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Gospel-Centered “Therapist” or Gospel-Centered “Therapy”: Is there a Difference and Does It Matter?

ROBERT GLEAVE

The foundation of any psychological theory or therapy assumes that we can discover rules that apply to all circumstances. Any attempt to create a Gospel-based therapy—by the very nature of the attempt—is an attempt to articulate a set of principles that apply to all people in all circumstances. The gospel must be dynamic and cannot be reduced to all encompassing rules; rather it must be a present tense lived experience with the complexity of every day oppositions in “real time.” A gospel theory, therefore, would employ the very system that it intends to overthrow, and every attempt fails. I argue that the whole point of the Gift of the Holy Ghost is to have help with the “moment-to-moment decision-making” of life. It provides for ongoing teaching and the “one-on-one” tutoring needed to develop judgment and wisdom. I suggest it is a more prudent course to get very well grounded in both the Gospel and our professions, and then to use our best informed judgment and our agency to create a relationship and a synergistic interaction that our clients can use in their own way—expressing their own judgment and agency to meet the unique challenges and circumstances of their own lives. I submit that we will meet the needs of the real individuals that enter our offices better by “being” in tune with the Spirit than by trying to sum up the gospel in psychological terms or sum up psychology in gospel terms.

I have long been a member of AMCAP. I recall its earliest beginnings as an organization dedicated to the interface of psychology and the gospel. Throughout my 30+ years of membership, I have watched AMCAP struggle with this dilemma in multiple forms and with varied arguments. I have also personally wrestled with the interface of psychology and the gospel. In my early years, I joined many who desired a psychological theory grounded in the gospel of Jesus Christ. A theory that would be all encompassing that would allow me to provide healing and rescue from the troubles and turmoil of this world for my clients. I observed carefully the work

of Allen Bergin and other leaders of AMCAP, hoping their efforts would result in my longed-for definitive truth. I joined an effort to provide mental health training for ecclesiastical leaders and was deeply dismayed when the Church as an organization flatly rejected our effort.

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The rejection became complete when we were directly instructed not to pursue the agenda again.

I have spent many years wondering how to reconcile the gospel and psychology. As a practitioner I was well aware of the power gospel principles have in the lives of clients. I also became increasingly aware that each client was unique and presented a different configuration of problems, weaknesses, strengths, goals, and relationships. As an academic I have been interested in the philosophical debates over foundational grounding and inconsistencies in basic premises among prominent theories.

Over recent years I have noticed an increase in the number of therapists claiming to offer gospel-based therapy, both in AMCAP and in other settings. As I have examined the theoretical underpinnings and philosophical assumptions of many of these gospel-based therapies, I have found only a few gospel principles sprinkled into a basically intact psychological system with tenets and interventions that are consistent with therapy generally.

Claims made by developers or advocates of these attempts seem to hold out an expectation that the therapy is superior or more effective as a result of the sprinkling of gospel principles. I have yet to find such a self-proclaimed "gospel-centered" therapy to be comprehensive and to articulate well the relationship between psychology and the gospel, let alone effectively integrate the two.

Increasing numbers of therapists have also made claims in another direction. They similarly purport having a superior or more effective treatment because they believe they have a unique ability to hear or interpret the Spirit. These therapists assert that their emotions or intuitions are more "right" because of their special status, and they offer no other grounding for their claims.

As I have wrestled with this dilemma I have come to believe that it is the presence of the Spirit—while being grounded in the mortal healing arts—that is important in this process rather than an articulation of all truth in a single comprehensive document or theory or having special abilities. In this paper I will attempt to articulate some of the reasons for my beliefs and hope that it will be thought-provoking and further the ongoing dialogue.

I will attempt to approach the subject from three different perspectives. First, I would like to address some history and context of the relevant ideas in this debate within AMCAP, the Church, and elsewhere. Second, I will address what I believe are some of the problems with any attempt to create a gospel-centered therapy. Third, I

will attempt to articulate my view of what it might mean to be a gospel-centered therapist.

HISTORY AND CONTEXT

The term "gospel-centered therapist" first appeared, to the best of my knowledge, in Richard Berrett's presidential address, entitled "The Great Independent Variable," at the October 1980 AMCAP Convention (Berrett, 1981). In this address, he takes a position similar to mine: it is the therapist's character that is more at issue than finding definitive truth in a "therapy". He seems to recognize some of the difficulties inherent in scientific paradigms. Overall, science presses us toward generalizability. In other words, science wants to know the truth about people—all people—since it is assumed as "capital T" truth, or the way the universe functions.

In the 1970s, when I was being trained as a psychologist and for several years prior to that, the general state of the field was to look to certain theorists who had developed comprehensive systems of therapy. Each seemed to be competing for status as having the definitive description of the human condition. It should be noted here that all of these efforts were based on thin data sets that would not stand the rigor of today's expectations.

Over the ensuing decades, the predominant thinking has shifted since there has been no clear winner declared. There is no longer a cadre of mentors or gurus to whom we look for definitive statements about the nature of mankind; rather, the field has turned to an emphasis upon common factors and views expressed by research teams examining much larger data sets. These statements are more narrowly constrained and make no claims toward an overall integration.

Church leaders have also expressed ideas that are relevant to this topic. President Boyd K. Packer described the shaping of the armor of God as a cottage industry in his April 1995 General Conference address, entitled "The Shield of Faith."

That shield of faith is not produced in a factory but at home in a cottage industry. . . .

. . . No two can be exactly alike. Each must be handcrafted to individual specifications . . .

. . . made to buckle on so firmly that it can neither be pulled off nor penetrated by those fiery darts.

In the Church we can teach about the materials from which a shield of faith is made: reverence, courage, chastity, repentance, forgiveness, compassion. In church we can learn how to assemble and fit them together. But the actual making of and fitting on of the shield of faith belongs in the family circle. Otherwise it may loosen and come off in a crisis. (p. 7)

Flexibility and judgment are essential elements of our work if we are going to seriously embrace agency and choosing. Those of you who served missions long ago will recall the Mr. Brown discussions, which in some ways followed a one-size-fits-all thinking similar to the prevailing scientific approach. Currently the Church is using *Preach My Gospel* (2004), which is founded on a significantly altered paradigm and approaches the discussions differently. Missionaries are now teaching the gospel to each individual in a unique order. They are listening to the personal stories, individual struggles, and unique concerns of each person or family. They are being guided by the Spirit to structure their teaching to tailor-make a presentation for each individual. Missionaries are asked to choose the principles taught, and the timing of deliveries, as well as the language used, based upon the needs and personalities of the people they are teaching.

Elder Dallin H. Oaks seems to articulate a way in which the gospel of Jesus Christ and psychotherapy can interact that doesn't undermine the eternal purposes of the Lord or ignore the mortal contribution psychotherapy can make.

Elder Oaks spoke of the intersection of religion and secular healing in his April 2010 General Conference address, entitled "Healing the Sick": "We have this priesthood power, and we should all be prepared to use it properly." He explains,

Latter-day Saints believe in applying the best available scientific knowledge and techniques. We use nutrition, exercise, and other practices to preserve health, and we enlist the help of healing practitioners, such as physicians and surgeons, to restore health.

The use of medical science is not at odds with our prayers of faith and our reliance on priesthood blessings. When a person requested a priesthood blessing, Brigham Young would ask, "Have you used any remedies?" To those who said no because "we wish the Elders to lay hands upon us, and we have faith that we shall be healed," President Young replied: "That is very inconsistent according to my faith. If we are sick, and ask the

Lord to heal us, and to do all for us that is necessary to be done, according to my understanding of the Gospel of salvation, I might as well ask the Lord to cause my wheat and corn to grow, without my plowing the ground and casting in the seed. It appears consistent to me to apply every remedy that comes within the range of my knowledge, and [then] to ask my Father in Heaven . . . to sanctify that application to the healing of my body."

Of course we don't wait until all other methods are exhausted before we pray in faith or give priesthood blessings for healing. In emergencies, prayers and blessings come first. Most often we pursue all efforts simultaneously. This follows the scriptural teachings that we should "pray always" (D&C 90:24) and that "all things should be done in wisdom and order" (p. 47).

An excerpt from a discourse by Joseph E. Taylor in 1894 may help clarify another essential point as we explore this topic.

I presume the Latter-day Saints have heard President Taylor tell the story that during the days of the Prophet Joseph Smith the latter called upon President Taylor, Orson Hyde and some others to write a constitution for the Church. Having received the appointment they applied themselves diligently to frame the instrument, and from time to time they reported to one another and compared notes. But there was always something that could not be accepted, could not be passed upon.

Brother Joseph, after a while, asked, "Well, Brother Taylor, have you got that constitution prepared?" "No, sir." "What is the reason?" "Because we cannot write it; we cannot agree upon the constitution." "Well," said Joseph, "I knew you could not. Ye are my constitution—as Twelve Apostles—ye are the living oracles." That is what he meant. "The word of the Lord shall proceed from you, and that, too, in keeping with the circumstances and conditions of the people, and you shall have the inspiration of Almighty God given to you to give counsel suited to them."

Now, what about the written word? Shall we ignore it? Shall we pass it by as a thing of no value to us whatever? Or shall we retain it, read it, and commit it to memory, and above all things become possessed of the spirit underlying the written word. . . . You take this revelation, for instance, pertaining to the glories of the celestial, terrestrial, and telestial worlds, and let many individuals read it carefully and seek to mature ideas that come to their mind in connection with this revelation. You ask these individuals their opinion upon this, that, and the other

passage, and I guarantee to tell you that there will be a vast variety of ideas upon that written word, a vast difference in conception. And now, mind you, while these individuals may be more or less possessed of the spirit of the Almighty, yet is it not possible that a man might err even upon the written word? Ask yourself the question. Is it not possible that you and I may place a wrong construction upon the revelations of Almighty God? Do brethren vary in opinion belonging to the same quorum, to the same organization, vary in their opinion upon points of doctrine? Why, yes; and they vary very largely and very widely, and in some instances I have found that one individual is the very antipodes of another, so far apart are they in their ideas. Does that change the spirit of revelation? Not by any means. What is the reason of this diversity of thought and opinion and construction? Simply the fact that we have not grasped the real truth underlying the revelation. And yet these men are good men, useful men, men full of zeal and intelligence, and full of faith in God. The sick may be healed under their hands, the power of God may be manifested in them, and yet they may err in judgment in trying to conceive the proper and correct idea upon points of doctrine which God himself has revealed. You come to the principle of baptism, however, and there is no question about that. And why? . . . Simply because we all partake of it, we all experience it, we all pass through it. When you come to grasp the eternal things that God, to a certain extent, has revealed in order to give us some light upon things pertaining to eternity, that is another thing. You and I have not passed through it, and consequently we must reach out to gain a conception, and according to our capacity to conceive, so are we satisfied in our mind. We talk upon this subject, on that subject, and we shall find our brother varying from us in ideas, and yet he is a good brother. When you and I have passed through death, when we have had our bodies called forth from the tomb, when our spirits shall become united with these tabernacles, when you and I shall be celestialized we will know something about celestial glory, it will not be merely conjecture. We will understand by actual experience, and there will be no difference of opinion whatever. (pp. 22–24)

It seems to me that the concepts we are wrestling with as we try to create some kind of relationship or interaction between psychology and the gospel are sufficiently complex and beyond our level of comprehension and experience that this description of varied opinions is quite apt. We each reach out with our minds trying to conceive, and we each discover some element of truth—we each find something that rings true to us. We find things

about which the Spirit bears witness to us. We gain understanding and a conception of things that really do help the clients that we serve. And yet we find that we have differences of opinion and that other people don't see things quite the same way that we do. Still, we are good therapists and we have good intentions. Our testimonies are strong. Perhaps it's okay for us to have these varied opinions, and perhaps it's even intended that we struggle in such ways without reaching definitive conclusions.

I believe Father in Heaven has purposely avoided giving us a “manual” and that His point was for us to individually explore our preferences more fully using our agency, not for us to blindly follow rigid prescriptions that mitigate all distress.

My study has led me to believe that every serious and rigorous attempt to create a gospel-centered “therapy” has arrived at this same position, that it is inadvisable to pursue such a quest. The Church also appears to me to be consistently rejecting such attempts.

The Church's in-house therapy delivery system, LDS Family Services, doesn't claim to develop a special or superior or gospel-centered “therapy”.

I will close this section with one final idea. Elder James E. Faust (1989) said:

The prophets, seers, and revelators have had and still have the responsibility and privilege of receiving and declaring the word of God for the world. Individual members, parents, and leaders have the right to receive revelation for their own responsibility but have no duty nor right to declare the word of God beyond the limits of their own responsibility. (p. 8)

I know of no General Authority—who has the right to do so—to have made even the slightest attempt to articulate even a sentence regarding a “gospel-based” psychotherapy or anything that could even be so construed.

Our responsibility, I argue, is to individuals and families, one at a time, one hour at a time.

PROBLEMS CREATED BY A GOSPEL-CENTERED “THERAPY”

The very foundation of every psychological theory or therapy is based on naturalistic assumptions—namely that we can discover natural laws and rules that apply to all humans in all circumstances (Slife & Gantt, 1999). This is a primary assumption of science and has been clearly exposed as embracing atheism (or worse, assum-

ing God to be irrelevant even if He exists) (Slife, Stevenson, & Wendt, 2010).

Every attempt to create a "therapy," gospel-based or otherwise, by the very nature of the attempt is an attempt to articulate a theory of everything, perhaps with the goal to establish control and reduce uncertainty. We try to develop a set of principles that apply to all people in all circumstances regardless of the context, or at least to all members of the Church—a sort of salvation by congregation or "by the numbers," if you will.

It is these very qualities that we recognize in the current theories of psychology and that we reject as being incomplete. In fact, it is in our awareness of the poverty of this model and these paradigms that our quest to find something more is born, and we find ourselves yearning for something with more life and more heart.

It naturally follows, however, that we would use the tools at our disposal, those things to which we have been exposed and the paradigms within which we have been educated, to seek a remedy. It is, therefore, expected that we would want to create a better "theory" or "therapy"; however, all such efforts employ the very system and structure that they intend to overthrow. It is inevitable, therefore, that every attempt is doomed to failure before it is begun.

Similarly, attempts to create and then apply treatments based on diagnosis (substance abuse, pornography use, depression, eating disorders, etc.) are founded on the same mortal principles espoused by the professions—namely naturalism, determinism, logical positivism, reductionism, generalizability, etc. In like fashion, all gospel-centered therapies I have encountered share the common claim of holding true across all circumstances and individuals because the author's conception of the principles held forth are true for everyone, always. These paradigms are diametrically opposed to the scriptural teaching that salvation is accomplished individually in a personal relationship with the Savior rather than by conformity to a common law.

It is a red herring to think we can be more than "just mortal". While it is a common desire of perhaps all men and women to seek for understanding—often with a hope to obtain control and to reduce uncertainty—we may not have the capacity to accomplish this lofty task in this mortal state. Indeed, it may be contrary to the central purposes of our mortal probation.

