubles with which we deal are the consequence of someone (not always the patient) not living gospel principles: the consequence of someone's sin.

Where, then, is the disagreement? As a result of about thirty-five years of trying to find a core of principles, strategies and techniques of therapy, I simply do not believe that there is a "true way" to do therapy. I could take the stand Alan does that "we haven't found it yet, but we should keep trying" based on the difference between "what is" and "what we know." I do believe in an ultimate reality; I believe that only rarely do we know that ultimate reality, and that we live with our best judgment of that. In this case, however, I believe that good therapy is a unique interaction between two persons and that good therapists are those whose therapy begins with themselves and is shaped in the ways I outlined.

Why then should not AMCAP encourage the pursuit of a therapy that is gospel-based? I believe that such a pursuit is deceiving to many. Too many patients are seeking magical solutions and perceive religion as a magical solution. The proposition that a therapy is "gospel-based" is seductive to those patients who then give up the hard work of self-development and place their faith in the therapy or therapist. In addition, too many therapists are looking for magical therapies, hence become faithful

followers, even “apostles,” of Roger’s, Skinner, Erickson, or someone who has a “gospel-based” therapy. There are therapists only too happy to become “followers” and worse, still, to cast aspersions on those who cannot “see the light.” In other words, for me, such a pursuit is erroneous to start with, misleading to many, and, to some, ultimately destructive.

I have no objection to persons seeking consistency between their religious convictions and their behavior as therapists. Indeed, to do otherwise would be sophistry. I hope AMCAP will continue to provide a forum where such important aspects of our profession can be explored, discussed, and, where necessary, reconciled.

Respondent's Response

L. Alan Westover

It is nice to note that while Brother Parker and I disagree on many issues, we do appear to agree that it would be inappropriate for AMCAP or any other organization to devise a "canned" dialogue to be used by LDS therapists in rendering counsel. In recent years, the Church has appeared to come to a similar conclusion in the publication of Missionary Discussions. While the Church continues to be totally committed to maintaining the integrity and accuracy of the message, it has recognized that the divergent needs and circumstances of the "investigator" together with the divergent personalities, gifts, and skills of the "presenters" call for versatility, flexibility, and adaptability. Therefore, missionaries today have been granted, what Brother Parker might call "greater artistic license," and may be considered, in this limited sense, to apply different "therapies." But regardless of the order of discussions presented, scriptures quoted, questions asked and addressed, ultimately a remission of sins, Church membership, and the Gift of the Holy Ghost can only be obtained by baptism followed by the laying on of hands by those in authority. In this sense there is only "one true therapy."

Similarly, while skillful architects do not use the same blueprint for all buildings, they do use the same set of sound architectural fundamentals in creating unique edifices which address divergent needs, materials and environments. Of course, some architects do build flawed edifices due to a failure either to understand or stay true to sound architectural fundamentals. So it is with us.

Brother Parker and I, however, strongly disagree on the central point of this debate, namely the appropriateness of a search for gospel-based theories and intervention strategies. In his rejoinder Brother Parker indicates that the first three points made in his

October address in support of his central argument are “not crucial to it,” and he presents a new line of reasoning in the closing paragraphs of his rejoinder. I would suggest that this new line of reasoning is fallacious and extreme, and I hope that it falls outside of the mainstream of thinking of AMCAP members.

I am perplexed, for example, that Brother Parker would state in adjacent sentences, “I have no objection to persons seeking consistency between their religious convictions and their behavior as therapists,” and “. . . for me such a pursuit [of gospel-based therapy] is erroneous to start with, misleading to many, and, to some, ultimately destructive.” These two statements appear inconsistent, if not contradictory.

Why does our President believe such a pursuit is erroneous, misleading and destructive? He explains:

1. Some patients perceive religion as a magical solution.
2. To provide therapy which purports to be gospel-based may seduce these individuals, who are prone to seek magical religious solutions, in to abandoning the hard work required to achieve recovery.
3. Therapists often become disciples of a particular theoretical school because they, too, are looking for “magical therapies.”
4. Therapists who believe in an organized set of principles (theoretical school) often become mere followers and may challenge the credentials, motives or expertise of others not sharing the same views.

These arguments deserve close scrutiny. It is true that many patients seek to magically escape their pain via “short cuts” and “quick fixes.” This will always be true whether a therapist points to scientific research, a particular theoretical framework, personal experience, revealed truth, or personal charisma to support, legitimize, or market his services. I believe this issue is a “red herring” in the current debate. For regardless of the source we have chosen for our beliefs and intervention strategies, most of us strive to give our clients what we believe they need rather than capitalizing upon their vulnerabilities by satisfying their craving for “magical solutions” with offerings of snake oil.

Certainly no LDS practitioner who understands gospel principles such as agency, honesty, stewardship, faith, obedience, sacrifice, repentance, forgiveness, sanctification, consecration, fasting, prayer, scripture study, . . . would view them as either seductive means of

avoiding hard work or as “magical solutions.” Furthermore, in striving to discover and master the use of gospel-based theories and intervention strategies, we do not become followers or mere disciples of Rogers, Skinner, Parker, or Westover. We strive to be followers and disciples of Jesus Christ. It is precisely this focus of our “followership” that sets us apart from other professional organizations. As followers, we seek to increasingly approximate His standard of truth, and as members of AMCAP, we share with each other our best efforts to draw from gospel truths in the work we do. In this way we learn from each other. In this way we refine our understanding and skills.

There is always the danger that when individuals of divergent opinions express their views while attempting to persuade others, that some may become inappropriately hostile, vindictive and even slanderous in their efforts to influence the thinking of others. This unfortunate reality has never prevented thinking men and women from searching for the truth. Inasmuch as we believe: (1) That all truth is subsumed into one great whole; (2) That the gospel of Jesus Christ is true; and, (3) That the central purpose of gospel principles is to enable the transformation of individuals into eternal beings (who we assume enjoy excellent mental health), it is difficult, to say the least, to understand how the pursuit of gospel-centered theories and intervention strategies would be erroneous, misleading, and destructive.

The debate is not merely an interesting discussion between two opinionated, stubborn members of AMCAP regarding a peripheral philosophical issue. This debate examines the very identity and purposes of AMCAP as an organization. It is my hope that most members of AMCAP will choose to participate in the resolution of this controversy by making known the values and purposes which they wish to guide their organization.

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An Appetitional Theory of Sexual Motivation: Its Contemporary Status and Applications in an Approach to Change

Kenneth R. Hardy, PhD
Address to AMCAP Convention
March 31, 1989

Abstract

Changes are noted in American society and culture in the last generation since the appetitional theory was first formulated. A current statement of the theory is reviewed, together with the concepts of motivation upon which it is based. A model of change is introduced, based upon central Christian concepts, especially as they are propounded by The Church of Jesus Christ of Latter-day Saints. The change model and the appetitional theory are then applied to the area of human sexuality in an attempt to provide a framework for a program of positive change.

It is an honor to be with this group, and to present some ideas to you, thanks to the gracious invitation extended by an old friend and former student, Dr. Clyde A. Parker. It was at his invitation that I met with a predecessor group to this one: the LDS members of APGA—twenty-four years ago (on 11 April 1965) in the Taft Room of the Leamington Hotel in Minneapolis, Minnesota, to discuss what was then my newly published paper on the appetitional theory (Hardy, 1964). I have always felt an affinity for your group, though I have never felt qualified to join your organization. For this reason, I feel quite humble in addressing you today. I speak not from experience or training as a counselor or psychotherapist, but from my background as a theoretical psychologist. I have had some experience as a bishop in dealing with the topic

that concerns us today, but I have neither your clinical expertise nor therapeutic experience in coping with the problems of human sexuality that serve as a theme for today's discussions. Please forgive me for that.

In the fifteen minutes allotted to me this first hour, I will try to do three things: First, I will consider changes in American society and culture that have occurred since the original formulation of the appetitional theory. Second, I will review, in part, the appetitional theory as it now stands, and the motivational orientation on which it is based. Finally, I will provide a glimpse at a model of change derived from our religious faith, and which, combined with the appetitional theory, may provide a framework for change efforts, including those via counseling and psychotherapy.

Societal and Cultural Changes

I begin by highlighting social changes, doing so, first, to provide a historical perspective and social context for the individual problems that we see daily in our professional work and in society generally; these do not occur in a social vacuum. Second, to suggest their impact on our conceptions of sexuality. And, third, to stress the urgency for a program of positive change in our sexual thought and conduct.

American society has witnessed awesome changes in the last generation, and the sexual experience has been profoundly affected. I will mention seven changes that have had an impact on our topic for today. First, there has been a burgeoning of research in various aspects of human sexuality. From the pioneering interviews of Alfred Kinsey have come a host of attitudinal and behavioral surveys of American sexual beliefs and behavior. The work of Masters and Johnson, propounded in books, journals, seminars and workshops, has led to much research and treatment in the areas of sexual function and dysfunction, leading to a clinical specialty in sexual and marital therapy, in which some of you may be participating. Research and clinical work in the area of homosexuality has eventuated in the elimination of homosexuality per se as a classified mental disorder, and there is much discussion and value-laden controversy over its etiology and treatment. One last area of research that must be mentioned concerns the effects of viewing pornography [erotica] via the media. Concern over this has led to two national commissions, a large number of research studies, and intense public controversy.

It is appropriate to acknowledge the contributions of our good friend and colleague, Victor Cline, in evaluating these research efforts and in clarifying effects.

A second area of change has been in the public discussion of sexuality. Just one generation ago it was a hush-hush subject. Now it is openly treated throughout our society, not only in newspaper tabloids and TV talk shows, but also in learned journals, academic classrooms, and in such conservative magazines as *Reader's Digest*. With the advent of AIDS as an urgent social problem, there is heightened pressure to discuss sexuality in the public schools on a broader and more open basis than before.

A third area of change has been in the depiction of erotic materials and innuendoes in the media. We have witnessed a revolutionary change in the last thirty-five years, beginning with the print media (that is, in *Playboy* magazine), and extending through the motion picture industry, to TV, in its broadcast, cable, and video segments.

Still another area of change has been in medical science. Biochemical research and marketing have made available to a worldwide clientele effective contraceptive devices (especially the pill); so-called "safe" abortion is now accessible to rich and poor alike in American society. For a time, it looked like miracle drugs would treat and cure all sexually transmitted diseases, so that one could engage freely in sexual behavior without fear of disease. Then AIDS was diagnosed, and studies of its spread showed the hazards of indiscriminate sexual relationships. Now we press for heightened medical research and treatment for this devastating debility.

A fifth type of change derives from the upheaval of the social movements that flooded America during the period, roughly, from 1956–1976, beginning with the civil rights movements and extending through the protests of the Vietnam war, to the hippie, women's liberation and gay rights movements. People were enjoined to "make love, not war," to "do their own thing," and to beware of the establishment and establishment values. The tenor of the times was to experiment, to try anything, in the search for fulfillment, for gratification, for self, whether that search involved drugs, sex, communal living, alternatives to marriage, new religious movements, or whatever.

A sixth area of change has to do with changes in attitudes and values (norms) surrounding sexuality, marriage, and the family. The traditional standard of premarital chastity, especially as applied

to women, has lost ground—it now being a minority view. The majority of Americans now approve of abortion within the guidelines established by the Supreme Court. Masturbation is not only condoned as a common practice, it is even proclaimed in texts today as a laudatory mechanism for sexual fulfillment. Traditional marriage is seen as barely desirable and rarely attainable. Our professional groups, the American Psychological Association and the American Association for Counselors and Development, and others, have taken stances in favor of the right of homosexuals to their life style, though this is still a minority view among the public at large.

The concluding area of change has to do with changes in sexual behavior itself, not merely in attitudes, talk, and depictions of it. Clearly, more people are more sexually active than previously. Youth are involved in sex much more and at earlier ages, resulting in a great increase in teenage pregnancy, and massive increases in abortion. Adults, married or not, young or old, are more concerned about sexual performance and more active in pursuit of it. It is my personal belief—though it is well-nigh impossible to obtain accurate data about chronological changes—that we have far more child sexual abuse than formerly. Rape and sexually-charged serial murders have become almost commonplace.

In summarizing these changes in our society (some of which are taking place in other countries as well), I think it is fair to say that our society has a much greater sexual ambience, a greater sexual focus, than ever before. Thirty years ago, both professionals and the lay public tended to view sexual motivation as a masculine attribute, driven by a biological imperative. Now, there is a recognition that sexual behavior is a matter of choice and that both men and women have sexual desires. This is a step forward. But, under the vaunted banner of equality and freedom, we have encouraged women, especially young women, to not only become sexually available (receptive), but even assertive, exercising initiative, taking the stance that sexual fulfillment is a right to be vigorously pursued. Rather than encouraging men to become more like women in their reticence to engage in sexual adventures, we have urged women to become more like men. I don't believe that I need repeat a litany of negative consequences of this change to this audience. Finally, I believe that our society, and especially the media, in the attempt to bring sexuality out of the closet and

“liberate” us, has primarily succeeded in cheapening and degrading the sexual act. We have not been well served!

All of this suggests the importance and the urgency of providing a more adequate view of our sexual nature, an emphasis upon the positive side of sexuality in its larger context of marital love, and a hopeful model of change, which can lead us to higher moral ground and real happiness.

The Appetitional Theory

In summarizing the appetitional theory, I will present it in an updated form. Modifications include giving the cognitive aspects fuller recognition, emphasizing the importance of imaginal processes, of plans and decision making, and of attributions, all of which reflect theoretical developments in the last twenty-five years. I have also modified my views of the relationship between hormonal and behavioral determinants in sexuality. Please remember that the theory as it stands is only a working framework which needs further elaboration and revision. I solicit your input and efforts to make it better.

While I have prepared a table (Table 1)² that provides a partial view of this approach, given our time constraints this hour, I'll attempt only a capsule statement. The workshop period may permit a closer look at both the theory and the table, should interest call for it.

The appetitional theory of sexual motivation is derived from a general motivational theory with a cognitive-affective orientation. At the same time, however, it recognizes the biological foundations of affective reactions and the reality of choice in affecting sexual decisions.

The theory asserts that sexual motivation is a learned appetite, based on two innate (biological) foundations: the pleasure of mild genital stimulation and the intense pleasure of sexual climax with its subsequent relaxation. The learning involves linkages between the affect (emotion), the stimuli attendant thereto, and the person's own behavior. Once the linkage is formed, the stimuli become cues to the anticipated emotion, predisposing the person to behavior to evoke the sexual thrall. The motivation increases and becomes solidified as this linkage is repeated with satisfying results. The greater the intensity of the affective experience, the

²Editorial Note: Because of the lengths of each of the tables referred to by Dr. Hardy, they are grouped together in an appendix at the end of this article.

stronger will be the resulting motivation. Since sexual climax may be experienced as highly pleasurable, sexual motivation may become a powerful engine driving a person's behavior.

The linkages formed range from the simplest conditioned responses to very complex structures as the person builds a network of beliefs and expectations about things sexual and sexually related (dating, romance, marriage, etc.). When our positive expectations about one linkage are confirmed and are thereby strengthened, the whole group of related expectations tend to be strengthened as well. All of this occurs within the framework of concept formation, abstraction, generalization, and discrimination. The learning of these frameworks is of course affected by our socialization, that instructs us about appropriate objects of sexual interest, actions that are acceptable or desirable, etc. These ideas, as already suggested, are tested in the person's crucible of personal affective experience.

Because of our human ability to conceptualize and imagine, sexual desires and actions are triggered not only by external stimuli but by our own imagination. Thus, not only do external stimuli foster sexually-oriented thoughts and wishes, such thoughts may be self-generated and lead, in turn, to our production of stimuli, to sexual arousal, and to sexual behavior itself. To the extent that one's ideas about sexual matters are not subjected to social validation, very idiosyncratic linkages can be formed and maintained.