While it is reasonable to receive inspiration to benefit one of Father in Heaven's children in a moment of emotional wrestle, let's not take the next fatal step and claim to have found a "Truth" that applies equally to all or even to all those in similar circumstances. Such poorly founded or incomplete approaches to creating a theory can lead to lack of rigor and a susceptibility to fads. There are deeper philosophical questions that need to be raised in the process of establishing theories, but they lie in a different arena altogether.

Let me be clear: I am not speaking against scholarly wrestling with the paradigms of science in general, of psychology in specific, nor the challenges that flow from such attempts as evidenced in the work of Richard Williams, Brent Slife, Edwin Gantt and others. The work they pursue is in a completely different arena than the one I address here. Their academic enterprise is separate from those generated by individuals or small groups of practitioners, and their intended product is not a definitive statement about interventions with clients. Their dialogue is conducted in a community that requires arguments to be situated in the context of what many others have said. Their wrestling is in the domain of an academic enterprise and their ideas are put forward into the public arenas where they are checked by any and all who care to enter the debate. Theirs is a painstaking and rigorous process that involves decades of thinking, conversing, writing, and responding to others who exert similar effort. The wheels of this machine move very slowly, but the impact has the potential to alter society in fundamental ways. Nothing less than this immense effort provides the rigor necessary to challenge foundational paradigms and to shift scientific or cultural assumptions.

In order to implement the needed foundational changes to the scientific or cultural assumptions called for by our rigorous academic friends, a revolution would be necessary. It would require the basic premises and motivations of social interaction, the economy, and governments to be restructured in fundamental ways. Such a revolutionary societal change and the resulting system may have no need for several professions (police, traditional clergy, psychologists, business consultants, advertising, etc.). Anything less than this radical "turning of things upside down" (Williams, 1998) is hacking at the branches and will ultimately be a continuation of the current system—an extension of, or at least situated within, the current paradigms.

However, until then, incomplete attempts should not be held forth as representing the gospel simply for the reasons that, without the radical realignment mentioned above, it cannot truly represent the gospel of Jesus Christ, which, of necessity, must include the complete system of context, structure, relationships, etc.

The academic effort is worthwhile—not to be successful in creating a new and improved therapy, but to more clearly illuminate the misconceived paradigms prevalent in the world today and to articulate viable alternatives. It is here in this academic arena that the seminal and continuing work of Drs. Williams, Slife, Gantt, and others holds paramount value and illustrates why we need to embrace the academics in AMCAP. We need to value such individuals—proposing conference topics that attract them and encourage them to present their ideas and research. I hope we will continue to make significant space and support available for our ivory-tower friends. I deeply respect and support their work and believe it to be critically important. I don't expect, however, that the value of their work will be found immediately or clearly in a therapist's office or that their challenges to current thinking and practices will result in any form of a "theory of everything."

I invite any and all who are willing to engage in the necessary serious and rigorous effort to join with these valiant servants to challenge the deep foundations of our culture and our time. I plead, however, that all efforts that are less intensive and less rigorous be abandoned for the reasons stated above. There is too much at stake. The risk is too high for developing counterfeits that are incomplete at best and misleading and harmful at worst.

There is another type of gospel-centered therapy that I believe is problematic. Some therapists claim they are offering themselves as gospel-centered therapists when, in fact, they are making the very same claim of superiority that a gospel-centered therapy makes. This may look like a subtle distinction but it is a very important one. Such therapists' claim of being better is not due to a special understanding of "capital T" truth, but rather, to a special status based on their particular ability to receive and interpret direction from the Spirit. Some believe that they are so in tune with the Spirit that they construe anything that they feel as being directed by the Spirit—a therapeutic "medium" so to speak. While they may not claim to know everything, they claim that everything that they know is true by virtue of their special relationship and

status with the Spirit. This claim is also too often based on sloppy and careless thinking.

This position is reminiscent of those to whom Brigham Young referred as saying, "we wish the Elders to lay hands upon us, and we have faith that we shall be healed" without the relevant effort (as cited in Oaks, 2010). Claiming that what you know or do is right because of your relationship with the Spirit is expecting the Lord to do all the work and is not consistent with what President Young taught. Having an oracle available (even one in therapist attire) to direct individual people on specific choices does not seem to be the Lord's typical pattern. It puts excessive emphasis upon passive, faith healing and undermines agency.

Such therapists believe they are a gospel-centered therapy unto themselves and border on believing they are infallible (at least on important matters). It is clear that this claim of superiority lacks substance, grounding, and rigor by any definition; I strongly encourage all who encounter individuals making such claims to challenge them as charlatans.

Allen Bergin (1977) constantly warned against the danger of "free-lance faith healing or spiritual therapy cults." He said, "*We would be extremely disturbed to see free-lance gospel therapies or faith-healing cults arise. Both research and standard lines of priesthood supervision govern our work*" (p. 7; italics in original). The Lord said, "A commandment I give unto them, that they shall not boast themselves of these things, neither speak them before the world; for these things are given unto you for your profit and for salvation" (D&C 84:73). Additionally, partial efforts—in either direction discussed—might come dangerously close to priestcraft (Alma 1:16). Also, to advertise oneself as a temple recommend-holding therapist or as somehow superior because of one's LDS status may also approach priestcraft. We must be clear that we are offering a mortal or worldly therapy and not make claims, even in our own minds, to be superior, special, or unique by any virtue of our commitment to the gospel.

WHAT DOES IT MEAN TO BE A GOSPEL-BASED "THERAPIST"?

Let us first consider Job from the Bible. In the first verse of the first chapter, Job is identified as a perfect man. In what way was he perfect? I suggest that one important way was his tenacious refusal to make fundamental mis-

takes made by most mortal men and women. He refused to believe that control was anywhere other than in God's hands, and he submitted willingly and immovably to the will of the Father. Most of us make one or both of two related mistakes on a regular basis. (1) We believe that we are in control and that we have the ability to direct the universe when difficulties arise. Thus, we look carefully and closely for errors that we have made that were the cause of a bad outcome and then spend too much time feeling guilty and living in regret for our errors. Or (2) we believe that someone else is in control of the universe, and that because of their actions, painful deficits and losses have come into our lives. We then wait for them to correct the errors and to mitigate our losses.

I suggest that gospel-based therapists would not fall prey to, or would at least resist, the desire to be in control in this way. Rather, they see all things as being in the hand of God and wish only to follow His direction, whatever it may be. I suggest that this is the feeling, intent, or message behind D&C 59:21: "And in nothing doth man offend God, or against none is his wrath kindled, save those who confess not his hand in all things, and obey not his commandments."

Let us next consider the way that the Lord chose to help Moses lead the children of Israel in Exodus 18:13–27 (King James Version). Moses was not able to answer all of the questions posed by the Israelites, yet the people had a great desire to know the word of God—the truth, from the fountain of all truth—perhaps, again, with an intent to control outcomes. The Lord's plan, however, was neither to grant greater access to the "oracle" nor to produce a written exposition that would answer all questions in minute detail. He provided neither a manual with clear rules that, if followed with exactness, would assure the relief of all sorrow or difficulty nor a multitude of professionals to hold all truth or have direct access to the Lord. Rather, it was His choice to assign lesser leaders who were closer to the individual context to help in the ways that they could, in spite of their limitations. I imagine that it was initially as frustrating to the Israelites as it is to some of us to not quickly find definitive solutions to their sorrows.

Adam was told when he entered this mortal sphere that there would be sorrow, losses, deficits, etc. and that there would be no significant relief from this reality until death and redemption were accomplished (Genesis 3:17–19; Moses 4:23–25). In spite of this clear indication that we

are subject to conditions beyond our influence, we see the familiar tendency toward a desire for control in the world today. Many labor under the assumption that if they could just do the right thing, most pain would abate. So they want to know what is the right thing to do.

Through my experience, I have come to understand that the whole point of the gift of the Holy Ghost is to have help with the moment-to-moment decision making of life. It is to provide the ongoing teaching and the one-on-one tutoring needed to develop judgment and wisdom. The gospel, in my mind, cannot be reduced to any form of dead rules or laws; rather, it must be a dynamic, present tense, lived experience with the complexity and diversity of everyday oppositions and dilemmas.

A few verses from Hebrews speak to my point (Hebrews 7:19, 9:9, 10:1). Here Paul seems to be saying that the law is important, but that there is something else that is beyond the law that is more important for salvation than the law alone. He may be referring to that intangible that we sometimes call the spirit of the law, which is beyond the letter of the law.

The spirit of the law calls us to something beyond the letter of the law. A missionary teaching concepts in a unique order to different people maximizes individuality and personal agency. In this approach, flexibility is a hallmark. No longer is there such strict concern about "doing it right" or having an approach that is complete and all-encompassing for everyone. Any attempt to eliminate or hinder this synergistic process seems shortsighted and ill-advised to me—either in regard to missionary work or psychotherapy.

I hope we can embrace something similar to Spencer W. Kimball's admonition to BYU faculty in his "Education for Eternity" address at the BYU Annual Faculty Conference, Sep. 12, 1967.

It would not be expected that all of the faculty would be categorically teaching religion constantly in their classes, but it is proposed that every professor and teacher in this institution would keep his subject matter bathed in the light and color of the restored gospel, and have all his subject matter perfumed lightly with the spirit of the gospel. Always there would be an essence, and the student would feel the presence. (Kimball, 1967)

I envision the "light and color" and "perfume" to be found behind the scenes in the demeanor and person of the therapist—in attitudes and understandings, not in the type of therapy offered, constant references to scripture, implied revelation, or any claims of superiority. In

this context, I want to go so far as to suggest that the operative element that makes anything “gospel-centered” is that the people who are engaging in an activity are doing so under the gentle influence of the Spirit.

I assert that gospel-centered therapists are those who recognize the hand of God in all things and accept the incomplete and fallen nature of this mortal world. They also deeply respect the individual agency of their clients, including their clients’ opportunity to make hurtful choices. They are quick to look past the surface of current conditions and to see the potential healing hand of the Savior bearing them along. They see no need for immediate rescue from mortal trials (that is beyond their station and ability anyway) and yet they are eager to get their hands dirty in the service of supporting the ongoing growth of real people, one hour at a time.

In this service they are open to promptings and are not surprised when they come, but they do not feel able to command them at will. They are well prepared with the tools of the trade to proceed when there is no heavenly direction and are able to use these tools to deliver whatever is given through inspiration. They see the gifts of the Spirit as intended for the person in the room at the time and not as universal. While they learn from these meaningful moments and their overall understanding is increased, they have no need to claim to be superior to others or to have any special ability or gift as a result. They feel no need to have others validate their insights.

They clearly understand that they have been neither ordained nor set apart with any keys or privileges. They are clear that they are engaging in the worldly healing arts as referred to by Elder Oaks (2010) and are careful to give no other expectation in any setting. They have developed rich conceptual structures that are consistent with their personal and moral commitments and values even though they are not completely comprehensive and error free. They have found ways to use psychological principles and language to communicate lessons learned from the scriptures and can also include gospel language in their psychological work—building bridges and welcoming cultural exchanges—without requiring a forced merger.

WHAT CAN WE DO FROM HERE?

I suggest it is the more prudent course to become very well grounded in both the gospel and our professions and then to use our best informed judgment and our agency to

create a relationship and a synergistic interaction with our clients that they can use in their own way—expressing their own judgment and agency to meet the unique challenges and circumstances of their own lives. I argue that this is a far nobler endeavor than giving clients “correct” answers to specific questions (what do you do when . . .).

I, therefore, strongly advocate becoming a gospel-centered (based, etc.) therapist and strongly denounce attempts to create any form of gospel-centered (based, etc.) therapy.

Sharing with professional colleagues about conceptual or delivery preferences continues to be a good idea while we wrestle with the currently inadequate and philosophically inconsistent state of the profession, but I call for an active and consistent rejection of any claims to have a complete—or even significantly congruent—gospel-centered theory or therapy while these theories or therapies remain nested in corrupt contexts and paradigms. I even go so far as to strongly discourage any further attempts to search for, or aspire to, such a theory or therapy until the underlying philosophy is well enough articulated as to provide a stable foundation upon which it can be situated.

The reality is that we must meet our clients today before we have solved this dilemma. I submit that we will better meet the needs of the real individuals—with real stories, names, and faces—that enter our offices by being “bathed in the light and color” of the Spirit than by trying to sum up the gospel in psychological terms or sum up psychology in gospel terms (Kimball, 1967).

While I desire to encourage following the Spirit generally, I fear that this encouragement may leave room for too many to be content with flying by the seat of their pants, with sloppy thinking, or worse. I fear that encouraging LDS clinicians to follow the Spirit will give license to some—already prone to these errors—to accentuate them. Lax and incomplete, or rigid and rule-based ways to approach this problem lead to fads and lack of rigor or, as Bergin put it, “free-lance faith healing or spiritual therapy cults” (1977).

However, those who strive to truly be “perfumed lightly” by the Spirit leave me with little concern, since one requirement inherent in accessing the Spirit is to be diligent and dedicated in applying the knowledge made available through secular training. After employing all current resources, it is then legitimate to seek help from beyond the veil at the discretion of the Holy Ghost. It is

inappropriate to seek such guidance without expending the effort first or to think to compel a response.

I don't want to stop dialogue; I want to clarify a context for the ongoing discussion. To those of you who have spent significant time and effort toward a gospel-centered therapy, I suggest that those efforts have not been wasted even though they have not been complete. In that process you have undoubtedly found some important ideas and techniques that help some people. Your work is needed in AMCAP and in the professions. I sincerely hope you will consider sharing your work and continue to be open to new insights that might yet come. However, I hope I have made a compelling case to frame these efforts in preference language and to present them as tentative, partial, and incomplete expressions within a greater whole—with recognition that the whole has yet to be revealed. I would wish the presentation of these valuable concepts to avoid claims of superiority, deliveries full of excessive zeal, or attempts to garner adherents.

Ours is to be humble servants who wrestle in the mud of the trenches—applying critical, albeit inadequate, first aid—until the time of ultimate triumph can remove the effects of mortality.

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Bathed in the Light: Conceptual Considerations for the Gospel-Centered Psychologist

EDWIN GANTT

This paper is a brief response to Dr. Robert Gleave's (2012) article "Gospel Centered 'Therapist' or Gospel Centered 'Therapy': Is There a Difference and Does It Matter?" Dr. Gleave's essay is commended for its insight, timeliness, and importance to the LDS clinical and counseling community. Three areas in which LDS therapists need to engage in careful conceptual consideration of the philosophical and theoretical underpinnings of their approach to therapy are enumerated: moral agency, embodiment, and sexuality. It is argued that a gospel-centered perspective in psychology requires that the LDS therapist pay careful attention to the conceptual "fit" between these concepts as they are understood in the light of the restored gospel and as they are understood in contemporary secular psychology.

I am genuinely grateful for this opportunity to comment on Robert Gleave's (2012) thoughtful and much-needed article calling attention to the dangers of presumably "gospel-centered" psychotherapies and the all-too-often, all-too-easy reconciliations that some offer based on the intermingling of the restored gospel of Jesus Christ and the secular psychologies of our day. It has been my experience that serious and careful examination of the issues Dr. Gleave raises takes place far too infrequently in the Latter-day Saint counseling and psychotherapy communities, and so I applaud his effort to not only advance but to deepen the dialogue concerning such matters. Such dialogue can, I believe, both have a profound impact on the spiritual dimensions of our work as LDS psychologists and exert a significant influence on

the contours and relevance of our professional practice within and without the LDS community.