The picture is complicated by additional considerations. Sexual behavior, like most other behavior, is driven by multiple motives, which can be combined in many ways from person to person and from time to time. Needs for power, esteem, love, competence and achievement, moral motivation, etc., can undergird various expressions of sexual behavior, from rape, to tender affection, to anxious performance, to guilt-ridden pleasure. Also, more than motives are involved in affecting behavior. Our perceptions of what conduct is morally acceptable, what our chances are for achieving our goals, what behavior is appropriate to the occasion, etc., affect the behavior we try. Not only that, but ordinarily the person has other alternatives vying for attention and action. So choices must be made between options for our time.

Bodily states (such as illness or general vitality) affect sexual interest. Also, the level of androgenic hormones apparently affects the tendency for men and women to become sexually aroused.

Approach motives are constructed around pleasurable experiences; avoidance motives around negative ones; and we may have ambivalent motives when the same cues arouse both positive and

negative expectations. This applies most directly to sexual experience. It is common, for example, for women to have ambivalent feelings about sex, as it may arouse at once feelings of pleasure and of being loved, yet at the same time concerns that her partner is more interested in the physical satisfaction involved than in her as a person.

The picture is further complicated by the fact that, unless the sexual context is a solitary one, other persons are involved. Thus, in mutual or collaborative enterprises, the needs, feelings, goals, and behavior of others along with the communication between the couple affect the course of conduct. So what happens, sexually, depends very much upon the dynamic interplay which occurs as they interact. Each person has a more or less elaborate, long-range agenda of goals, ideals, projects; and these may become jointly shared and worked on by the couple over time.

Finally, it must be remembered that each individual involved is a dynamic system, with motives, beliefs, goals, values, health, in flux. Each of us is trying to preserve stability, but each is also itching for variation and change. Also, the relationship between people is a somewhat stable, yet ever changing one. An important point is that persons, individually and jointly, can exercise considerable control over the change process in regulating thought sequences, courses of action, and environmental conditions.

A Model for Positive Change

My last task at this time is to introduce you to what I believe to be an exciting model for change applicable to all of us. It is rooted in the central teachings of the Savior, who has asked us to become like Him. This means that we not only *can* change, we *must*! He and his prophets have identified the most important attribute we must develop: the pure love of Christ. We must change from a lower, carnal state to a higher, spiritual state via an ongoing process of change called repentance (which, unfortunately, has narrow and negative connotations for many). Thus, it is a model for change which is centered in certain goals and values. (Recognizing this, the therapist should make its use explicit, inviting the client to consider it, but allowing choice to employ it or not.)

We have begun to apply this framework to the area of sexuality and marital relationships, drawing upon the positive view of sexuality inherent in the teachings of the Master. We believe it can apply to people generally; you will sense better than I its possible relevance to counseling and psychotherapy.

A Goals-Centered Approach to Positive Change

I am excited to share these ideas with you because of my testimony of the truthfulness of the gospel, which includes the conviction that by following its teachings is the only real pathway to eternal joy and happiness—a conviction growing out of my own life experiences in this area along with many moments of spiritual confirmation. The gospel concepts are well known to us all. My efforts to apply them are a personal, tentative effort, and should be considered as such. My approach grows out of the conviction that a complete understanding of human nature will ultimately derive from a rapprochement between already revealed gospel truths and truths obtained from scientific inquiry. I recognize that this is a long term effort, and we must remain tentative and willing to change our ideas as work continues. This is true not only because our scientific understanding is very limited at present, but also because our comprehension of gospel truths is incomplete.

Ideas Central to the Model

1. Our ultimate objective or purpose in life is to become like God the Father and the Son, experiencing the continuing joy, glory, happiness and activity attendant to that state. This seemingly impossible goal is unattainable without the massive help of the atoning Savior, his mercy, and forgiveness. Neither is it possible without our consistent struggle, without our obedience to the laws and ordinances of the gospel. Our subsidiary goal is to qualify to return to the presence of the Father and the Son, reaping the benefits of eternal life in Their presence, enabling further progression to occur.

2. The Father is the Man of Holiness, and no unclean thing can enter His presence. The Savior, being our Advocate with the Father, cannot look upon sin with the least degree of allowance. We must, therefore, be fully repentant of our sins, thus enabling the cleansing power of the Atonement to work in our behalf to qualify ourselves for readmission into Their presence.

3. Not only are the Gods holy (righteous), they are characterized by love. Accordingly, the central characteristic of the follower of Christ is love—His kind of love. In response to query, the Savior stated that “all the law and the prophets” are encompassed in the two commandments of love: Love of God with all thy heart, all thy soul, all thy mind, all thy might and strength; and the second, like unto the first, Love thy neighbor as thyself. These two

commandments are like unto each other not only because they both refer to love, but because actions in keeping one of the commandments are congruent with keeping the other; thus, by serving others we honor God; by honoring God we help to lift others.

4. What does it mean to love with all our heart, soul, mind, might and strength? The change model seeks to examine this more closely, to provide guidance for our efforts to change. Details follow below.

5. Repentance, conversion, and sanctification refer to a continuing, long-term process toward the goal of becoming perfected like the Savior Himself. In a broad sense, then, repentance can be defined as any change that is good (positive), which brings us closer to Christ and the Father. It encompasses overcoming serious sins, but involves much more than that. Our objective, then, is to change in positive ways by progressively replacing the carnal man with the spiritual man until we are totally spiritual, "one," whole, unified, cleansed, healed.

6. With objectives as lofty as these, will we be buried in a morass of hopelessness, of self-doubt, frozen by our inability to reach perfectionistic goals? A significant question. The answer recognizes our human frailties, counseling us to run no faster than we have strength, but, on the other hand, to be diligent in seeking the prize. The answer recalls that the qualities of love include mercy, long-suffering, mildness, patience, and self-prizing—loving ourselves as well as our neighbors. If we are patient and long-suffering with others, should we not be so with ourselves? If the Master continually stretches out His hands to us, beckoning us to return from our prodigal ways, can we not have hope for ourselves? Only the adversary, not the Lord, would have us give up on ourselves. The promise of the Lord is a promise of hope, of optimism, if we will have faith. We need to have faith and hope in Christ, and also in our ability to overcome, with His help.

7. We are accountable for changes over which we have agentic control. Since (positive) change is mandatory for progression, it is important that we not drift, allowing ourselves to become the victims of change, but that we become proactive, taking charge of the changes that we can control, and directing them for good. At the same time, we are not accountable for things we cannot control, things outside our agency. We must learn to make accurate distinctions between these, a task that is a continuing challenge.

Applying the Change Model to Sexuality and Marital Relationships

1. How do the commandments to love God and fellowmen apply to this area?³ The Lord has established standards for sexual expression: It is to be limited to married partners. There are two central purposes for sexual intercourse: (1) For the procreation of children, and, (2) For the maintenance and enhancement of the marital relationship. Examining these in turn, we can note that the married couple who have children are special partners with God, helping Him fulfill his objectives in bringing to pass the immortality and eternal life of man. This they do by providing mortal tabernacles for His children, and then by providing the kind of home for them which will foster their return to His presence. This is an awesome responsibility, one not to be taken lightly, and one requiring, over the long haul, immense and consistent efforts. Thus, properly understood, one embarks upon this responsibility with love for God and His children, and one grows in that love for each of those individual children who become, besides one's spouse, our closest neighbors and most important stewardship. This is a task, again properly understood, which one embarks upon with loving and joyous anticipation.

The second purpose ordained by God for sexual intercourse is to help to bind together the union of man and woman—to become one flesh—to leave father and mother and to set one's course and one's loyalty to each other. In the Father's plan, the couple are sealed together as a unit for all eternity. It is only natural, then, that there should be loyalty and fidelity to one another, that the bond of trust and unity should be strong. Sexual intercourse is one (among many) of the ways to secure and strengthen that bond. The commandments of the Savior and the prophets in this area of our lives are designed to support the commandment to cleave unto our spouses and to none other, thus preserving the special love and covenant between the married couple. These purposes help to establish goals for us to work toward in our sexual relationship.