I, like Dr. Gleave (2012), often find myself growing nervous when I hear talk of an "LDS psychology" or "gospel psychotherapy." As he points out, such talk, when carefully examined, tends to reveal a psychotherapy in which a few gospel principles have been rather unsystematically "sprinkled into a basically intact psychological system with tenets and interventions that are consistent with therapy generally" (p. 2). Such an approach, I am convinced, is far too congenial to the basic assumptions and values of naturalistic or secular

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worldviews that are ultimately toxic to the truth-claims of the restored gospel and profoundly dismissive of the living God of Abraham, Isaac, and Jacob, whom we as Latter-day Saints profess to worship. As Williams (1998) argued over a decade ago, the gospel of Jesus Christ embodies a profound intellectual (as well as religious) challenge to the modern world, and most especially to the social sciences. As such, it demands our most careful and sustained scholarly efforts to appreciate the many ways in which the message of the restored gospel, and the worldview it entails, diverges from the philosophical and scientific presumptions and practices of contemporary psychology and psychotherapy. It simply will not suffice to just note some superficial resemblance between, for example, the Rogerian notion of unconditional positive regard and the revealed characteristics of Christ-like love and then conceptually regard the two as essentially the same thing merely traveling by two different names. They are not, in fact, the same thing, and the significant philosophical, moral, spiritual, and practical implications of their differences deserve our closest attention and intellectual respect (see McKee, 1986).

Equally troubling as any such “shotgun marriage of psychological therapy and the gospel of repentance” (Sorensen, 1981) is the fact that some LDS counselors and clinicians take it upon themselves to advertize their services as particularly helpful or effective because of some special spiritual sensitivity they claim to possess or some unique access to the gifts of the Spirit that they enjoy. Gleave (2012) does an excellent job of pointing out some of the dangers attendant to such presumption, and we would all, I believe, do well to attend to his concerns in this matter. While a sloppy or superficial reading of his argument might leave the impression that it is just this sort of therapist he envisions with his call for “gospel-centered” therapists, I believe that such a reading is ultimately unsustainable and unwarranted. It is clear that for Gleave a “gospel-centered therapist is not one who presumes some special spiritual privilege or claims superiority for his or her brand of treatment on the basis of personal characteristics or the mastery of some comprehensive system of “gospel therapy.” Rather, for him, the gospel-centered therapist is one who humbly and meekly submits to the Lord in all things, who understands that it is Christ who heals us all and that it is his atoning sacrifice and selfless compassion upon which all therapeutic endeavors must be founded. The person and the practice of such a therapist is the very embodiment

of the invitation to “come unto Christ, and be perfected [that is, made whole] in him” (Moroni 10:32). I believe that it would be most wise to heed Dr. Gleave’s thoughtful advice in such matters.

A TESTIMONY IS NOT ENOUGH

While I am clearly very sympathetic to Dr. Gleave’s (2012) thesis that what matters most for us as LDS psychologists is not that we possess or adhere to some formal system of gospel-centered psychotherapy but that we strive to be gospel-centered therapists, I suspect an important clarification is in order lest his argument be misunderstood or misappropriated. I fear that some might assume that since Gleave argues that it is the therapist who must be firmly centered in the gospel of Christ and that a formal or comprehensive gospel psychology is neither likely nor desirable, it therefore makes little real difference what sort of therapy the gospel-centered therapist happens to employ so long as the therapist is a faithful Latter-day Saint. This could not, I believe, be further from the truth. Thus, while I am convinced that aspiring to a single, uniform gospel psychology represents an illusory quest—for all the reasons Dr. Gleave provides and more—I would nonetheless hold that a “most anything goes as long as I have a firm testimony” approach to therapeutic practice and psychological theory is just as problematic, though perhaps for different reasons. Being genuinely open to being guided by the Holy Spirit is obviously central to being a gospel-centered therapist of the sort Gleave envisions. However, should we commit ourselves (however inadvertently or unintentionally) to psychological theories or practices rooted in (and expressive of) conceptions of human nature that deny or dismiss revealed truth, the Spirit will necessarily be limited or constrained in the degree of guidance it can provide to us. As Latter-day Saint psychologists, I do not think we want to be in the confused position of seeking spiritual support while embracing professional and philosophical commitments that do not permit such guidance in the first place. To do so is to work at cross-purposes with the Lord and to shortchange our clients and our community. Indeed, the Lord has cautioned: “Wherefore, let all men beware how they take my name in their lips—For behold, verily I say, that many there be who are under this condemnation, who use the name of the Lord, and use it in vain, having not authority” (D&C 63:61–62).

Clearly, “cleansing the inner vessel,” having a witness of the truth of the gospel, and truly living a Christ-like life¹ are important if we are to be the sort of therapists that Dr. Gleave (2012) enjoins us to be. Be that as it may, however, I believe that it still matters deeply what sort of therapeutic practices we endorse and what conceptions of personhood we entertain and encourage. As Elder Neil A. Maxwell (1976) pointed out thirty-five years ago, “We may not yet know the best form of therapy in every case, but we can know that certain forms of therapy are clearly inappropriate for us as Latter-day Saints” (p. 590). Part and parcel of keeping our subject matter (i.e., the psychology of human beings) “bathed in the light and color of the restored gospel,” as President Kimball (1967) has directed, is being willing to maintain a constant and critical vigilance regarding the intellectual foundations of our theories and practices. To do so requires a careful and sustained consideration of not only the contents of our psychology but also the doctrines of the restored gospel.

In the remaining pages, I would like to briefly delineate a few key issues by which we might more fruitfully evaluate the compatibility of particular psychological theories or therapeutic practices in the “light and color of the restored gospel” (Kimball, 1967), especially as we strive to center ourselves in Christ and work with Him to bring peace to those who struggle and suffer. I propose these issues as an invitation to further dialogue regarding the question of the relationship between the restored gospel of Jesus Christ and the profession of psychology.

THE REALITY OF MORAL AGENCY

As Williams (2005) has pointed out, moral agency is a “genuine watershed” issue in psychology; there is “perhaps no question regarding our fundamental human nature [that] is more important than the question of agency” (p. 117; see also, Judd, 2005; Gantt, 2002; Oaks, 1988). Indeed, prophets and apostles, both ancient and modern, have consistently taught that moral agency is “an essential ingredient of being human. . . . It is the specific gift by which God made his children in his image and empowered them to grow to become like him through their own progression of choices,” and that “no being can possess sensibility, rationality, and a capacity for happiness without it” (Warner, 1992, p. 26). It would seem clear, then, that for the gospel-centered therapist

the centrality of moral agency to adequately understanding human life and addressing human problems in genuinely helpful ways cannot be overemphasized. The work of therapy must, from this perspective, always begin with the recognition that one’s clients are fundamentally moral agents, possessing the divinely bestowed capacity to “act for themselves and not be acted upon” (2 Nephi 2:26), to engage the world in meaningful ways, to choose from among the possibilities presented to them by the world, and to give their assent to certain ways of being in that world.

Further, such therapeutic work must acknowledge that any treatment approach, case conceptualization, or behavioral explanation in which the client’s moral agency is neglected, marginalized, or outright dismissed will be of little actual worth in helping our brothers and sisters to understand or address the real problems at hand. As Elder Neal A. Maxwell (1990) once noted:

The deep problems individuals have can only be solved by learning about “the deep things of God,” by confronting the reality of “things as they really are and things as they really will be.” Hard though this process may be, painful though it may be, it is the one true course for human happiness here and everlasting joy in the world to come. Whatever we do in our individual lives and through the influence we have on the lives of others must move us and others to come to terms with these ultimate realities. To move in another direction is folly and misery. (p. 46)

One of the realities that our clients, like all of us, must come to terms with in this life is the reality of our moral agency and its nature, scope, consequence, and even possible limitations. Employing therapeutic approaches or conceptualizations of human nature that fail to take the reality of moral agency seriously cannot help but do serious harm to our clients and even ourselves, both spiritually and temporally, as they seduce us to false and falsifying views of who we are and what it means to be sons and daughters of God.

Unfortunately, the overwhelming majority of contemporary psychotherapies, personality theories, and practice models provide little actual place for moral agency in their conceptualizations of human nature or in their theoretical formulations of behavior and pathology (Martin, Sugarman, & Thompson, 2003). Indeed, as many scholars have noted, a basic philosophical commitment to some form of deterministic explanation is in many

ways a hallmark of contemporary psychological theory and practice—even across what are otherwise widely divergent schools of thought (see, e.g., Bishop, 2007; Frie, 2008; Martin, Sugarman, & Thompson, 2003; Slife & Williams, 1995).

Ironically, even some psychological theories and therapies that seem to value human agency by speaking of the client's ability to choose are, upon closer examination, more often than not committed to fundamentally non-agentic, deterministic forms of understanding and explanation. Such accounts typically rely on models that cast human choice as being produced by one or another form of the "decision-making process," whereby various environmental inputs are processed through a complex cognitive machinery to generate behavioral outputs that the client (from the non-scientific perspective of the layperson) may then believe to be agentic in nature but which, in fact, are not (see, e.g., Baldwin & Slife, 2002; Bandura, 1989; Bargh & Ferguson, 2000). For example, as principal architects of contemporary cognitive-behavioral therapy Alford and Beck (1997) note, "Cognitive, affective, and motivational processes are determined by the idiosyncratic structures, or schemas, that constitute the basic elements of personality" (pp. 25–26). Likewise, Clark, Beck, and Alford (1999) maintain that "cognitive theory and therapy acknowledge that there is an independent reality . . . [that] is the basis of the cognitive constructions that determine affect and behavior" (p. 62). Thus, despite the fact that many contemporary cognitive-behavioral therapists speak of the importance of client choice in both the origins of disorders such as depression and in the favorable outcomes of therapeutic intervention, the theoretical foundation upon which such intervention is based asserts that all cognition, affect, motivation, and personality "are controlled by genetically and environmentally determined processes or structures, termed 'schemas'" (Alford & Beck, 1997, p. 29). It would seem, then, that such an approach is not really taking moral agency very seriously.

Equally problematic are those therapeutic approaches (e.g., existentialism) that, while not seeking to reduce human choice to any underlying mechanical processes of biology or cognition, nonetheless still fail to take moral agency seriously by decoupling it from its fundamentally and inescapably moral nature. Agency as absolute autonomy, wherein the individual is entirely

free to determine the contours and scope of his or her own moral universe without constraint, is a groundless and free-floating agency and, as such, "cannot be anything other than randomness or a capacity for complete caprice in our actions" (Williams, 2005, p. 126). It is hard to imagine that a war in heaven was fought primarily for the privilege of making random and capricious choices. If moral agency, as Williams has claimed, is more a matter of "doing what you should do" than merely being capable of "doing what you want to do" (p. 118), then therapeutic perspectives that dismiss or blur this important distinction ought to be assiduously avoided by the LDS psychologist seeking to be centered in the gospel of Christ. To embrace a therapeutic perspective on human agency that either denies the reality of our capacity to choose, on the one hand, or rejects the inescapably moral context of our choices, on the other, is to move in the direction of "folly and misery," the direction away from which Elder Maxwell (1990) warned us.

In short, then, while Dr. Gleave (2012) rightly argues that there is no formal, comprehensive system that constitutes a gospel psychology (at least insofar as one has not yet been revealed to us through proper channels), this does not mean that the therapist striving to be gospel centered need not worry overmuch about the type of therapy or the forms of theoretical understanding he or she adopts as a professional so long as he or she personally believes in moral agency. What it does mean, I believe, is that the gospel-centered therapist must be extremely attentive to the question of moral agency, especially in light of the often hidden deterministic assumptions that undergird so many of the therapeutic theories and techniques accepted in the field today. Such a therapist must continually, to paraphrase a scripture quoted earlier, beware how he or she takes "agency" in his or her lips. The gospel-centered therapist must, then, not only steadfastly resist theories and practices that deny the reality of our moral agency—or that seek to debase it by dressing it up in conceptual rags that pretend to seriousness while reducing it to indeterminate nonsense that lacks any real moral bite—but he or she must also actively work to formulate and implement approaches to therapy that draw upon and pay proper conceptual respect to the reality of our God-given moral agency.

EMBODIMENT: MACHINES OR SOULS

Appreciating the spiritual and philosophical significance of the LDS perspective on embodiment is every bit as important to the therapist seeking to be centered in the restored gospel as is a recognition of the centrality of moral agency. As Elder Jeffrey R. Holland (1989) has claimed, echoing Elder James Talmage before him, “A body is *the* great prize of mortal life” (p. 187; italics in original). And, as the prophet Joseph Smith taught, “We came to this earth that we might have a body and present it pure before God in the Celestial Kingdom. The great principle of happiness consists in having a body” (Smith, 1976, p. 181). The LDS understanding of human embodiment is unique among the theologies and philosophies of the religious and secular worlds. For Latter-day Saints, human corporeal nature is not characterized by a “state of constant conflict between the righteous enticings of the spirit and the vices of the flesh, ending only when death frees the spirit from the body” (Van De Graff, 1992, p. 1080) as many religious traditions have maintained. Neither do we believe, as do many in the world today, that human corporeality is merely matter in motion. Such a view takes the body to be nothing more than a profoundly complex machine whose various motions and processes serve to constitute our existence—until, of course, those motions cease and with them our existence (Wiker, 2002).

In contrast to both of these traditions, modern revelation teaches that “the body and the spirit are the soul of man” (D&C 88:15). As Elder Jeffrey R. Holland (1989) has stated, “We simply must understand the revealed, restored Latter-day Saint doctrine of the soul, and the high and inseparable part the body plays in that doctrine” (p. 186). Here, in the doctrine of the soul—which term should not be understood as merely a synonym for *spirit* or *mind*—we find articulated the intimate relationship between our spiritual and our physical reality, a relationship in which the concept of moral agency plays a central, organizing role. We are neither immaterial spirits trapped inside inescapably sinful and rebellious bodies seeking release from the cursed consequences of Adam’s Fall nor are we merely “giant lumbering robots” (Dawkins, 1989, p. 19) whose behaviors are simply the electrochemical byproducts of billions of neural firings that serve no greater purpose than achieving some evolutionary goal of survival and reproduction (Murphy &

Brown, 2009). Rather, we are, to borrow a term from the Christian philosopher Charles Taylor (1989), “embodied agents.” For Latter-day Saints, “the human soul is innately endowed with an agency that should be honored and guarded as sacred and eternal” (Williams, 1992, p. 1392). Thus, for Latter-day Saints, to be human is to be a soul whose nature is fundamentally and inescapably physical *and* spiritual, finite *and* infinite, eternal *and* temporal, and whose desires, sensitivities, feelings, thoughts, hopes, and choices cannot be adequately captured by any calculus whose only permitted terms are immaterial spirit, autonomous mind, or mechanical matter.