2. A solidly bonded marriage is built upon love, mutual consideration and respect, effective problem solving, financial responsibility, compatibility of interests and values, good communica-

³As an aid to following the discussion here, please refer to Table Three, in the Appendix.

tion—in short, diligent and consistent attention and work. Sexual attraction is not a firm foundation upon which to build a marriage. However, if the commandment that husbands and wives are to love each other is to be kept beyond the bare call of dutiful obligation, it is requisite that the couple have real love for each other. In our society, romantic love, which usually has a sexual component, forms part of that loving attraction, and most couples who are sealed in life have chosen each other, partly for romantic reasons. (Even in those societies where marriages are arranged, couples, nevertheless, often cultivate highly affectionate feelings for each other.)

All of this suggests the importance of preserving and enhancing this special attraction via continuing courtship throughout the marriage. Within this larger relationship, sexual relations can be a sweet, fun, exciting, and joyous celebration of that love. I believe that the most profound sexual experiences happen in this context.

This special romantic love is one of the great mysteries of life that has bestirred poets and composers for ages, leading them to celebrate that love in word and music. That love, and the betrayal of that love, serves as a major theme for much of the world's literature and music, in story, in opera, in poesy.

3. Sexual desires and behavior within the bounds the Lord has set, then, is beautiful, joyous, acceptable—indeed, commanded. Sex per se is not dirty, degraded, or filthy. Sexual motivation can be directed in positive or negative ways. Because of the intense influence associated with it, it provides a central battleground in the lives of many in the struggle to employ it to good purpose rather than for ill.

4. The person without a marital partner can experience the (non-sexual) joys of respect, caring—of love—in its many aspects. Thus, we can experience the fulfillment of the giving and receiving of love, friendship, acts of genuine consideration, etc. One need not feel that God has cheated us by asking us to miss out on sexual fulfillment provided only within the marriage covenant.

The Change Process

The process and mechanisms for change receive direction both from the guidance supplied by the commandments and from the implications of the motivational theory, together with psychological contributions from therapeutic and other approaches to change. Let us examine these, using the core commandments as a framework. The commandments include the injunction to love with all

our heart, our minds, our might and strength, and our souls. Let us look at each of these components in turn, and see what they imply. (Again, see Table 2).

Change of heart. When the scriptures use the term "heart," they do not refer to the organ in our body that is the main blood pump. They refer instead to our motivation, to our desires, wishes, intentions. If we are to change fundamentally, then, we must experience a change of heart—a change in our desires or disposition, from doing evil to doing good. In the higher law of the gospel, we should do the right things for the right reasons; and the reason that is most right is that of love. This change requires a *commitment* on our part, and when that is thoroughgoing enough, miracles can happen.

Let me illustrate this with a true story I encountered recently. It concerns a critical incident in the life of a young black man, Ben Carson, who grew up in a single-parent household in Detroit, Michigan. He and his older brother were reared by his poorly educated mother who had suffered a terrible childhood. But Sonya Carson was a devout Seventh-day Adventist who spent a lot of time on her knees, and received inspiration in rearing her boys. Ben had a terrible temper, and as he describes his high school days, he says:

I was easy to offend, and I felt I had to inflict pain on the offender with a bottle, brick, knife or anything else at hand. I was a good kid when I wasn't mad, but I was frequently mad. One day I got enraged and stabbed a kid. He was wearing a large metal belt buckle and my camping knife blade broke on it. I realized instantly that he could have been seriously injured or even killed. I ran home, went in the bathroom, closed the door and sat on the tub. I thought of how I'd wanted to be a physician since I was 8, when I began listening to the stories of Seventh-day Adventist doctors doing missionary work abroad, I realized that I'd never do anything worthwhile if I didn't control my temper. I'd recently decided to become rich by becoming a psychiatrist, and I'd begun to read every issue of *Psychology Today*. So I knew that personality traits are exceedingly difficult to extinguish, and therefore I prayed for three hours, asking the Lord to take my temper away. I read passages in the Bible with my prayers, like Proverbs 14, verse 29: "he that is slow to wrath is of great understanding; but he that is hasty of spirit exalteth folly"; and Proverbs 25:28: "He that hath no rule over his own spirit is like a city that is broken down and without walls." I felt that these verses were written for me.

What happened next, Carson says, was as much a miracle as Jonah's emergence from the whale or Daniel's from the lion's den.

"When I left the bathroom, my temper was gone. And it never returned. I have never even needed to suppress it. God had taken it away. People who know me now can never believe I had a temper problem. They have never seen me angry." (*Michigan Today*, 21 [Feb. 1989].)

Benjamin Carson went on to college at Yale, medical school at Michigan, and is now chief of pediatric neurosurgery at Johns Hopkins Medical Center, a position he has held since age 33, in 1984.

You and I could probably relate many stories like that, where people's lives have turned around, because of a total commitment to change, and at times, at least, supported by divine assistance. Sometimes, however, one's commitment to change is less whole-hearted (we don't "come clean," completely). We may return to old ways, and have to begin again.

So one way to produce change is via a motivational change, a change in the desire of our hearts. And for change (repentance) to be complete, that change is essential. How can such change be facilitated?

In the case of Ben Carson, a critical incident, which aroused great fears and probably guilt, led to an intensive reexamination of his conduct that he realized was threatening his desired future. We need not wait until such precipitating events crash down around us, though they are certainly motivating. Perhaps thoughtful review of what we are doing, analyzing whether it is leading us to our own prized goals, may stimulate a change of direction. And perhaps discussions of this type with a spouse, a friend, a therapist may be helpful.

Change of mind. Here the scriptures focus on our thoughts. "Let virtue garnish thy thoughts unceasingly" pleads one. The proverb states, "As a man thinketh in his heart, so is he." Note the importance of the phrase *in his heart*. Not every thought we think is reflective of our character. Many thoughts are driven by external demands. But thoughts which are related to our motives, our desires do reflect *us*. There is an interplay between our thoughts and our desires: Desires give rise to thoughts; and our thoughts may give rise to desires. And both have some relationship to our environment, to stimuli which impinge upon us. "He that looketh upon a woman to lust after her hath already committed adultery in his heart" is the insightful statement of the Savior. In the March 1989 *Ensign*, President Ezra Taft Benson relates the comparison of our mind to a stage, with the Lord in the wings seeking to

influence our thoughts for good, while the adversary is on the other side of the stage trying to influence our thoughts for evil. President Benson makes the point that we are the stage manager, deciding what the stage presentation will be. It is up to us what scenario gets played out on the stage of our mind.

If we are to control our desires, our behavior, our character and our destiny. One way to do so is to exercise jurisdiction over our thoughts. We can redirect errant thoughts and channel them into more positive pathways. A variety of stratagems are available to us, ranging from simple substitution in a conditioning paradigm to more pervasive cognitive or cognitive-behavioral approaches. Here active reorganization of cognitive priorities, perhaps supplemented by a change of environment, is adopted. The ideal here is to think or focus upon what Christ would do or have me think and do. One might also develop a pattern of asking oneself: What would be thoughtful, helpful, or of service to another?

An older gentleman (about my age!) approached me several years ago, being troubled by his chronic viewing of sexually arousing pictures, which he felt guilty about and which he felt was estranging him from his wife. I suggested that he not only refrain from this activity, but that he develop an active program of developing a closer relationship with her: of planning thoughtful things to do for her, of taking her on dates, of complimenting her, etc. He reported some time later that this was very successful for him.

Change of might and strength. When the Lord asked us to love with all our might and strength, I believe he meant that we should put our whole energies into the change process, that we should translate our good intentions and thoughts into overt action, works. He suggested such tests of sincerity as “by their fruits ye shall know them,” and “forsaking sins and doing them no more.” The pragmatic test of repentance, of showing our love for God, involves an active program of good deeds: worshipping Him and doing good to His children.

This calls for a two-pronged behavioral change (therapy): We stop actions that are negative, that violate commandments, that lead us astray. And we increase actions that are positive, which manifest Christ-like love. Behavioral conformity has much to commend it, and behavioral therapies may have much relevance here. We remember, of course, that behavioral change without an inner change is incomplete, but it may facilitate an inward change.

This it may do by the gratification of nobler impulses that happen as one sees the impact of one's acts upon others.

Change of soul. The injunction to love with all our soul is one which is least clear to me, but it suggests a total conversion, a complete transformation reaching to the very core of our being. It perhaps relates closely to a change of heart, but suggests something all-encompassing. It implies a complete submission to the will of the Father so characteristic of the Savior Himself, and which has been approached by some of the prophets such as Elijah and Nephi, son of Helaman, who were granted vast powers because they would only ask and do what the Father would have them do. Certainly this whole-souled devotion is possible for us, else the Savior would not have commanded it of us. Any complete program of change involves this change, which calls upon the exercise of great faith, the development of great love, and reliance upon the merits of Christ.

Summary

In summation, a program of change, in which we take seriously the Savior's invitation to love God and His children with all our heart, mind, might, strength, and soul, involves a multi-pronged approach. We need all the help we can muster in this effort. Change agents such as counselors and therapists may reasonably facilitate this process using a variety of cognitive/affective, behavioral, and goals-centered strategies. Eternal joy and happiness are possible through following the pathway leading to the Christ-like character.

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Table 1
The Appetitional Theory of Sexual Motivation

<i>General Principles of Motivation</i>	<i>Applications to Sexual Motivation</i>
Motives are based upon learned expectations of an affective or hedonic change. This occurs when features of a situation or stimulus are linked with a change in affective tone (e.g., pleasure or pain). Thereafter, those features become cues leading to the arousal of expectations regarding affect. For motivated behavior to occur, an expectation involving personal action is necessary.	Sexual motivation develops when a person experiences sexually charged affect, linking it with some action taken in a given situation. Such motivation will tend to produce behavior designed to repeat that affect either in response to the cues already presented, or to seek out those cues associated with the affect. Repeated experiences with this stimulus-action-affect linkage consolidate the motive strength.
There may be innately given sources of affect (unconditioned responses) which occur in response to stimuli (unconditioned stimuli).	Two innate sources of affect are (1) the pleasure of mild tactual stimulation, and, (2) the intense affect of sexual orgasm and relaxation.
Learning involves a cognitive or attributional confirmation along affective change. These associations may occur at all levels of complexity from simple conditioning to more complex processes. Often, such learning occurs in associated groups or families of expectations. When this occurs, confirmation of one expectation may strengthen other related expectations. The processes of generalization and discrimination may be involved.	Persons develop a complex fabric of beliefs surrounding sexuality, romance, attractiveness, etc. At some point in time, sexual arousal occurs in conjunction with experience in one of these areas, and a linkage is formed between them. Any experience which tends to support beliefs in one related area will reinforce or support the other beliefs, depending upon the person's causal attributions and processes of generalization and discrimination applied in this case.
The more intense the affective change, the greater the resulting motivation.	When sexual pleasures are intense, they may become powerful drivers of motivation and resulting behavior.
The greater the number and salience of cues (cognitive or external), the greater the likelihood of arousal of the motive.	Sexual thoughts and desires may be frequent or rare, depending in part upon the extent to which thoughts and external stimuli serve as cues.

<i>General Principles of Motivation</i>	<i>Applications to Sexual Motivation</i>
In many cases, the physiological (including hormonal) state of the person may sensitize or desensitize the person toward affective arousal. Arousal or behavior may also alter the physiological (hormonal) state.	Androgenic hormones in both males and females may affect sexual arousability (as may other bodily states such as illness). Sexual behavior in turn may lead to hormonal and other physiological changes.
Approach motives derive from positive affective changes; avoidance motives derive from negative affective changes; ambivalence occurs when the same cues arouse both positive and negative affective expectations.	Sexual motivation itself may become a complex mix of positive and negative components, depending on the richness of the set of beliefs and expectations which may occur in the context when that motive is aroused.
Behavior is often a result of multiple motives which may be aroused by a given set of cues. These motives include organically based needs such as hunger and thirst; cognitive needs for meaning, variation and consistency; power and self-determination; self-esteem; achievement and competence; love and affection; transcendence; and moral motivation.	Sexually related behavior is usually undergirded by other motives along with sexual ones. These motives may run the gamut from tender love and affection to power, self-esteem, competence, and moral motivation. All these motives may be directed toward "good" or "evil" ends, i.e., toward results which are ultimately contributive or harmful to the long-range welfare of the person(s).
Cognitive processes, including imagination, may trigger an affect-laden sequence of thoughts, which may produce a pleasurable, self-reinforcing (motivational) arousal; such a thought sequence may also precipitate an action sequence as the person experiences incipient gratification while at the same time anticipating greater gratification from the enactment of the fantasy.	Human sexuality is uniquely guided by imaginative trains of thoughts in addition to external stimuli. Such thought sequences may lead to sexual arousal which is inherently pleasurable and at the same time may lead to overt sexual behavior. Persons may begin these fantasies by recall of past stimuli and by creatively reworking them into new patterns.
On the other side of the picture, imagination may lead to scenarios fraught with negative affect, which may have a chilling effect upon both thought and action. Again, the person may employ various measures to block out or side-track such consequences. These measures may include problem solving strategies and defensive mechanisms such as insulation, denial, rationalization, etc.	The person may anticipate various negative consequences of thinking about, desiring, or acting upon objects of sexual interest. These may foster derailment of the train of thought or action. However, the person may neutralize these negative anticipations by employing defensive mechanisms, such as repression, etc. This is especially likely under the influence of powerful sexual affect.

<i>General Principles of Motivation</i>	<i>Applications to Sexual Motivation</i>
<p>Persons may initiate dreams, create ideals, and pursue plans of action which may extend over very long time periods. They may also select environments and stimuli in their search for desired ends. In various ways, persons are mentally and behaviorally proactive, not merely reactive, in seeking satisfaction.</p>	<p>Persons are actively involved in producing and implementing dreams involving dating, romance, courtship, seduction, having children, etc. In the usual case, thoughts not only reflect wishes, but also generate desire and purposeful action. These action sequences may be of short or long duration.</p>
<p>Numerous additional factors affect the course of motivational development and the resulting action sequences. Such factors include the immediacy and certainty of the affective change, its perceived transience or permanence, the time perspective of the person, the salience and relative attractiveness of alternatives, the degree to which decisions and/or courses of action are perceived as reversible or not, and the extent to which alternative courses of action are conceived as being mutually exclusive. Also, habituation may come into play; this occurs when repetition of the action produces lessened affect than occurred previously. Such a consequence may lead the person to seek restoration of the affective intensity by varying the behavior or the stimuli involved.</p>	<p>Sexual gratification is attractive in part because it may occur quite immediately rather than being long delayed; the affect surrounding it is quite transient; it may be partly reinstated by recall. Lengthened time perspective enables one to anticipate and recall experiences over an extended period, giving rise to the ability to engage in deeper contemplation and comparison of many experiences, sexual and otherwise. The perception that decisions and/or actions about sexual behavior, marriage, etc. are reversible or not will affect the decision process and the decisions themselves, as will the recognition that options are mutually exclusive. Habituation may lead the person to try out new sexual behavior or stimuli in the attempt to regain or increase prior levels of affect.</p>
<p>Whether or not actions are carried out depends not only on the motives which are aroused but also on the availability of relevant objects, perceived appropriateness of the action, its likelihood of success, evaluative judgments, etc. These evaluative judgments may involve moral standards or other criteria (e.g., competence: "that was a smart [or stupid] thing to do!"). These judgments may be imposed before action begins (inducing anticipatory regret or gladness), during the behavioral course, or after the fact (leading to post-decisional regret or joy). The affective consequences depend, of course, on whether the behavior is consonant with the person's standards.</p>	<p>Sexual behavior depends not only on the motives which are engaged, but also on the accessibility of objects of desire, the appropriateness of the behavior to the situation, and the person's judgment as to whether or not the behavioral sequence will lead to need satisfaction. Also, prior evaluative judgments imposed by the person may either stop the action from proceeding or strengthen it. If judgments have been bypassed in the excitement of the anticipation and consequent action, but occur after behavior has ended, they may induce positive or negative feelings, based on whether or not the outcome meets whatever standards are employed.</p>