Given this doctrinal foundation, then, the gospel-centered therapist is one who carefully avoids those schools of psychological thought that seek to reduce human thought, feeling, and behavior—whether pathological or not—to the mere happenstance outcomes of what are fundamentally mechanical and meaningless biochemical states and processes. While such a therapist would have too much reverence for the blessing of embodiment to deny the inescapable relevance of brain and body to our emotional, social, and psychological life, he or she would also resist the popular tendency to convert what is clearly a matter of constraint and context into a matter of merely matter and cause. Whatever theoretical or practical perspective the gospel-centered therapist might opt for, then, it is vital that it be one in which the divine purpose and moral reality of our embodiment is taken seriously. Embodied moral agents are not “meat machines”² and can never be adequately understood, treated, or served by any therapy that conceives of them as such. Thus, for the gospel-centered psychologist, depression will always be more than merely a “chemical imbalance,” anxiety always more than just a “genetic predisposition,” and anorexia always more than just a “brain dysfunction.” Again, this is not to say that brains and genes and hormones do not matter or are of no real relevance in accounting for the experiential shape and contour of human psychopathology. Rather, it is only to say that if we wish to take moral agency seriously in the context of embodiment, we cannot begin the attempt to understand psychological and emotional suffering by assuming that thoughts, feelings, and intentional, meaningful behaviors ultimately result from the merely mechanical operations of meat and chemical, no matter how complex such operations might happen to be (see Murphy & Brown, 2009).

SEXUALITY

Closely connected to the ideas that human embodiment entails more than just the mechanical functions of meat and chemical and that it is intimately implicated in the meaning and possibility of moral agency is the notion that our sexual nature is also more than simply a matter of genetic happenstance, impersonal biological functioning, or social contrivance. Many contemporary psychological accounts of human sexuality propose that human sexual desire and intimacy are really nothing more than a byproduct of biochemical states, genetic dictates, evolutionary imperatives, and contingently constructed cultural practices (Gantt & Reynolds, 2008; Stainton Rogers & Stainton Rogers, 2001).

Interestingly, even approaches typically thought to be “humanistic” all too often fall into the trap of conceiving of human sexuality primarily in terms of basic natural processes and biological events—events that have meaning only insofar as we happen to contingently assign it in a particular cultural context. For example, Maslow’s (1970) famous “Hierarchy of Needs,” which has become a staple of many contemporary accounts of human nature and a conceptual tool used in many clinical perspectives, locates the desire for sexual intimacy at the very base of human motivation, co-equal with hunger and thirst as a principle force behind human action. As such, Maslow offers what might playfully be called an “eat, drink, and be merry” approach to understanding human motivation. In Maslow’s scheme, social behavior, at its most basic level, always rests on powerful biological needs and the continuous quest to satisfy them: The only way to overcome our captivity to the bondage of lower needs so that we might pursue higher ones is to gratify them. Indeed, Maslow (1970) pointedly states, “The easiest technique for releasing the organism from the bondage of the lower . . . needs is to gratify them” (p. 61). One of psychology’s primary purposes in such an approach, then, is to guide us in mitigating our captivity to the bondage of lower needs and, thereby, in some measure help us to overcome our basic animal nature, or those “basic needs that we share with other animals—needs for food, sex, and so on” (Neher, 1991, p. 104)—so that we might achieve self-actualization and self-fulfillment.

In contrast, the restored gospel of Jesus Christ seems to situate our sexual nature in a fundamentally divine, moral, agentive, and relational context. In this context,

human sexual desire is not seen to be merely a reflection of what is most natural, mechanical, or “animal-instinctual” about us. Rather, human sexuality is held to be an expression of what is in fact most social, moral, and divine about us. Indeed, I would argue that a central claim of the restored gospel is that the fundamental reality of the universe is an eternal family, embodied moral agents bound to one another in genuine relationships of covenant, obligation, and love. “In LDS life and thought,” the *Encyclopedia of Mormonism* explains:

Sexuality consists of attitudes, feelings, and desires that are God-given and central to God’s plan for his children, but they are not the central motivating force in human action. . . . Sexuality is not characterized as a need, or a deprivation that must be satisfied, but as a desire that should be fulfilled only within marriage, with sensitive attention given to the well-being of one’s heterosexual marriage partner. As the offspring of God, humans carry the divine Light of Christ, which is the means whereby the appropriate expression of sexual desires can be measured. Depending on whether men and women are true or false to this light, they will be the masters or the victims of sexual feelings.” (Ludlow, 1992, p. 1306)

Similarly, as Elder Parley P. Pratt taught, “Our natural affections are planted in us by the Spirit of God, for a wise purpose; and they are the very main-springs of life and happiness—they are the cement of all virtuous and heavenly society—they are the essence of charity, or love” (Robinson, 1952, pp. 52-53). Such a picture of human sexual nature is a far cry from our contemporary psychological one in which sexual desires are so often held to reflect nothing more than the presence of basic psychological needs arising out of the mechanical interactions of meat and chemical.

What then might this mean for the gospel-centered therapist—or the therapist seeking to become such? Perhaps (again) only that in striving to center our practice in the restored gospel of Christ we must take care to engage in due critical diligence before we adopt any of the common-place perspectives and practices of our discipline. This is particularly relevant insofar as clinicians and counselors are so often called upon to address questions of sexual desire, relationship, and meaning but are all too frequently left by the discipline with few adequate conceptual tools and little in the way of real wisdom regarding how to do so in any way that will help their clients genuinely understand the fundamentally divine context

and purpose of sexual relationships and desires. Here, as with the questions of moral agency and embodiment, the gospel-centered therapist must never lose sight of the revealed reality of sexual life and the ontological and moral implications for how we understand ourselves, our closest loved ones, our children, and our fellow beings. Any therapy or theory that can make no ontological space in its account of human sexuality wherein the language of covenants, preferences, and moral obligations might flourish ought to have little attraction for the gospel-centered therapist.

CONCLUSION

Once again, in conclusion, let me applaud Dr. Gleave's (2012) much-needed and most welcome efforts to draw our attention to some of the important matters that the community of LDS psychologists, clinicians, and counselors must continually confront—namely, the interface between our religious commitments and the theories and practices of contemporary psychotherapy. Dr. Gleave has invited us all, as a part of that community, to engage in a sophisticated dialogue whereby we might take meticulous stock of our grounding assumptions, professional practices, and religious understandings so as to best get our proper bearings in what is often a tangled and confusing intellectual landscape. I hope that as a community we will accept Dr. Gleave's timely invitation and devote ourselves more intently to just such a dialogue and to the penetrating self-examination that it requires.

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ENDNOTES

1. As opposed to simply assenting to a set of doctrinal propositions or abiding by a set of behavioral proscriptions for social, cultural, or intellectual reasons.
2. This term is most often attributed to artificial intelligence researcher Marvin Minsky.

Finding the Center of Gospel-Centered Therapy

RICHARD N. WILLIAMS

In his thoughtful paper, Dr. Robert Gleave (2012) explores what it might mean for one to claim that any therapy is gospel centered. He concludes that the idea of a gospel-centered therapy is in some sense at odds with the spirit of the restored gospel because it would slip into a prescriptive form, laying out principles that would necessarily apply across all people and circumstance, and therefore constituting a sort of grand theory. In response to Dr. Gleave's description, however, the present paper suggests that a genuinely gospel-centered theory (or a therapy derived from it) will not necessarily devolve into the principle-driven "theory of everything" Dr. Gleave rightly criticizes. Therefore, a gospel-centered theory (or therapy) may be much more possible and acceptable than he suggests.

In his thoughtful paper, Dr. Robert Gleave (2012) indirectly raises an interesting question: Can there be such a thing as a "gospel-centered therapy"? He then explores what it might mean for one to claim that any therapy is "gospel centered." He concludes that the idea of a gospel-centered therapy is in some sense at odds with the spirit of the restored gospel because it would slip into a prescriptive form, laying out principles that would necessarily apply across all people and circumstance, and therefore constituting a sort of grand theory. Such a grand theory, or any therapy derived from it, would have much in common with the sort of systematic theology that, according to traditional LDS understanding, was a significant manifestation of what had gone wrong with Christianity during the period of apostasy. The undoing of systematic theology by revealed religion came about by modern revelation and the restoration of the fullness

of the gifts of the Spirit. Rightly, Dr. Gleave warns us of the dangers of taking an explanatory tack in our theories and a comprehensive, concept-driven tack in our therapy, which can potentially negate one of the principle benefits of the Restoration, namely, reliance on personal inspiration and revelation to understand the human condition and to help clients.

As implied in his title, Dr. Gleave (2012) argues in favor of "gospel-centered therapists," that is, those who, through study and personal integrity, can be sensitive to the Spirit and who can trust the inspiration of the Holy Ghost to guide them in their therapeutic practice. Such practice will be, while not tied to the intellectual equivalent of dogma, consistent with the values, truths, and

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principles of our religion. Significant understanding of the ideas, as well as training in the principles of sound practice as taught in the helping professions, will enhance the professional repertoire of the practicing therapist. This repertoire may then be called upon in response to the Spirit and employed in the consulting room.

If Dr. Gleave (2012) is correct in his conclusion that a gospel-centered therapy will be principle-based and based fundamentally on universal principles, then I share his skepticism about the enterprise of creating such. In reaching his conclusion, however, Gleave suggests that any gospel-centered theory or therapy will aspire to be a “theory of everything,” and, therefore, will be unachievable because (a) mortals are not promised such universal and encompassing knowledge, and (b) only prophets and seers are commissioned to reveal such things. This all follows only if, as Dr. Gleave suggests, a gospel-centered therapy or theory would, indeed, aspire to be a grand theory of everything. However, his description of a gospel-centered therapy seems to reflect an expectation that the gospel itself is ultimately a set of principles or a body of knowledge (perhaps in the form or principles). His description of a gospel-centered theory resembles a systematic theology of precisely the sort that the Restoration of the gospel was destined to overcome. In response to Dr. Gleave’s description, I suggest that a genuinely gospel-centered theory (or a therapy derived from it) will not necessarily devolve into the principle-driven “theory of everything” Dr. Gleave rightly criticizes because the Restored Gospel itself does not consist of, nor is it captured by any set of propositions or principles that might form the core of the sort of comprehensive theory Dr. Gleave wishes to avoid. If we really are true to the Restored Gospel it will not lead us down the explanatory track he rightly cautions against. Therefore, a gospel-centered theory (or therapy) may be much more possible and acceptable than he suggests.

FINDING THE CENTER OF THE GOSPEL OF JESUS CHRIST

I am not a counselor or psychotherapist, but in an academic setting I have dealt with issues related to an LDS perspective on psychology. As pointed out above, if one equates an LDS perspective with a systematic theology (a “theory of everything”), as Dr. Gleave (2012) apparently does, then Gleave’s conclusions do logically follow and his suggested alternative approach to therapy is a

reasonable one; however, in this essay I want to suggest that there are some possibilities for a gospel-centered therapy that Dr. Gleave does not consider. It should also be noted that, as Dr. Gleave suggests, whatever is said in this light about a gospel-centered therapy applies equally to the possibility of a gospel-based theory of human behavior. It is my contention that there may well be gospel-centered therapies and gospel-centered theories, but they may not look like what we might expect them to look like. They will certainly not take the form of a systematic theology. In order to understand this, we need to arrive at the real center of what might constitute a gospel-centered theory or therapy, which requires that we also arrive at the center of the gospel itself. Once we are confident about what we find at the center of the gospel, we can be more confident about what gospel truths and understandings must find their way into any credible and genuine gospel-centered theory or practice.

In one sense this task is not too difficult—modern scripture is very clear about the gospel of Jesus Christ. In the chapters of the Book of Mormon at the very beginning and at the very end of the Savior ministry to the Nephites, He declares in rather unambiguous terms what the gospel is. In the account of his first appearance we find :

Behold, verily, verily, I say unto you, I will declare unto you my doctrine.

And this is my doctrine, and it is the doctrine which the Father hath given unto me; and I bear record of the Father, and the Father beareth record of me, and the Holy Ghost beareth record of the Father and me; and I bear record that the Father commandeth all men, everywhere, to repent and believe in me.

And whoso believeth in me, and is baptized, the same shall be saved; and they are they who shall inherit the kingdom of God.

And whoso believeth not in me, and is not baptized, shall be damned.

Verily, verily, I say unto you, that this is my doctrine, and I bear record of it from the Father; and whoso believeth in me believeth in the Father also; and unto him will the Father bear record of me, for he will visit him with fire and with the Holy Ghost.

And thus will the Father bear record of me, and the Holy Ghost will bear record unto him of the Father and me; for the Father, and I, and the Holy Ghost are one.

And again I say unto you, ye must repent, and become as a little child, and be baptized in my name, or ye can in nowise receive these things.

And again I say unto you, ye must repent, and be baptized in my name, and become as a little child, or ye can in no-wise inherit the kingdom of God.

Verily, verily, I say unto you, that this is my doctrine, and whoso buildeth upon this buildeth upon my rock, and the gates of hell shall not prevail against them.

And whoso shall declare more or less than this, and establish it for my doctrine, the same cometh of evil, and is not built upon my rock; but he buildeth upon a sandy foundation, and the gates of hell stand open to receive such when the floods come and the winds beat upon them. (3 Nephi 11:31–40)

In the account we have of the end of His ministry, we read:

Behold I have given unto you my gospel, and this is the gospel which I have given unto you—that I came into the world to do the will of my Father, because my Father sent me.

And my Father sent me that I might be lifted up upon the cross; and after that I had been lifted up upon the cross, that I might draw all men unto me, that as I have been lifted up by men even so should men be lifted up by the Father, to stand before me, to be judged of their works, whether they be good or whether they be evil—

And for this cause have I been lifted up; therefore, according to the power of the Father I will draw all men unto me, that they may be judged according to their works.

And it shall come to pass, that whoso repenteth and is baptized in my name shall be filled; and if he endureth to the end, behold, him will I hold guiltless before my Father at that day when I shall stand to judge the world.

Now this is the commandment: Repent, all ye ends of the earth, and come unto me and be baptized in my name, that ye may be sanctified by the reception of the Holy Ghost, that ye may stand spotless before me at the last day.

Verily, verily, I say unto you, this is my gospel; and ye know the things that ye must do in my church; for the

works which ye have seen me do that shall ye also do; for that which ye have seen me do even that shall ye do. (3 Nephi 27:13–16, 20–21)

We find an even more succinct statement in the Doctrine and Covenants:

And this is the gospel, the glad tidings, which the voice out of the heavens bore record unto us—

That he came into the world, even Jesus, to be crucified for the world, and to bear the sins of the world, and to sanctify the world, and to cleanse it from all unrighteousness;

That through him all might be saved whom the Father had put into his power and made by him. (D&C 76:40–42)

Note here that at the center of the gospel we don't find principles, we find a Savior and advocate (D&C 45:3–5) and an act imbued with power, possibility, and purpose. Therefore, we can say with some confidence that one purpose of a gospel-centered therapy would be to lead people to the Atonement and to an understanding of the power and possibility inherent in it. Thus, we find no systematic theology at the heart of the gospel of Christ—at least not as He, himself articulated it. And while we could create a systematic theology from these scriptural passages, there is certainly no need to do so, and we risk distorting it if we were to try. Given this, it might be possible to escape some of the worst and most perplexing problems Dr. Gleave (2012) finds in the prospect of a gospel-centered theory/therapy. These problems, however, are not endemic to a gospel-centered theory/therapy per se, but rather only to a theory/therapy centered in an interpretation of the gospel reflecting a systematic theology that intellectualizes the gospel in terms of precepts and principles borrowed from traditional theologies and bearing the distinct mark of popular intellectual traditions.