<i>General Principles of Motivation</i>	<i>Applications to Sexual Motivation</i>
<p>Whenever a person engages in action involving other persons, the mutual interaction of the persons involved must be taken into account in any effort to understand the behavioral outcome. To the extent that the persons involved engage in joint or collaborative effort, the motives, intentions, and goals of all parties, and the communications between them become part of the equation. If the individuals believe that they ought to be considerate of one another's needs/welfare, there will be efforts to be responsive to the feedback or cues given, with attempts to adjust the pattern of future action to bring it in line with these needs or goals. The greater the feeling of love, respect, or obligation which exists between the parties, the more likely it is that adjustments will be made. Such feelings may not be entirely equal in both directions, so these adjustments will not be made to the same extent each way. Feelings of dependency may function in a similar manner.</p>	<p>Sexual behavior (other than solitary self-stimulation) generally involves other persons. The persons may be variously sensitive to the feelings and reactions of each other, from the minimal concern of the rapist to the finely tuned responsiveness of a loving, considerate couple. As an accompaniment of the intense, yet personal character of the sexual affect, sexual gratification has the potential of being sought for without regard for the feelings of others. At the same time, it may also reach intensely rewarding levels when it occurs in conjunction with pleasure experienced by another, and most particularly in the context of love and moral approbation. This means that sexual expression has a great potential for being a completely "selfish," self-serving gratification or being a source of mutual joy on the part of both parties. There are, of course, complex mixtures of these components in much if not most sexual behavior in which humans participate.</p>
<p>The person is not a static entity, nor is the relationship between persons. Individual motives, goals, competences, and values are subject to change, as are communicative patterns, degrees of understanding and intimacy between persons. Behavior may have an impact upon standards, and changing standards may impact behavior. Observing the behavior of another may produce changes in one's love and respect toward them, which in turn may alter one's own conduct toward them. Often, however, changes are not easily made, since the present behavior may be embedded in a nexus which is not only familiar and therefore comfortable, but which is also interlaced with connections and gratifications not easily jettisoned.</p>	<p>Individuals are not static in their sexual attitudes, appetites, and behaviors, and sexually interacting persons experience change in their relationship as well as individually. As sexual arousal and/or climax occurs, the appetite may increase; if further or greater gratification is not possible without violation of normative standards, there may be a tendency to modify standards, or at least to act to the limits imposed by those standards, putting pressure upon modification of standards. On the other hand, clear violation of such standards may produce intense regrets, leading to marked change in behavior (though the appetite may remain enlarged). Chronic violation of standards is likely to produce dissonance reduction in the form of lowering the standards.</p>

Table 2

A Goals-Centered Approach to Positive Change

Our ultimate goal: To become like God

Why? It is the pathway to everlasting joy, happiness, growth, glory.

How do we make progress toward that goal?

By coming to fully keep the commandments, centering on the key ones, thereby creating a god-like character.

What are the key commandments?

1. To love God with all our heart, mind, might, strength, and soul.
2. Similarly, to love our neighbor as ourself.

What does it mean to love God and our fellowman?

...with all our heart? It involves changing our desires, our dreams, our hopes, our intentions from the self-centered, worldly ones to those which reflect His purposes for His children. It involves a commitment to put God's will first in our life.

...with all our mind? It involves changing our thoughts, our convictions, our perceptions to be congruent with His purposes and thinking.

...with all our might and strength? It involves changing our behavior and redirecting our energies to the benefit of His children. By our works we demonstrate the sincerity of our repentance and commitment.

...with all our soul? Ultimately, it means total commitment to the very core of our being, so that we are whole-souled in devotion to Him.

Through all of this process, we become fully converted, healed, cleansed or sanctified. This is made possible through our repentant efforts and through the redeeming mercy of the Savior.

If all of this seems overwhelming, remember . . .

We take it one step at a time, starting where we now are. It's a long term project. The Savior, since He is so loving, is patient, long-suffering, forgiving, merciful. He is for us. He is more interested in our direction than in our location. Not only that, he blesses us with faith and hope, he provides the Holy Ghost as a Comfort and Guide to us, and rewards us with testimony and peace. Living His commandments leads us to rewarding associations with each other and to inner peace despite our trials and difficulties. His yoke is easy and His burden is indeed light.

Table 3

Sexual Guidelines and Standards for Married Couples

Purposes established by the Lord for sexual expression:

1. For the procreation of children: to join in partnership with God in providing physical bodies for His children, thereby furthering His work in bringing to pass their opportunities for immortality and eternal life.
2. To cement and strengthen the bond between husband and wife: a partnership of prime importance which is designed to be eternal. Couples are to love and care for each other.

Standard of chastity/fidelity: Sexual intercourse (including physical familiarity and intimacies) is to take place only between a legally married husband and wife. Husbands and wives should love and cleave to each other and to none else. The Savior also counseled against the infidelity of desire (committing adultery in one's heart), suggesting a higher, spiritual standard to augment the behavioral one.

Suggestions to husbands and wives to enhance their relationship (with particular attention to sexual expression):

<i>Some Suggested Do's</i>	<i>Some Don'ts</i>
Be tender, sweet, and thoughtful	Don't use sex to show dominance or power or submission
Do express love and affection in many ways each day and week. Try being a joy to live with. Then let sexual relations be a joyous celebration of your love	Don't use sex as a reward, or denial of sex as a punishment
Be considerate of each other's feelings; this should be mutual, not sacrificial	Don't consider sex as a "right" to be exercised, or as an onerous duty to be tolerated
Keep your expressions to those which respect your dignity and worth	Don't use threats, intimidation, or violence
Keep communication lines open between each other	Don't cheapen your sexual relations by discussing them with others
Respect the sanctity and privacy of your intimate relationships	[Note: There are important limitations to this statement, including appropriate consultations with physicians or with therapeutic professionals in cases of abuse, or other disturbing practices]
Behave in such a way that you both look forward to your next sexual experience	

Alcohol Use Trends Among LDS High School Seniors in America From 1982-1986

Ricky D. Hawks, EdD

Straus and Bacon (1953), Snyder (1958), Skolnick (1958), Smith (1969), Moss and Janzen (1980), Albrecht (1985), and Hawks (1987) have each identified a unique alcohol use pattern among members of The Church of Jesus Christ of Latter-day Saints (LDS). In general, research has suggested that affiliation with an alcohol abstinence-teaching group, such as the LDS religion, will produce a “paradoxical” drinking pattern. Paradoxical drinking among LDS persons has been described in the literature as having two unique characteristics when compared to religious groups not teaching abstinence. First, an overall low rate of alcohol use by LDS members has been noted. And second, the relatively few who do report alcohol use tend to report high amounts of alcohol being consumed and many problems associated with their alcohol use.

Current research focusing on LDS adolescent alcohol use patterns and trends have been virtually nonexistent. More importantly, the effect that expensive national alcohol prevention campaigns (such as “Just Say No”) might have on the thousands of youth in America who belong to an abstinence-teaching religious group is unknown.

I asked the following questions. What are the national trends for LDS alcohol use? How do those trends differ, if they do, from trends in other religious subgroups? Finally, are LDS youth from an abstinence-teaching background influenced in a similar way by national abstinence-prevention campaigns as are Non-LDS youth? While I acknowledge that answers to such questions will require several major, formal research efforts, I propose that this paper serve as a pilot project to stimulate questions and ideas for other researchers to pursue.

Bachman, O'Malley, and Johnston have conducted a national survey of high school seniors entitled *Monitoring the Future: A Continuing Study of the Lifestyles and Values of Youth* (MTF) under the direction of National Institute of Drug Abuse (NIDA) from 1979 to present. In 1982, the researchers began to delineate "Latter-day Saints" (LDS) as a separate religious denomination as a demographic question. This research served as my primary database and my secondary analysis on this data is presented in this report.

Method

The original sample selection was based on a random sampling design and was conducted under the supervision of NIDA. The data are assumed to represent alcohol use trends for American high school seniors. I acknowledge that by combining ordinal data and a truncated research sample I have introduced some weaknesses to this study.

Subjects

The adolescents included in the MTF were approximately age 17 and considered to be "representative" of youth from the 48 adjacent states from 1982–1986. The current study however, in part focused on responses resulting from a truncated sample of the entire MTF. The truncated research sample contains three subgroups. The first subgroup was the "LDS" denomination. The LDS sample size included 350 in 1982, 369 in 1983, 312 in 1984, 255 in 1985, and 286 in 1986. The second subgroup was the "Non-Religious" subgroup. The Non-Religious sample size included 1,669 in 1982, 1,455 in 1983, 1,557 in 1984, 1,704 in 1985, and 1,786 in 1986. The third and final sample I created from the database by extracting data to form a "Other Religious" subgroup. The Other Religious subgroup contained those adolescents who identified themselves as Roman Catholic, Jewish and Lutheran. The Other Religious sample size included 7,160 in 1982, 6,324 in 1983, 5,578 in 1984, 5,833 in 1985, and 5,573 in 1986.

It should be noted that all of the survey respondents used in this study were participating seniors only. Alcohol use rates did not reflect adjustments for absentees, missing data, or dropouts. The LDS sample size would seem noticeably small for extrapolation to a national sample. However, the LDS sample was randomly obtained from throughout the United States and was the largest sample of its type available. I believe that such data will provide

an indication of LDS high school senior alcohol use trends nationally.

Variables

The MTF questionnaire was extensive. For this study only portions of it were used. (For additional information concerning the MTF, refer to the U.S. Department of Health and Human Services publication, *National Trends in Drug Use and Related Factors among American High School Students and Young Adults 1975–1986* [1987].) Variables of interest in this study included three measures of alcohol use frequency and religious affiliation. The three measures of alcohol use frequency included: "Lifetime Alcohol Use," "Annual Alcohol Use," and "Monthly Alcohol Use." Lifetime Alcohol Use was defined by all those who reported *any* alcohol use in their lifetime prior to responding to the MTF. Annual Alcohol Use was defined by all those who reported *any* alcohol use in the 12 month period prior to the MTF. And finally, Monthly Alcohol Use was defined by all those who reported *any* alcohol use 30 days prior to the MTF.

The "Non-Religious" subgroup was selected to represent those adolescents who reported on the MTF to have "no religious affiliation." The "Other Religious" subgroup was created to represent those adolescents who reported affiliation to a religious denomination that was non-abstinence teaching regarding alcohol use. Finally, the "LDS" subgroup was selected because of its conservative doctrine of abstinence from alcohol. All other religious denominations represented in the MTF were eliminated in this study. In addition to the three religious denominations listed above the entire MTF research population was also referenced in this study as "American Seniors." Only the three religious subgroups are depicted in the tables.

Statistics

The reliability of the percentages obtained in this study was determined by the Standard Error of Proportion statistic. Guilford (1956) and Fleiss (1981) suggested that the Standard Error of Proportion is an effective formula to determine the true score range in which a certain proportion might fall. As a practical rule, however, they recommend that avoidance of seriously abnormal sampling distributions containing high percentages. Therefore, in order to use the statistic appropriately I did not calculate the Standard Error of Proportion for any percentage higher than 80%. A

95% level of confidence ($P \leq .05$) was used in calculating the Standard Error of Proportion.

Results

Alcohol Use Trends

Lifetime Alcohol Use. The national trends among American Seniors as reported by Johnston, O'Malley, and Bachman (1987) suggest that the percentage of Lifetime Alcohol Use steadily declined 1.5% from 92.8% in 1982 to 91.3% in 1986. The decline was noted by Johnston, et. al., as being significant. The Non-Religious and Other Religious subgroups identified in this study also appeared to manifest declines in Lifetime Alcohol Use for the

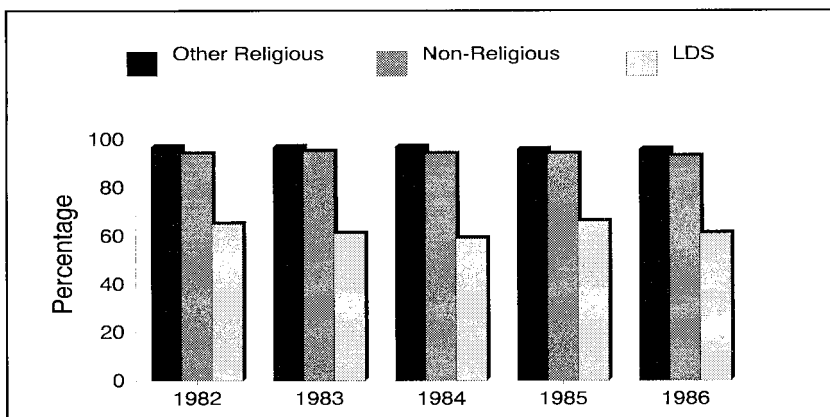


Figure 1—Lifetime Alcohol Use by Other Religious, Non-Religious and LDS American High School Seniors, 1982–1986

same time period. The percentage of Non-Religious seniors reporting Lifetime Alcohol Use displayed the following pattern: 94%–1982, 95%–1983, 94%–1984, 94%–1985, 93%–1986. From 1983 to 1986 there was a downward trend totaling 2%. The percentage of Other Religious seniors reporting Lifetime Alcohol Use also exhibited an apparent downward trend from 97%–1982, 97%–1983, 97%–1984, 96%–1985, 96%–1986 (See Table 1). In total, there was a 1% decline from the 1982 (97%) to the 1986 (96%) figure. The statistical method selected for this study (Standard Error of Proportion) does not establish that this decline is statistically significant.

The percentage of LDS seniors reporting Lifetime Alcohol Use appeared to exhibit more variability between 1982–1986 than did the Non-Religious and Other Religious subgroups (See Table 1). However, the variation between the five LDS percentages (specifically $1982-65\pm5\%$, $1983-61\pm5\%$, $1984-59\pm5\%$, and, $1986-61\pm6\%$) do not appear to be statistically significant.

When isolated as a subgroup, the LDS Lifetime Alcohol Use fell approximately 6% from $65\pm5\%$ in 1982 to its lowest recorded level of $59\pm5\%$ in 1984 (See Table 1). As mentioned, this drop was insignificant. The 1985 percentage of $66\pm5\%$ exhibited an increase of about 7% from the 1984 figure ($59\pm5\%$). The difference appeared to be nonsignificant when the Standard Error of Proportion was calculated. Additionally, the 1986 figure of $61\pm6\%$ also showed a small increase from the 1984 figure ($59\pm5\%$). In general, there did not appear to be statistical significance found in the apparent upward trend in LDS lifetime alcohol use from 1984 to 1986. Likewise, it does *not* appear that there was a clear and consistent lowering trend as was noted in the MTF.

Annual Alcohol Use. The national trends among American seniors as reported by Johnston, O'Malley, and Bachman (1987) suggest that the Annual Alcohol Use rate declined 2.3% from the 1982 figured of 86.8% to the 1986 figure of 84.5%. The decline was noted by Johnston, et. al., as being significant. The Non-Religious and Other Religious subgroups identified in this study also manifested declines in Annual Alcohol Use for the same time period. The percentage of Other Religious Seniors reporting

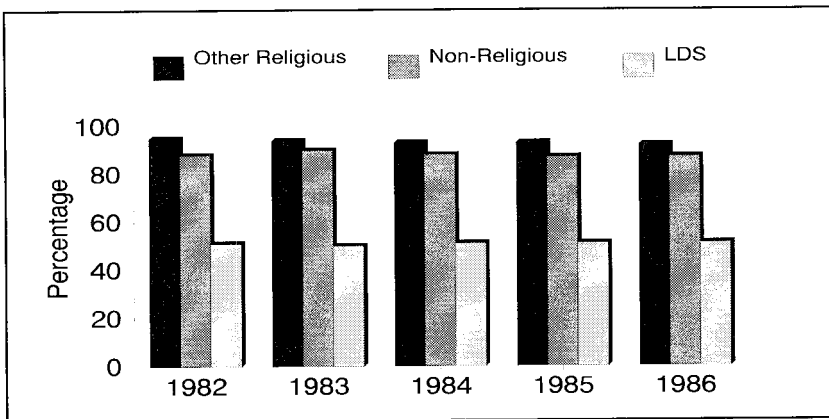


Figure 2—Annual Alcohol Use by Other Religious, Non-Religious and LDS High School Seniors, 1982–1986

Annual Alcohol Use exhibited a general decline from 95%–1982, 94%–1983, 93%–1984, 93%–1985, to a final 92% in 1986. A 3% decline was noted from the 1982 (95%) figure to the 1986 (92%) figure. The percentage of Non-Religious seniors showed a smaller decline in Annual Alcohol Use from 88%–1982, 90%–1983, 88%–1984, 87%–1985, to 87% in 1986 (See Table 2). A 1% and 3% decline were noted from the 1982 and 1983 figures to the 1986 figure, respectively. Again, the statistical method used in this study did not indicate a significant drop in Annual Alcohol Use by Other Religious seniors.