If we are satisfied to take the scriptural expressions of the gospel of Jesus Christ at face value, it seems possible to formulate a gospel-centered theory/therapy. A gospel-centered therapy is one that helps clients come to Christ and participate in his atoning act, in both its redeeming and enabling powers (see Bednar, 2001). On this understanding, of a gospel-centered theory/therapy, it will be a very generic approach, including, perhaps, a host of particular approaches united by their aim and purpose of allowing the Atonement to function in the

lives of clients seeking assistance or improvement. In this sense, a gospel-centered therapy will not consist of a set of principles obviating the need for spiritual sensitivity and violating the openness and spontaneity that Gleave (2012) rightly suggests ought to be at the heart of therapy that takes the gospel seriously. It will consist of an approach aimed at enhancing and focusing spiritual sensitivity and spontaneity and channeling it into channels that take one to the foundational truths of the gospel that truly facilitate healing.

At first blush, this understanding of gospel-centered therapy may make it indistinguishable from religion. While there may ultimately be nothing wrong with the idea that all theory and therapy are circumscribed into the gospel, it is not advisable to give theory and therapy entirely over to religion just yet. There are many people who are not yet ready or able to understand their problems or their life situations in religious terms, so a therapy indistinguishable from religion would likely be ineffective. There is a need to help people deal with life and its struggles within accounts and vocabularies with which they are familiar and which may, someday, help to bring them to Christ. Such approaches will be pragmatically useful and effective. The claim that they will be effective approaches is premised, of course, on the idea that truth is helpful in whatever context or vocabulary it is found.

For this type of gospel-centered therapy to be effective, however, it will require its proponents and practitioners to identify implications, ideas, concepts, and truths that are implicit in the gospel and which, when understood by clients, can help them live more truthfully and thus more happily and healthfully. Indeed, one of the great benefits of this sort of gospel-centered therapy is that in addition to the demonstrable benefits derived directly from therapeutic intervention, there is likely to be great benefit for the clients in understanding themselves and their lives in the context of certain ideas implicit in the gospel. Most of these ideas and their implications while consistent with the gospel, can be supported by arguments and analyses derived from our larger, intellectual history so that the insights and implications do not depend entirely on one's acceptance of Christ as Savior for their credibility or efficacy. Examples of such ideas include the following:

- Change is possible. One can quite literally become "a new creature" (2 Corinthians 5:17; King James Version).
- The path to health and real change is most readily found by looking outward and beyond oneself rather than inward (Matthew 10:39; 16:25).
- The human soul is immortal, and there is indeed a continuity of consciousness and individuality after death (D&C 130: 18-19; 130:2).
- Life has a moral purpose larger than we are (Moses 1:39).
- Virtues such as mercy, forgiveness, charity, and selflessness are not only real but salutary (Article of Faith 13; Galatians 5:19-25).

This brief and incomplete list of psychologically relevant constructs implicit in the gospel of Jesus Christ reflects the thinking and preferences of the present author. Other theorists and practitioners may have longer, shorter, or different lists; however, the point here is that a family of gospel-centered theories and therapies might be formulated. Particular therapeutic practices and activities may vary. The value of these various approaches, and their consistency with the gospel can be openly discussed and evaluated. Thus, this sort of gospel-centered approach to therapy seems not destined to fall prey to the problems Dr. Gleave (2012) outlines.

WHAT ELSE DOES THE RESTORED GOSPEL CONTRIBUTE TO A GOSPEL-CENTERED THERAPY?

As many of us have experienced, most often when a Latter-day Saint suggests that Mormonism is simply the gospel of Christ, this suggestion is met with incredulity. It is well known that there is more to our claim that the true gospel of Jesus Christ has been restored than merely the reiteration of the faith and confidence of every Christian. While Christ and his Atonement are at the heart of and in every part of the gospel as we teach, practice and proclaim it, the Restoration also entails "many great and important things pertaining to the Kingdom of God" (Article of Faith 9). These "great and important things" have consequences for how we understand God, ourselves, our lives, and our purpose. In short, they are psychologically and even psycho-therapeutically relevant. It is not unreasonable to suggest that in addition to a response or strategy for dealing with a client's presenting issues, all psychotherapy will teach the client some important things about life, and about his or her nature as a human being. It is here that the gospel might make its

greatest contribution to theory, therapy, and the therapeutic process.

Specifying just which truths, insights, and understanding are central to the gospel and which are not is difficult and often risky; however, I believe it is possible to specify some understanding of who and what we are, as well as the nature and purpose of life that are indeed central to the gospel and to any theory or therapy that seeks to be centered there.

It should be noted, as Dr. Gleave (2012) also affirms, that a gospel-centered therapy will not be gospel-centered based on its reflecting some set of propositions or beliefs deemed to be central to the gospel.; indeed, the restored church and the gospel it teaches are not true because they profess or reflect a certain set of correct doctrines and beliefs. Rather, we possess and reflect a set of true doctrines and beliefs because the gospel is true, living, and real. These truths were restored to a true and living Church. The truth of Mormonism is not based on a set of properly orthodox beliefs. Its truth derives from the reality of certain key events, including Christ's birth, his suffering in Gethsemane, the empty tomb, the presence of the Father and the Son in New York, the reality of golden plates and Nephites, and the conferral of priesthood authority by the literal touch of heavenly messengers. These foundational, grounding truths are not propositions; they are events that happened as witnesses claim and God proclaims. For this reason, the purpose of the gospel is not for us to have the right beliefs but to teach us of a reality—one that opens an eternal reality to us. Given this then, it is reasonable to talk about a set of grounding realities at the center of the restored gospel that can open a better reality for our clients. These realities will constitute an ontology of human life – and understand of who and what we fundamentally are.

For this reason, just as the center of the life of a Latter-day Saint is not merely to hold a set the right beliefs but to know the reality of God (John 17:3) and understand the implication of certain facts, the center of a properly gospel-centered theory or therapy is not a set of beliefs or principles but an understanding the reality and the implications of one's own nature, the nature and purpose of life, a vision of our potential and destiny. This is to understand the nature of God (D&C 84: 19-21). This knowledge and understanding is therapeutically important. Lists of the understandings and ontological realities that are central to the gospel will likely differ from person

to person, and from professional to professional, but they can be articulated and discussed; I can think of no more important discourse to be carried out among LDS practitioners of the healing arts and sciences. Again, I will include a list of the fundamental, psychologically relevant implications from the center of the gospel as an example of what I would hope might inform any gospel-centered therapeutic approach. As the reader will note, there is some overlap with the list given above.

- Human intelligence—the essence of our being—is eternal and uncreated.
- The reality of human intelligence makes it the case that we are not simply biological organisms. Our biology does not produce our behavior.
- Human beings are possessed of moral agency.
- Because we are fundamentally and a priori intelligent agents, and because intelligence by virtue of being intelligence includes moral sensitivity and the capacity for judgment, there is a fundamentally moral purpose to this world and to every life.
- Moral agents act and are not acted upon as other kinds of beings can be acted upon.
- The human soul continues after death, as do that soul's virtues, desires, strengths, and weaknesses.

Again, it should be noted that the above is one list from one person, and other lists could be formulated. Discussion of what constitutes the center of the gospel, and the implications that flow from a particular gospel understanding can influence our thinking about therapeutically important approaches and practices. It may not matter whether we achieve consensus on one list of implications of the gospel for theory and practice But it is very important that our theories and therapies reflect a set of grounding assumptions about our nature that are true because they reflect, however incompletely, understandings from the center of the restored gospel.

THE ROLE OF THE INSPIRATION OF THE HOLY GHOST

This essay ends with a brief treatment of the importance of the guidance of the Holy Ghost in all our actions, even our actions as professionals. The gift of the Holy Ghost and the fullness of the spiritual gifts to be enjoyed within the true church are central to the restored gospel. It is this part of Dr. Gleave's (2012) argument with which I am most in agreement. Dr. Gleave's point is well taken when he says that allegiance to some set of

principles or practices presumed to be essential to the gospel is much less important, and much less likely to lead to positive and effective therapy, than is sensitivity on the part of the individual therapist to the influence of the Holy Ghost as a guide for therapeutic practice. To Dr. Gleave's well-articulated call for therapists to be sensitive to and guided by the Holy Ghost, I add only two cautionary notes.

The first note recalls Dr. Gleave's (2012) observation that we can never be more than "just mortal," and thus the task of producing a gospel-centered theory/therapy is beyond our capacity (p. 8). He rightly points out that it is a big and bold task to try and formulate *a* (not to mention *the*) gospel-centered theory/therapy; however it is also apparent that it is no easy task to recognize and receive the promptings of the Holy Ghost, to distinguish them from one's own emotions and biases, and to act upon them when they are not as clear and obvious as we might like. I know that the more spiritual and mental work I engage in while grappling with an issue, the easier it is for the Spirit to make the issue plain and to help me understand and testify. During my mission, for example, I learned that it was much easier for the Holy Ghost to testify of the truth of what I was teaching if the Holy Ghost didn't have to simultaneously translate my bad Spanish. I resolved to do my best to learn and practice good Spanish, and to learn and become conversant in true principles so that the Holy Ghost could more readily concentrate on the primary purpose of helping me say true things, and helping those I was teaching feel and understand the truth and be blessed by it. I believe there is an analogy here to clinical practice—which brings us to the second note.

I have found over the years that the Holy Ghost can testify of the truth of what is taught in a lesson or expressed in a testimony *if* what is being taught or expressed is actually true. For the Spirit to bear witness, there must be something true for it to bear witness of. By the same token, it is easier for the Spirit to reveal or inspire a therapist to courses of action or to clinically important insights if the therapist's models, constructs, and understandings are grounded in truths of which the Spirit can testify and, therefore, prompt or inspire. An example might clarify this point. If I were a therapist thoroughly trained in and committed to a particular understanding of human beings and behavior—even to the point of believing that my theoretical point of view is essentially compatible with the gospel—and if it were the case that my perspective is sim-

ply not correct in its understanding of human beings, their behaviors, and the causes and contexts out of which these behaviors arise, then I might find myself trying to decide on which of my most favored techniques would be best for helping my client Brother Smith. I might even search for inspiration about which of the several approaches I trust should be used with Brother Smith. Given the premise of this example, that my perspective and its practices do not reflect the truth about Brother Smith or any of us, it puts the Spirit in a tough situation—to prompt me toward one technique over another if neither of them reflects what is true about us. If we grant that the Holy Ghost is capable of prompting us to do novel things outside the limits of our training and our strongly held opinions, then it puts me in a hard spot to somehow be sensitive and willing to act on a prompting I don't really understand or believe to be true. Perhaps some technique, even if it does not reflect what is true about us, might still help Brother Smith if he and I can use it carefully—so long as Brother Smith and I don't "take up" with an erroneous conception of our nature to the extent it does us any collateral damage in other areas of our lives. It is possible that I could respond appropriately and effectively, but it would be a very difficult thing—perhaps at least as difficult as trying to construct a gospel-centered theory or therapy (with a core of true understandings) in the first place.

Finally, if we try to disconnect clinical practice from any theory or perspective—a very difficult proposition, and one certainly worthy of another forum—we might argue that inspiration and revelation might more easily guide a therapist in being effective in helping since the therapist would not be inhibited by any worldly theory. This is, I believe, the core of Dr. Gleave's (2012) being in favor of gospel-centered therapists over gospel-centered therapies. This position, however, will need to deal not only with the issues raised in the preceding example but also with some very important opportunity costs, just in case there are discernible gospel truths that can be interfaced with and faithfully rendered in theories and therapies. The opportunity costs arise from the very likely possibility that theorizing and therapies might very well be clearer, more powerful, and more effective if they reflect and ground themselves in truths that are central to the gospel. Dr. Gleave has produced a sound analysis and raised a most important question. The greatest hope for this response is that it might contribute to a robust ongoing discussion.

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Musings on Being a Gospel-Centered Therapist

LILI D. ANDERSON

Musings on Robert Gleave's Article by One who Works at Being a Gospel-Centered Therapist and at Doing Gospel-Centered Therapy: In Defense of Generalizations

I found myself agreeing with much of what Dr. Robert Gleave (2012) wrote in his "Gospel-Centered 'Therapist'" article. I liked the cautions about priestcraft: therapists who claim to have a "special relationship and status with the Spirit" or to have a "one size fits all" summation of gospel principles that denies or, at least, ignores the idiosyncratic needs of their clients.

As I read Gleave's article, however, I also found myself wanting to clarify a couple of points that I believe are critical in the discussion around this topic.

First, I suggest another term be used for what Gleave is warning against. Perhaps something like "rigid gospel therapy" or simply "gospel therapy." For LDS counselors to market or present themselves as a gospel therapists is a dangerous thing for the many good reasons that Gleave has articulated; however, as an LDS therapist, I can't imagine doing anything but gospel-centered therapy. The gospel of Jesus Christ contains all truth, all the answers to life's problems, and, in my opinion, any therapeutic approach by an LDS counselor that does not utilize the basic principles of the restored gospel must result in an unfortunate waste of available and healing truths. Why would I center my therapeutic approach on anything else? And while we hopefully learn in our gradu-

ate programs and through continuing education the best theories and practices available in our professional fields, why wouldn't we use the gospel as a kind of "Urim and Thummim" to sift through and identify those materials that harmonize with gospel truths and discard the rest? By "discard," I don't mean we fail to acquaint ourselves with what's out there, only that we recognize that certain therapeutic approaches are not in harmony with the gospel and protect ourselves and our clients from them, for why would we choose to substitute the philosophies of men for healing truths?

Now back to Gleave's warnings—it is crucial that we, as LDS therapists, avoid marketing ourselves as gospel savants who are able to receive revelation for clients or as super-religious counselors who attempt to usurp the stewardship of ecclesiastical leaders or dabble in any number of other "free-lance faith healing or spiritual therapy cult"-type activities (Allen Bergin as cited in

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Gleave, 2012). But let's not go so far as to throw the baby out with the bathwater and fail to center our professional work on the truths of the restored gospel.

My second concern is that post-modern philosophies may overly influence LDS practitioners to the point that, in our efforts to avoid overgeneralization, we fail to generalize at all, thereby forfeiting the most effective use of the principles that could most inform our practice and most benefit our clients. I am not suggesting Dr. Gleave, in his approach to counseling as a gospel-centered therapist, fails to incorporate gospel principles in his work with clients. Nor am I suggesting that he would disagree with much of what I am saying. I don't have enough information to make even a guess about either of those things. I am suggesting that in a world like ours, where post-modernist trends have made moral relativism the new religion, we need to be careful and clear about declaring and utilizing the truth inherent in the restored gospel, always recognizing, as Gleave emphasizes, the need for the guidance of the Spirit in applying those truths to individual circumstance. Again, this point is not an argument against anything in Gleave's article but rather a clarification that I feel is important whenever this topic is discussed.

I believe post-modernism, as a backlash against too strict a reliance upon the scientific approach, went too far in the opposite direction. Either extreme, I would argue, creates problems. While too strict a scientific approach may sometimes include the rather arrogant assumption that all truth can be found through its methodology, the post-modernism response holds all truth, all realities, to be plural and relative and dependent on context. For those of us who believe in the gospel of Jesus Christ, moral relativism is obviously problematic. No, let's not euphemize—moral relativism is a disaster. Elder Dallin Oaks (1999) warned BYU students:

Moral relativism, which is said to be the dominant force in American universities, has no legitimate place at Brigham Young University. Our faculty teach values—the right and wrong taught in the gospel of Jesus Christ—and students come to BYU for that teaching.

I think we could say that if moral relativism has no legitimate place at BYU, neither does it have a legitimate place anywhere individuals are trying to live by gospel principles.

Over 35 years ago, Elder Neal Maxwell (1974) gave this warning addressed specifically toward those of us in the behavioral sciences:

Relativism involves the denial of the existence of absolute truths and, therefore, of an absolute truth giver, God. Relativism has sometimes been a small, satanic sea breeze, but now the winds of relativism have reached gale proportions. Over a period of several decades relativism has eroded ethics, public and personal, has worn down the will of many, has contributed to a slackening sense of duty, civic and personal. The old mountains of individual morality have been worn down. This erosion has left mankind in a sand-dune society, in a desert of disbelief where there are no landmarks, and no north, no east, no west, and no south! There is only the dust of despair!

And while I believe many, if not most, LDS therapists are aware of the problem with moral relativism, I also believe it can sometimes sneak up on us in subtle ways. One area that warrants extra caution, I believe, is in not going to the other extreme in our effort to avoid over-generalizing.

It was about 20 years ago that I was in my master of social work program at UNLV. In one of my classes, a young man in my cohort made a rather impassioned comment about the importance of seeing every new client as an individual with his or her own unique circumstances and of needing, as therapists, to never bring preconceived notions or templates to the therapeutic table but to be willing to begin with a blank slate, so to speak, in each new therapeutic relationship. Such passionate—and politically correct—statements often generate a little buzz of support and approval, which this one did. I raised my own hand, however, to suggest that if we come to every new client with no preconceived ideas, we have very little to offer but a sympathetic ear, or what my husband, Chris (an LCSW for over 30 years) calls "rent-a-friend." (In fact, I suspect that too often that is all some clients get from their counseling sessions.) I went on to suggest that what we have to offer as therapists, are, in fact, generalizations, or our ability to share identified patterns to life: things that work for most people; things that work for most relationships.

Not incidentally, recognizing patterns—being able to generalize—is one of the key elements of IQ tests. One company that prepares and administers IQ tests explains:

Pattern recognition is the ability to see order in a chaotic environment; the primary condition for life. . . . Pattern recognition is . . . essential for reasoning because your capacity to think logically is based on your perception of the logic around you. (Pattern Recognition)

Leo Tolstoy recognized that there are some patterns that make life more successful than others. I read Tolstoy's *Anna Karenina* (very depressing book; don't read it) for the first and last time at age 16 for an AP English class; however, shortly after I began doing therapy some 25 years later, the first line of the book crept out of a dark corner of my mind where it had been lurking with some of my less useful memories, to suddenly assume relevance. The book begins, "Happy families are all alike; every unhappy family is unhappy in its own way."

I found it to be true. Notwithstanding the wide variety of styles and personalities, I saw that successful (in terms of emotional adjustment and relationships) individuals, couples, and families all did the same things and avoided the same things. It really came as no surprise because the gospel teaches us that there is "one Lord, one faith, one baptism" (Ephesians 4:5; King James Version) and that "strait is the gate, and narrow is the way that leads to life" (3 Nephi 27:33).

The gospel of Jesus Christ teaches that there is absolute truth—the ultimate generalization. So how do we reconcile the idea of absolute truth with the need for individually customized spiritual guidance, as well discussed by Gleave? Gleave states:

Any attempt to create a gospel-based therapy—by the very nature of the attempt—is an attempt to articulate a set of principles that apply to all people in all circumstances. The gospel must be dynamic and cannot be reduced to all-encompassing rules; rather, it must be a present tense-lived experience with the complexity of every day oppositions in "real time."

Well, yes and no. Yes, each individual circumstance has unique aspects, which deserves a certain measure of customization. But many gospel principles are, in fact, if not all-encompassing, certainly broadly-encompassing rules and though they may not fit "all people in all circumstances," they will fit most people in most circumstances.

Further, I believe one of our well-known gospel paradigms lends insight into this question of reconciling absolute truth, including general principles that apply to most people with the clearly taught need for individually customized spiritual guidance.¹ Our doctrine of three realms: the telestial, terrestrial, and celestial, which the 88th section of the Doctrine and Covenants teaches, are not only future kingdoms of glory but are also realms of law, light, and life. I believe that the process of changing from the natural man—a person who allows himself to

be governed by desires, appetites, and passions—to one of the "honorable men of the earth" (D&C 76:75) can be seen as the process of leaving the telestial realm behind and living in a more terrestrial realm. This process, I suggest, is largely accomplished by consistent obedience to the general guidelines provided by our standard works and the words of our prophetic leaders. The process of changing from a terrestrial, honorable man or woman of the earth, to a more celestial child of God, I posit, is accomplished through the individually customized guidance of the Spirit, which alone can help us magnify our particular talents and fulfill our individual foreordained tasks in building the kingdom.

Nephi explained it this way:

And now, behold, my beloved brethren, I suppose that ye ponder somewhat in your hearts concerning that which ye should do after ye have entered in by the way [speaking to those who are baptized]. But, behold, why do ye ponder these things in your hearts?

... Wherefore, I said unto you, feast upon the words of Christ; for behold, the words of Christ will tell you all things what ye should do. [Read the scriptures and obey the commandments which help us harness the natural man and become more terrestrial and therefore more able to receive the Spirit—who otherwise would be offended by our telestial behaviors and cease to strive with us (see Mormon 5:16).]

... For behold, again I say unto you that if ye will enter in by the way, and receive the Holy Ghost, it will show unto you all things what ye should do. [Once we are more consistently terrestrial, the Holy Ghost can give us the individual, personalized instruction that is necessary for us to fulfill the measure of our unique creation.]

Behold, this is the doctrine of Christ, and there will be no more doctrine given [because no more is necessary] until after he [Christ] shall manifest himself unto you in the flesh [which constitutes one's calling and election made sure, or being sealed up for the Celestial Kingdom]. And when he shall manifest himself unto you in the flesh, the things which he shall say unto you shall ye observe to do [sort of goes without saying, but makes for a nice completion of ideas]. (2 Nephi 32:1–6)

This explanation of post-baptism progression seems clear. One size does fit us all when it comes to leaving Babylon—the telestial world—behind and becoming more consistently terrestrial and, therefore, more consistently

able to receive the Spirit. In almost 20 years of experience as a social worker doing individual, marriage, and family counseling, I have found—at ever increasing levels—that my clients generally need help in finding freedom and safety from the telestial elements in their lives by breaking free of telestial patterns in their own lives or better coping with and setting boundaries for telestial behaviors of those around them. In those cases, the application of general principles is relevant and useful.

Then, to go further, to strive for exaltation in the Celestial Kingdom, we must follow the individually customized guidance of the Spirit. But again, to be eligible for the Spirit we must first follow a clearly laid out set of commandments that do, in fact, apply to all of us. Frankly, I would venture to say that the majority of those who seek counseling are likely to be struggling with telestial issues, either as perpetrators or victims.

Counseling is a strange profession, and I imagine that there are almost as many kinds of counseling as there are counselors. My style includes a lot of education. I believe—and regularly remark to my clients—that the truth sets us free (see John 8:32). I don't claim to be a source of truth, but a facilitator to teach or remind of some of the things that work better in individual lives and relationships and to caution about some of the things that don't work. In fact, I find myself presenting certain ideas, principles, interpersonal skill sets, etc. again and again, not because I don't have anything else to say and certainly not because I don't appreciate each client as a unique individual, but because human beings end up having similar ailments and needing similar remedies. And all these patterns of success and failure, of course, are truths contained in the gospel.

Elder Neal A. Maxwell (1974), directly addressing LDS behavioral scientists, put it this way:

Man has been taught, therefore, concerning the “thou shalt nots,” and we have also been taught the “thou shalts” by the Sermon on the Mount and other eloquent expressions. In so teaching us, God has portrayed the proximate and ultimate consequences of various behavior in terms of the misery that follows sinning, or the happiness that follows righteousness. Thus, The Church of Jesus Christ of Latter-day Saints is not “data rich and theory poor.”

Sometimes, then, as clinicians, we may need to share information about the gospel “theory” to which Elder Maxwell referred. Other times, our challenge may be to discover how a particular client has become stuck in

some way that prevents him from being able to utilize the truths and solutions found in gospel principles. Elder Boyd K. Packer (1992) once made mention of the generalities contained in the scriptures while still recognizing the need for some individualized application:

The scriptures speak in *general* [emphasis added] terms, leaving us free to apply the principles of the gospel to meet the infinite variety of life. But when they say “thou shalt not,” we had better pay attention.

Let me repeat an earlier point with emphasis. If Dr. Gleave reads these words, it may be that he would agree with what I've written and perhaps accurately point out that his article did not in any way preclude or directly contradict what I have said here; however, it is my belief that we, as LDS counselors, must constantly affirm the value of and utilize in our client work and scholarship the *general* truths of the restored gospel. Especially when we work with LDS clients who desire to address their presenting problems within the framework of the gospel, we should be ready to do so. I have had many clients over the years who have told me of their disappointment in past counseling experiences with LDS clinicians who would not include gospel principles in their clinical work. Those clients often expressed feelings of confusion and betrayal. When an LDS client² comes to an LDS therapist seeking for professional help within a gospel framework, why *shouldn't* they be able to expect that *all* truth would be available and drawn upon by the clinician? Why should we only offer what the rest of the professional world has?

I do agree with Gleave's point about the need for the guidance of the Spirit in our work with individual clients and in the client's life as they move forward. Let us be careful that our awareness of the individual nature of our work not be taken for post-modernist rejection of the absolute gospel truths that are available to us as a foundation in our clinical work. Let us always act with humility and caution lest we set ourselves up as “free-lance faith heal[ers]” or practitioners of priestcraft (Allen Bergin as cited in Gleave, 2012).

Again, from Elder Maxwell's 1974 address to LDS behavioral scientists—a speech worth reading in its entirety—comes this clarification: “The LDS scholar has his citizenship in the kingdom, but carries his passport into the professional world—not the other way around.”

If we became just like the world, the world would hold us in double contempt; and the Lord would be as displeased as he was when, through his prophet Ezekiel, he said his “priests have violated my law, and have profaned mine holy things: they have *put no difference between the holy and profane*, neither have they shewed difference between the unclean and the clean.” (Ezek. 22:26; italics added.)

Thus it must be in the behavioral sciences, as well. Otherwise, we will be victimized by relativism, as most of the world has been already. Paul made a plea for us to see the importance of simplicity and certainty: “For if the trumpet give an uncertain sound, who shall prepare himself to the battle?” (1 Corinthians 14: 8–9)

Finally, I share a charge given by President Boyd K. Packer to the J. Reuben Clark Law Society in 2004. President Packer spent a few minutes talking about how troubled the world now is. As he neared the end of his address, he reviewed the evils prophesied by Paul, with which we now contend:

You face a much different world than did President [J. Reuben] Clark. The sins of Sodom and Gomorrah were localized. They are now spread across the world, wherever the Church is. The first line of defense—the home—is crumbling. Surely you can see what the adversary is about.

We are now exactly where the prophets warned we would be.

Paul prophesied word by word and phrase by phrase, describing things exactly as they are now. I will quote from Paul’s prophecy and check the words that fit our society:

This know also, that in the last days perilous times shall come.

For men shall be lovers of their own selves—Check!

covetous—Check!

boasters—Check!

proud—Check!

blasphemers—Check!

disobedient to parents—Check! Check!

unthankful—Check!

unholy—Check!

Without natural affection—Check! Check!

trucebreakers—Check!

false accusers—Check!

incontinent—Check!

fierce—Check!

despisers of those that are good—Check!

Traitors—Check!

heady—Check!

highminded—Check!

lovers of pleasures more than lovers of God—Check! Check!

Having a form of godliness, but denying the power thereof: from such turn away.

For of this sort are they which creep into houses, and lead captive silly women laden with sins, led away with divers lusts,

Ever learning, and never able to come to the knowledge of the truth (2 Timothy 3:1–7).

Then came President Packer’s (2004) charge to the members of the J. Reuben Clark Law Society:

I wonder if you who are now lawyers or you who are students of the law know how much you are needed as defenders of the faith. Be willing to give of your time and of your means and your expertise to the building up of the Church and the kingdom of God and the establishment of Zion, which we are under covenant to do—not just to the Church as an institution, but to members and ordinary people who need your professional protection.

Personally, I think that charge applies to AMCAP members and all LDS clinicians in our stewardship as LDS professionals, as well.

“Ye are the salt of the earth: but if the salt have lost his savour, wherewith shall it be salted? it is thenceforth good for nothing, but to be cast out, and to be trodden under foot of men.” (Matthew 5:13)

We must never sell our birthright for a mess of pottage.

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ENDNOTES

1. This idea of applying the gospel paradigm of three realms of light, law, and life to human behavior and relationships is explored at length in the author's book, *Choosing Glory*, 2009, These Are Great Days Publishing Company.
2. Frankly, I utilize gospel principles with my non-member clients, as well. I just use different vocabulary. I want to offer the very best I have to give to every client.

Gospel-Centered Psychotherapy: What It Is and Why It Matters

P. SCOTT RICHARDS AND KRISTIN L. HANSEN

The dialogue about gospel-centered psychotherapy in the Latter-day Saint mental health community began approximately 50 years ago. In this article we briefly summarize and discuss some of the significant events, issues, and accomplishments in this dialogue and effort. We offer definitions of gospel-centered psychotherapy and gospel-based psychotherapy. We concur with others that there is not “one true” gospel-centered psychotherapy, theory, or approach, but we suggest that gospel-centered psychotherapists have developed many different forms of gospel-centered treatment over the years. We argue that gospel-centered approaches to psychotherapy do share some common characteristics, including the therapist’s moral character and spiritual preparation, the spiritual doctrines and moral values that inform the concepts and methods of treatment, and a belief that it is God and Jesus Christ who ultimately do the healing. We conclude by offering recommendations for future training and education, research, and dialogue about gospel-centered psychotherapies.

We are grateful for the opportunity to respond to Robert Gleave’s (2012) article “Gospel Centered ‘Therapist’ or Gospel Centered ‘Therapy’: Is There a Difference, and Does It Matter?” In our view, there is much to commend in this article. We appreciate Dr. Gleave’s invitation to Latter-day Saint (LDS) mental health professionals to continue a dialogue that started approximately 50 years ago concerning how the gospel of Jesus Christ might appropriately shape the practice of counseling and psychotherapy (Swedin, 2003). There is not space to comment on each of Dr. Gleave’s points in our response; instead we will briefly discuss several topics upon which his article encouraged us to reflect.