The LDS subgroup did not reflect an overall decline in reported Annual Alcohol Use. The LDS subgroup's Annual Alcohol Use percentages remained rather constant from 51±5%–1982, 50±5%–1983, 51±6%–1984 to 51±6%–1986. No decline was noted between the 1982 and the 1986 percentages. Again, it did *not* appear that there was a clear and consistent lowering trend as was noted in the MTF.

Monthly Alcohol Use. The national trends among American Seniors as reported by Johnston, O'Malley, and Bachman (1987) suggested a decline of 4.4% in the Monthly Alcohol Use. The percentage fell from the 1982 figure of 69.7% to the 1986 figure of 65.3%. The decline was noted by Johnston, et. al. as being significant. The Non-Religious and Other Religious subgroups identified in this study also manifested declines in Monthly Alcohol Use for the same time period.

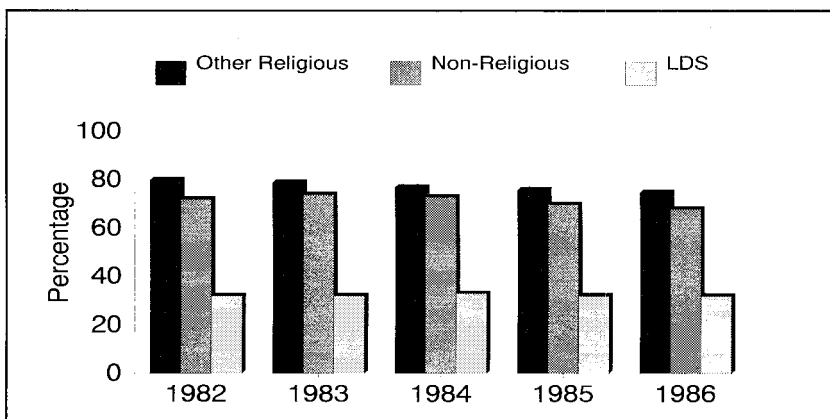


Figure 3—Monthly Alcohol Use by Other Religious, Non-Religious and LDS High School Seniors, 1982–1986

The Non-Religious Seniors exhibited a general decline in reported Monthly Alcohol Use as illustrated by the following percentages and years: $72\pm2\%$ –1982, $74\pm2\%$ –1983, $73\pm2\%$ –1984, $70\pm2\%$ –1985, and $68\pm2\%$ –1986 (See Table 3). There was approximately a 4% decline from the 1982 figure to the 1986 figure. The difference was nonsignificant when comparing the Standard Error of Proportions between the 1982 and 1986 sets of figures. However, as noted, there was a tendency towards a downward trend.

The Other Religious subgroup also displayed a general decline in reported Monthly Alcohol Use as illustrated by the following percentages and years: $80\pm1\%$ –1982, $79\pm1\%$ –1983, $77\pm1\%$ –1984, $76\pm1\%$ –1985 and $75\pm1\%$ –1986 (See Table 3). There was approximately a 5% decline from the 1982 to the 1986 figure. The difference was significant when comparing the 1982 and 1986 proportions indicating a significant decline in Monthly Alcohol Use.

The LDS seniors reported Monthly Alcohol Use as $32\pm5\%$ –1982, $32\pm5\%$ –1983, $33\pm5\%$ –1984, $32\pm6\%$ –1985, and, $32\pm5\%$ –1986. No decline was noted. The LDS subgroup did *not* display a significant downward trend in Monthly Alcohol Use as did other samples from the MTF data representing the American Seniors, the Other Religious subgroups and the apparent downward trend exhibited by the Non-Religious subgroup.

Conclusions

1. Across all measures of frequencies used in this study, a significantly lower percentage of LDS seniors consistently reported alcohol use, than did Other Religious, Non-Religious, and American Seniors. It would appear that roughly 62% of LDS seniors in the United States during 1982–1986 reported Lifetime Alcohol Use. Approximately 51% of LDS seniors in United States during 1982–1986 reported Annual Alcohol Use. Finally about 32% of LDS seniors in the United States during 1982–1986 reported Monthly Alcohol Use. The abstinence-teaching practice found in the LDS health model appears to be very successful as a resource to prevent alcohol use among our nation's youth.

2. There appeared to be a general lack of decline in alcohol use frequencies among the LDS subgroup from 1982–1986 when LDS trends were compared to the Other Religious, Non-Religious and American Seniors. This might suggest that the factors that activate the LDS youth to reduce frequency of alcohol use may, in

part, be separate from those factors that activate similar process variables in Non-LDS youth populations.

Discussion

LDS seniors—an abstinence-teaching subgroup—appear to be somewhat immune from national alcohol prevention tactics such as “Just Say No.” The cumulative effects of national and local anti-alcohol campaigns appear to be less influential on LDS seniors in reducing alcohol use from 1982–1986 than on other religious subgroups.

An additional explanation for the lack of decline in the LDS alcohol use trends might be that those LDS seniors who would have been influenced by national campaigns, such as the “Just Say No” campaign, had previously been influenced by their own religious teachings of abstinence (that is, the Word of Wisdom). On the other hand, Non-LDS seniors may show a more significant decline in alcohol use trends over the years because they were significantly influenced more by their first exposure to the “Just Say No” campaign.

A final possible explanation of the LDS lack of decline is that in some cases there is such a limited number of LDS youth who do report alcohol use that the percentages of use statistically do *not* have as much freedom to fluctuate as do other groups of seniors. This might suggest that the results obtained in this study are an artifact of the small percentage of LDS alcohol users.

Recommendations

1. Additional research and model building must be completed to further evaluate the conclusions of this study and to identify possible unique mechanisms that might more effectively reduce the percentage of LDS youth using alcohol.

2. Continued use of an abstinence-teaching practice such as the LDS Word of Wisdom and the Nations’ “Just Say No” campaign seem appropriate as a primary alcohol use prevention strategy.

Ricky D. Hawks is a counselor with the Weber County Department of Substance Abuse, Ogden, Utah. The author expresses special thanks to Dr. Stephen Bahr and Bern Vetter who read this report, to Dr. Eugene Buckner for providing computer services at BYU, and both to SAVE, Inc., and Weber County Department of Substance Abuse for their support.

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Announcement and Call For Papers: Hardy Lectureship

The Department of Psychology at Brigham Young University announces the establishment of the Hardy Lectureship in LDS perspectives and the behavioral science. It invites papers to be submitted for the first lectureship, to be given October 16, 1990. The lectureship is designed: (1) To promote scholarly efforts to shed light on harmonies between the teachings of the restored gospel and the research findings or perspectives of the behavioral sciences, especially psychology; (2) To report on the use of methods and concepts from the behavioral sciences as a tool to further the mission of The Church of Jesus Christ of Latter-day Saints; and, (3) To explore the implications of gospel truths about humankind for understanding and ameliorating the human condition and human life.

The endowment of the lectureship is rooted in the faith that there is a set of truths about human kind represented in the gospel, only partially understood at present; that the behavioral sciences also gradually approach some of those same truths; and that ultimately there will be a rapprochement between the two sets of concepts leading to a unified understanding of the Truth. The lectureship seeks to facilitate the process toward that rapprochement.

The awards committee solicits papers which would serve as the basis for the lecture. The deadline for submission of such papers is September 1, 1990. Announcement for the lecturer will be given by September 15, 1990, for whom there will be an honorarium. Papers should be submitted to the chairman, Department of Psychology, Brigham Young University, 1001 SWKT, Provo, Utah, 86402. You may call (801) 378-4287 for further information on the lectureship.

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