Historical Context of Efforts to Develop Gospel-Based Psychotherapy

We appreciated reading about some of Dr. Gleave’s (2012) historical perspectives concerning the efforts that have been made to develop gospel-centered or gospel-based psychotherapies. During his many years of mem-

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bership in the Association of Mormon Counselors and Psychotherapists (AMCAP), Dr. Gleave has witnessed and participated in many of these efforts and discussions. We empathized with the longing he felt early in his career for an “all-encompassing” gospel-centered theory and approach that would allow him to provide his clients with “healing and rescue from the troubles and turmoil of this world” (p. 1). We agree with the conclusion he arrived at later in his career that what psychotherapists need more than an all-encompassing gospel-centered theory is the “presence of the Spirit” as they seek to respect the agency and healing path of each unique client (p. 2).

According to Swedin’s (2003) history of the LDS mental health community, an informal group of LDS professionals met together at the 1964 American Personal Guidance Association (APGA) convention in San Francisco to engage in discussions about the gospel and their professional work. They continued to meet informally at the annual APGA convention for this purpose until 1969, when they elected their first president and changed their name to the LDS Counselors Association. At their next meeting, they wrote a constitution, elected more officers, invited a general authority to address them, and changed their name once again—this time to the Latter-day Saint Personal Guidance Association (LDSPGA).

In 1974, members of the LDSPGA as well as LDS mental health professionals involved in several other professional organizations, including the Utah State Mental Health Association, the Utah Psychiatric Association, the LDS Chaplains Association, LDS Social Services, and the Utah Chapter of the National Association of Social Workers, decided to form a new organization (Lankford, 1990; Swedin, 2003). The organization, which was intended as a home for all LDS mental health professionals, was named the Association of Mormon Counselors and Psychotherapists (AMCAP). AMCAP’s inaugural conference was held in October 1975, and the conference addresses were published as the inaugural issue of the *AMCAP Journal*.

Throughout its history, a major purpose of AMCAP has been to provide a forum for LDS helping professionals to harmoniously integrate their religious beliefs with their professional lives. Many members of AMCAP have also hoped for and sought to develop a gospel-centered approach for the practice of counseling and psychotherapy. But from the very beginnings of AMCAP, disagreement and debate has existed about what a *gospel-centered*

approach is and whether such an approach is desirable or even possible.

Space limitations preclude us from reviewing all of the relevant published literature, but Table 1 lists and briefly summarizes some of the events and publications that have been relevant to the gospel-based psychotherapy dialogue in the LDS mental health community. Swedin (2000, 2003) has provided helpful historical perspectives concerning these events and other efforts to reconcile gospel perspectives with professional counseling and psychotherapy, as well as insights into some of the major areas of agreement and disagreement about how this might be done. We also recommend the many original published articles relevant to this dialogue that are available online in the searchable *AMCAP Journal* at www.ldsamcap.org.

MEANING OF GOSPEL-CENTERED OR GOSPEL-BASED PSYCHOTHERAPY

Dr. Gleave’s (2012) article encouraged us to think more carefully about ways we understand and use the terms *gospel-centered* or *gospel-based psychotherapy* and *psychotherapists*. To clarify our understanding of these descriptors, we consulted several dictionaries concerning the meaning of the words *center* and *base*. What does it mean, we wondered, to say that we “center” or “base” our psychotherapy approach on the gospel of Jesus Christ? *The Random House Webster’s Unabridged Dictionary* (2001) defines *center* as “a point, pivot, axis, etc., around which anything rotates or revolves” or “the source of an influence, action, force.” It defines *base* as “the bottom support of anything; that on which a thing stands or rests” or “a fundamental principle or groundwork; foundation.”

These definitions are consistent with the manner in which we have interpreted the terms *gospel-centered* or *gospel-based* in discussing psychotherapy and psychotherapists. We use these descriptors to convey the idea that such psychotherapists attempt to make the teachings and person of the Lord Jesus Christ the center—the foundation—of the way they think about and practice psychotherapy. We appreciated Dr. Gleave’s (2012) descriptions of a “gospel-centered psychotherapist.” We agree with his characterizations that such psychotherapists are professionally knowledgeable and skilled, yet they seek the inspiration of the Lord in their efforts to honor and enhance the agency and growth of each client. We agree with Dr. Gleave that “the operative element that makes

anything gospel centered is the *people* [emphasis added] who are engaging in an activity doing so under the gentle influence of the Spirit" (Gleave, 2012, p. 8).

Furthermore, we also think it is self-evident that gospel-based psychotherapists do *not* ground their clinical work in the worldviews of atheistic naturalism or secular humanism, or in the various philosophical assumptions associated with these worldviews, such as determinism, materialism, ethical relativism, and hedonism (Jackson & Fisher, 1999; Richards & Bergin, 2005; Slife, 2004; Slife & Williams, 1995). Rather, they build their therapeutic practice on the theological foundations of LDS scripture and theology—on the sure foundation provided by Jesus Christ (Jackson & Fisher, 1999; Richards & Bergin, 1997, 2005; Williams, 1998). Perhaps the main point of disagreement we have with Dr. Gleave (2012) is that we believe that each gospel-centered psychotherapist *does* practice a form of gospel-centered psychotherapy. We think it is self-evident that all psychotherapists have a psychotherapy approach they use as they work with clients. They cannot escape their approach, just as they cannot escape their theology and religious values (Slife & Richards, 2001). We will say more about what we believe gospel-centered or gospel-based psychotherapy is and is not as this discussion continues.

THE FALLACY OF "ONE TRUE" GOSPEL-CENTERED APPROACH

Dr. Gleave (2012) points out that there is not one all-encompassing gospel-centered theory or approach to psychotherapy. He also argues that such a theory and approach is not needed and that LDS helping professionals should focus on becoming gospel-centered psychotherapists who "respect the individual agency of the clients, including their opportunity to make hurtful choices" (p. 8). Clyde A. Parker (1989a), a past president of AMCAP, presented a similar viewpoint over 20 years ago when he wrote,

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. . . . 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. (p. 6)

We agree with Dr. Gleave (2012) and Dr. Parker (1989a) that there is not "one true" gospel theory or approach to psychotherapy. And we agree with them that there is probably not a need for it, and perhaps there will never be such a need. Perhaps some LDS mental health professionals have entertained the hope that it might be desirable and possible to develop "one true" gospel-based theory and approach to psychotherapy—one theory and approach intended to be all-encompassing and universal; however, in reviewing the published articles in the *AMCAP Journal* and other writings of LDS professionals, we have not found advocates for the development of "one true" gospel-based psychotherapy theory or approach. And we have not found any published claims by anyone who thinks he or she has succeeded in such a quest.

If those who have made efforts to develop gospel-based psychotherapy approaches were not seeking to create an all-encompassing universal theory and approach, what have they been trying to accomplish? Based on our review of the relevant literature, we think their ambitions have been more humble. What we have found is many articles and books in which LDS mental health professionals have explored and shared their perspectives about how they have been seeking to integrate their religious faith with their professional practices. Some have developed intervention models and approaches that they believe are consistent with gospel teachings and principles, and some have even chosen to refer to their approaches as "gospel centered" or "gospel based" without claiming that their approaches are all encompassing and universal.

In his discussion of the efforts of the LDS mental health community to integrate gospel perspectives with professional practice, Swedin (2003) concluded,

The formation of the Association of Mormon Counselors and Therapists [*sic*] (AMCAP) and the impetus provid-

ed during the short existence of the Institute for Studies in Values and Human Behavior started the LDS community down the road to an integration of professional psychology and religious values. Although no single, gospel-centric theory of psychotherapy and human behavior has emerged, the effort has borne many fruits. *Many different forms of gospel-oriented psychotherapy have been proposed and practiced in the last three decades.* (emphasis added, p. 99)

We agree with Swedin (2003) that the past several decades of dialogue and work by LDS mental health professionals have borne much fruit. LDS professionals have developed a variety of therapeutic approaches and interventions centered and based in gospel teachings and moral values. Counselors and psychotherapists have applied these approaches to tailor treatment in various contexts, depending on their personality and theoretical preferences and on clients' presenting problems and clinical issues. Numerous self-help books written by and for Latter-day Saints about emotional and relationship issues have been published. While we are not familiar with and cannot endorse all gospel-centered psychotherapy approaches or self-help books and programs, we are familiar with and favorably impressed by many of them. We suspect that many clients and patients, both LDS and non-LDS, have benefitted from the work of gospel-centered psychotherapists using gospel-centered psychotherapy approaches, as well as from the insights offered in gospel-centered self-help books and programs. We will list examples of some of these gospel-centered psychotherapy approaches and self-help books later in this article.

CHARACTERISTICS OF GOSPEL-CENTERED PSYCHOTHERAPY APPROACHES

In a 1990 letter to the editor published in the *AMCAP Journal* and titled "Worldly Therapies and Us," LDS psychiatrist Dr. Karl E. Humiston wrote,

Although clearly there is no one "true" gospel-centered therapy method, it does seem to me that there are a few "true" essentials of what needs to happen in therapy, by whatever method obtained. . . . These essentials include spiritual elements that are missing from the formal concepts and methods of worldly therapies. (p. xi)

Humiston also wrote,

As I see it . . . it is God that performs the healing or beneficial change, not the therapist or the therapy *per se*. This

means that a crucially important part of the preparation of the therapist—and of his work—is organizing himself to invite the Spirit of the Lord to enter the situation. This is a vastly different undertaking from anything described or even contemplated in worldly therapies. (pp. ix–x)

While we stop short of claiming to understand what all of the essential characteristics of gospel-centered psychotherapy approaches may be, we do agree with Dr. Humiston (1990) that most forms of gospel-centered treatment seem to have certain characteristics in common. These include the moral character and spiritual preparation of the therapist, the spiritual doctrines and moral values that inform the concepts and methods of treatment, and the faith that it is God and Jesus Christ who ultimately do the healing.

We have gained additional insights into some of the characteristics that are possibly common among gospel-centered approaches to psychotherapy from two research studies of AMCAP members during the 1990s. In the first study, Richards and Potts (1995a, 1995b) randomly sampled 300 members of AMCAP and asked them what types of spiritual interventions¹ they used in their professional work. Of those who received surveys, 215 (72%) responded. The researchers also asked the AMCAP members to share case examples of successful and unsuccessful attempts to use spiritual interventions with clients, indicating whether there were any spiritual interventions professionals should not use. They found that the majority of AMCAP members integrate spiritual interventions into their practices in a treatment-tailoring fashion. The spiritual interventions they reported using included, but were not limited to, praying for clients, teaching spiritual concepts, discussing scriptures, conducting spiritual assessments, using spiritual imagery, encouraging forgiveness of self and others, referring to the religious community, and encouraging clients to pray.

In their qualitative responses and comments about the survey, the AMCAP members offered a number of process guidelines concerning how gospel perspectives and practices can be effectively and ethically used in psychotherapy practice. The following are some examples of these process guidelines: (1) use spiritual interventions only when prompted and guided by the Spirit of God to do so; (2) establish a relationship of trust with the client before using spiritual interventions; (3) obtain the client's permission before using spiritual interventions to make

sure the client is comfortable with using them; (4) assess the client's religious beliefs and doctrinal understanding before using spiritual interventions; (5) work within the client's value framework and level of spirituality; (6) use spiritual interventions carefully and sparingly; (7) recognize that spiritual interventions may be less effective with severely disturbed clients; and (8) use caution in utilizing spiritual interventions if religion seems to be part of the client's problem (Richards & Potts, 1995b).

The AMCAP members also raised the following ethical dangers that psychotherapists must avoid: (1) engaging in dual-relationships or usurping religious authority, (2) engaging in priestcraft, (3) trivializing the numinous or the sacred, (4) imposing one's religious values on clients, and (5) using spiritual interventions inappropriately in certain work settings. Despite such concerns and cautions, the majority of the AMCAP members expressed their belief that spiritual interventions belong in professional practice, and if used appropriately, such interventions can significantly enhance the efficacy of psychotherapy (Richards & Potts, 1995a).

Additional insights into how some LDS psychotherapists seek to practice gospel-centered forms of psychotherapy were gained the following year in a qualitative interview study conducted with 13 experienced LDS psychotherapists (Chamberlain, Richards, & Scharman, 1996). The researchers identified the following five major themes in the interviews: (1) seeking for professional and spiritual integration, (2) seeking divine guidance, (3) using a holistic treatment-tailoring approach, (4) identifying process and ethical considerations in a spiritual approach, and (5) implementing spiritual interventions. The LDS therapists in this study indicated that gospel-centered psychotherapy begins with the therapist. Sound professional training, good psychological health, and spiritual and moral well-being were all regarded as essential characteristics of a gospel-centered therapist.

The therapists also explained that their LDS beliefs were the foundation or core of their therapeutic approach and that they sought to harmonize secular theories and approaches with this spiritual foundation. The therapists also shared their conviction of the reality and importance of inspiration and divine guidance in the therapy and healing processes (Chamberlain et al., 1996).

Based on examining these two studies of LDS psychotherapists, as well as reading publications, hearing presentations, and engaging in personal conversations with

many of our LDS colleagues, we have come to believe that there are some common characteristics of effective gospel-centered psychotherapy. Figure 1 illustrates what we regard as some of the common theological and philosophical perspectives on which LDS psychotherapists center or ground their gospel-centered approaches. It also illustrates that these conceptual foundations influence the theory and practice of gospel-centered treatment approaches. Table 2 summarizes some hypothesized common process characteristics of gospel-centered approaches to psychotherapy. While we make no claims that the conceptual perspectives and process characteristics summarized in Figure 1 and Table 2 are comprehensive, we think they capture many important elements of effective gospel-centered psychotherapies.

ARTICLES AND BOOKS ABOUT GOSPEL-CENTERED TREATMENT AND SELF-HELP APPROACHES

During the past 36 years, numerous articles have been published in the *AMCAP Journal* describing efforts to harmonize and integrate gospel doctrines with specific psychological theories and therapeutic practices. Additionally, many LDS self-help books have been published that provide gospel perspectives and solutions concerning a variety of psychosocial topics and concerns. It is beyond the scope of this article to describe these approaches in detail or even to provide a thorough listing of them. Nevertheless, for illustrative purposes Table 3 provides a list of some relevant AMCAP articles, as well as a sampling of some LDS self-help mental health books.

The list of publications in Table 3 illustrates the wide variety of doctrinal topics and clinical issues that LDS mental health professionals have addressed over the years. In our view, there is much wisdom in these publications. And we should not neglect to mention that LDS helping professionals have also shared wisdom and insights with each other during the many unpublished presentations made at AMCAP conventions over the decades, many of these presentations are available for purchase on the AMCAP website as audio recordings (www.amcapstore.com/products). We view these publications and audio recordings as a valuable resource for LDS theorists, researchers, practitioners, and clients. LDS mental health professionals have greatly benefitted from AMCAP, which enables us to network professionally with members of the LDS faith.

NEEDS AND DIRECTIONS FOR THE FUTURE

Training and education, research, and further dialogue are important aspects of the development of competent, emotionally healthy, morally congruent, highly ethical, and spiritually sensitive LDS mental health professionals.

TRAINING AND EDUCATION

New LDS counselors and psychotherapists must be trained in the mainstream secular theories and therapeutic practices of their professions, but we also think it would be valuable for them to receive education in the gospel-centered practice of psychotherapy. We view training and education in the following areas as important for those who wish to practice effectively and ethically as gospel-centered psychotherapists: (1) historical perspectives concerning gospel-centered psychotherapy, (2) theological and philosophical foundations, (3) spiritual and sacred nature of the therapy relationship, (4) ethical issues, (5) spiritual assessment, and (6) spiritual interventions.

Historical perspectives. We think training is needed concerning the LDS historical perspective on gospel-centered psychotherapy through review and discussion of past efforts and contributions of faithful LDS therapists and scholars. We think students and practitioners of gospel-centered therapy would benefit from becoming familiar with the rich history and literature of the LDS mental health community, which have been briefly discussed in this article. Such knowledge might become a foundation for further discussion and debate concerning future developments and efforts relevant to gospel-centered therapists practicing gospel-centered psychotherapy approaches.

Theological and philosophical foundations. We agree with Dr. Gleave (2012) that scholars like Allen Bergin, Ed Gantt, Brent Slife, Terry Warner, and Richard Williams, and many others, including contributors to the special issue of the *AMCAP Journal* edited by Jackson and Fisher (1999), have made valuable philosophical and theoretical contributions to the mainstream field of psychology. We also think that their theoretical and philosophical work has immediate and important implications for practicing psychotherapists—especially those who are seeking to be gospel-centered psychotherapists.

LDS mental health professionals, especially those who are trained in secular settings, are rarely taught to appreciate the theological and philosophical groundings of psychological theories, including the implications for

conceptualizing human nature that these theories support. By not understanding how naturalistic, deterministic, and relativistic assumptions drive secular theories of psychology, LDS mental health professionals may fail to recognize how their use of certain psychotherapeutic interventions can run counter to cherished gospel principles, such as agency. LDS mental health professionals need better training in the theological and philosophical assumptions underlying secular theories so they can choose the best parts of these theories and recognize what to leave behind. Without accurate knowledge, psychotherapists may fail to understand implications of some of these practices and may slowly guide their clients down paths that in the long run may take them away from the gospel (Bergin, 1978, 1980a).

Swedin (2003) highlighted the importance of a gospel-centered conceptual framework when he compared the LDS church's approach to psychology with that of some Protestant churches. Despite allowing psychology to influence LDS *culture*, the LDS church has stood firm in its *doctrine*, while some Protestant Christian churches have allowed psychological movements and positions to change their doctrine. He cited the LDS Church's unchanging position regarding sexuality despite cultural movements and the promotion by many psychologists of a self-centered rather than a God-centered view of human nature. Swedin concluded his study of the history of psychology in the LDS faith by asking,

Has a separate and unique LDS psychology been developed? The answer is mixed. The practice of LDS psychology so far has taken the prior concepts of LDS theology and the practices of LDS culture and recast them in psychological terms. No fundamentals have been changed. (p. 210)

LDS mental health trainees need to be taught to recognize when a secular psychological theory being taught is actually changing fundamentals. The theoretical and philosophical work of Bergin, Gantt, Slife, Warner, Williams,, and other faithful scholars can provide practicing gospel-centered psychotherapists with valuable understanding to help them avoid centering their treatment approach on secular theories and philosophies that might lead them in unintended directions. A well-articulated gospel-centered conceptual framework will help them more consistently select therapeutic goals that respect and strengthen their LDS clients' religious beliefs and moral values.

Spiritual and sacred nature of the therapy relationship. LDS mental health professionals recognize the sacred nature of the counseling process and the vulnerable hearts of the individuals served. However, rarely is the personhood, character, or sacred nature of the therapy relationship discussed in training or continuing education programs. In our view, more training and continuing education programs need to focus on the personhood, spirituality, and vulnerability of clients. Additionally, more can be done to help therapists learn how to facilitate (and avoid impeding) spiritual development and sensitivity in clients in ways that are consistent with the gospel of Jesus Christ. Because of the power for good in all psychotherapeutic practice, great care for the spiritual well-being of the client should always be considered above the psychological benefits of implementing a therapy intervention.

As discussed earlier, effective LDS therapists are emotionally healthy and sound in their gospel understanding. Mental health training and continuing education programs need to not only enhance trainees' knowledge base but also support growth of their emotional awareness and character. Courses can be designed to challenge psychotherapy students to explore their values and understand and make use of countertransference to provide the best ethical care to clients. LDS mental health trainees and professionals may benefit from getting their own therapy to increase their self-understanding and empathy for clients. We think training should also include a focus on how LDS mental health professionals can prepare spiritually to work with clients.

Ethical issues. To involve client spiritual concerns with psychological issues creates ethical complexity that requires knowledge, discernment, and thoughtfulness regarding which spiritual interventions to use, how to make spiritual self-disclosures, how to receive client spiritual material presented in the session, and how to consider spiritual authority, revelation, and impressions in treatment. While some LDS authors have addressed these issues (e.g., Richards & Bergin, 2005), our impression is that the LDS mental health community engages in much less discussion of ethics than those with more secular views. We think LDS mental health professionals need more dialogue concerning ethical issues involved in gospel-centered psychotherapy approaches—a point that Dr. Gleave seems to be addressing on many levels in his paper.

Spiritual assessment. We think that more training and education on spiritual assessment would be valuable for

gospel-centered psychotherapists. Although many LDS psychotherapists do conduct informal clinical assessments of their clients' religious background and spiritual functioning, specific training in the various dimensions of religiousness and spirituality and their relevance to psychological functioning would enhance practitioners' understanding of and ability to use this information during treatment (Plante, 2009; Richards & Bergin, 2005). Additionally, more knowledge can be gathered and organized around specific differences between psychological and spiritual problems. As knowledge increases of how medical problems can lead to psychiatric symptoms, LDS psychotherapists must not neglect to consider medical conditions when a client presents with psychological or spiritual concerns. For example, presenting with depression could indicate any of the following: a thyroid problem, an unhealthy idealization of devaluing parents, a pornography addiction, an inability to trust God, inadequate knowledge of one's own divine worth, or a negative interaction with a bishop at church. We think therapists would benefit from more tools for assessment and more education on distinguishing between medical issues, psychological problems, and spiritual concerns.

Spiritual interventions. We think that gospel-centered psychotherapists would also benefit from more research and training on the ethical and effective use of spiritual interventions in treatment. The case reports provided by the AMCAP therapists in the Richards and Potts (1995a) study revealed that LDS therapists use a wide variety of religious and spiritual interventions in their practices. These reports also revealed that the same spiritual intervention can be effective and helpful or ineffective and unhelpful depending on the context of when and how it is implemented (as can empirically supported secular interventions). The context, including the client's personality, the client's issues, the therapist's personality, the quality of the therapeutic relationship, the client's readiness for change, the timing of the intervention, etc., can all potentially influence whether or not an intervention will be effective in a specific application. More research, more dialogue, and more training about when and how to go about effectively and ethically implementing various religious and spiritual interventions are needed. Gospel-centered psychotherapists can be educated and guided to become clearer about what types of interventions they are using, why they are using them, and when such interven-

tions may be indicated and contraindicated (Plante, 2009; Richards & Bergin, 2005; Richards & Potts, 1995b).

In addition to understanding the complexity of the use, role, delivery, reception, and context of spiritual interventions, LDS mental health professionals need to consider that new interventions and approaches yet to be developed or researched might further enhance the effectiveness of gospel-centered psychotherapy. Soon after the formation of AMCAP, Bergin (1978) stated,

As I read the scriptures and as I've had experiences with individuals who have really chosen a spiritual approach to change, I begin to see powerful things happen that don't ordinarily happen in other situations. I think you and I know from our experiences that those things are real, that they could be understood better, and that they could be implemented in a systematic manner. (p. 7)

During the past several decades LDS psychotherapists have developed and used many spiritual interventions and approaches that have enhanced healing and recovery for clients. We feel optimistic that many more discoveries and therapeutic innovations will be made by LDS mental health professionals in the years ahead. These innovations will further enhance the effectiveness of gospel-centered approaches in treating various types of clients, clinical issues, and psychosocial problems.

RESEARCH

More research is badly needed on gospel-centered approaches to psychotherapy and self-help. Outcome studies evaluating the efficacy and effectiveness of such approaches are almost nonexistent. Thus there is still much that is not known or understood about gospel-centered treatment approaches. For example, are gospel-centered psychotherapy approaches more effective than secular ones, and if so, when? What types of gospel-centered approaches are most effective with what types of clients and problems? What types of gospel-centered approaches do different types of clients prefer? When gospel-centered psychotherapists prefer a secular approach, what reasons do they give for their preference? When and how can specific gospel-centered interventions be implemented ethically and effectively? These and many other questions need further investigation.

As we encourage more empirical research about gospel-centered psychotherapy and self-help approaches, we also wish to endorse a broad definition of the criteria for what constitutes empirical support or evidence-based

treatment. In a recent article about the need for developing an evidence base for spiritually oriented psychotherapies, Richards and Worthington (2010) wrote,

Postmodern critiques of the natural and behavioral sciences have challenged exclusive reliance on experimental and quantitative research designs and have created space for a methodologically pluralistic approach. Qualitative, ethnographic, naturalistic, and phenomenological methodologies are being used with increasing frequency in the behavioral sciences, which in our view is fortunate because these approaches hold considerable promise for deepening professional understanding of the complexities and outcomes of psychotherapy and therapeutic change. A philosophically and methodologically pluralistic approach to outcome research on spiritually-oriented psychotherapies will be most fruitful, not only for spiritual psychotherapies, but for the field as a whole. (p. 368)

These authors also cautioned that "research methods that are based on the philosophical assumptions of scientific (reductive) naturalism may preempt the valid study of spiritual realities if careful thought is not given to prevent this" (Richards & Worthington, 2010, p. 368).

In order for more research to occur within the LDS mental health community, we consider it essential for LDS academic researchers to collaborate more frequently with LDS practitioners. Such collaboration brings together the best of both worlds: a practice setting where clinically relevant questions can and need to be investigated, and the academic setting where some time, money, and support for conducting research are available. Both practitioners and academic researchers would benefit from such collaboration, and the database on gospel-centered psychotherapies would grow. We hope that many LDS practitioners and academic researchers will join together in addressing this important need.

FURTHER DIALOGUE

We agree wholeheartedly with Dr. Gleave's (2012) call for further discussion. Forums for discussion about what constitutes a gospel-centered approach to psychotherapy occur among LDS authors, LDS professionals, and LDS graduate students, as well as in various AMCAP forums. More dialogue is needed among these venues to develop and implement the training and educational ideas proposed here and those suggested by others.

In addition to the ideas we have presented on training and education, we believe that greater understanding

needs to be sought regarding a gospel-centered conceptualization of personality theory. Secular perspectives of human nature have evolved in recent decades from simplistic behavioral views to a more complex understanding, which affirms the interconnections between physiology, thinking, emotion, behavior, and spirituality. Careful LDS thinkers have noted ways these secular theories undermine certain gospel principles such as agency (Slife & Williams, 1995), God-given confidence (Judd, 2004), and fidelity in marriage (Bergin, 1980a), to name a few principles. Insights from psychology will continue to shed light on gospel knowledge and give LDS mental health researchers ideas for gospel-based interventions on both spiritual and psychological levels.

CONCLUSION

We value the perspectives Dr. Gleave (2012) has offered, as they highlight the need for greater unity among LDS practitioners. Such unity can be facilitated through defining terms as we have attempted to do in this article; engaging in further dialogue; and developing theory, training, and interventions along the lines where consensus has been achieved through clinical experience, empirical research, and dialogue and debate. We do believe knowledge can be expanded; better tools can be developed based on correct gospel principles properly understood; and greater consensus among mental health professionals can allow for a mosaic of contributions from many thoughtful LDS practitioners, academics, and students.

During the past half-century, gospel-centered psychotherapists making humble efforts to practice effective gospel-centered approaches to psychotherapy have rendered valuable service. They have provided assistance and treatment to many LDS clients, as well as clients from other faiths, who have desired and needed psychotherapy that is consistent with their religious beliefs and moral values. These psychotherapists have provided a therapeutic relationship centered in the gospel and person of the Lord Jesus Christ, and have used gospel-centered approaches and interventions to help many clients heal, recover, and grow emotionally, relationally, and spiritually. Walking on sacred ground, they have been privileged to be instruments in His hands, witnessing the healing power of the Savior in clients' lives. This is what gospel-centered psychotherapy is—and this is why it matters.

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ENDNOTE

1. We define *spiritual interventions* as religious practices, traditions, or rituals, such as prayer, meditation, and scripture reading, which psychotherapists use or encourage clients to engage in during or after therapy sessions with the intent of accessing spiritual resources for healing and change. Spiritual interventions may also include therapeutic interventions that are not considered traditional religious practices per se, but are used with the intent of facilitating spiritual exploration and healing (e.g., guided imagery).

Table 1. Events and Publications Relevant to Latter-day Saint Mental Health Professionals' Dialogue about Gospel-Centered Psychotherapy Approaches

| YEAR | EVENT OR PUBLICATION | BRIEF DESCRIPTION |
|------|---|--|
| 1964 | Informal meeting of LDS members of APGA | An informal meeting was held of LDS members of the American Personnel and Guidance Association (APGA) during the annual conference in San Francisco to discuss gospel and professional issues. |
| 1969 | Formation of LDS Counselors Association | LDS members of APAG elected their first president (Joe J. Christensen), changed their name to the LDS Counselors Association, drew up a constitution, and invited a general authority to address their next meeting. They later changed their name to the Latter-day Saint Personal Guidance Association (LDSPGA). |
| 1973 | Formation of LDS Social Services Corporation (LDS Social Services) | The Church created an independent corporation, Social Services Corporation, also known as LDS Social Services and eventually renamed LDS Family Services, in order to provide professional consultation services to bishops and stake presidents as well as clinical and adoption services to individuals and families. The staff of LDS Social Services sought to develop new modes of therapy based on the gospel. |
| 1975 | Formation of AMCAP | Members of the LDSPGA, as well as LDS mental health professionals involved in several other professional organizations, formed a new organization called the Association of Mormon Counselors and Psychotherapists. The inaugural AMCAP convention was held in October 1975, in Salt Lake City, Utah. |
| 1976 | President Spencer W. Kimball Address/Article | President Spencer W. Kimball delivered his "Second Century Address" at Brigham Young University on October 10, 1975. He challenged BYU faculty to teach both secular and revealed forms of knowledge and to find gospel ways to help mankind. |
| 1976 | Elder Neal A. Maxwell Speech/Article | On February 26, 1976, Elder Neal A. Maxwell delivered an address at the Brigham Young University centennial celebration titled "Some Thoughts on the Gospel and the Behavioral Sciences" (published in the <i>Ensign</i> , July 1976). Elder Maxwell encouraged LDS behavioral scientists to "become more of a link and bridge between revealed truth and the world of scholarship" (p. 70). |
| 1976 | Formation of the BYU Institute for Studies in Values and Human Behavior | On September 18, 1976, the Institute for Studies in Values and Human Behavior at Brigham Young University was inaugurated, with Allen E. Bergin as the first director. The goals of the institute were to challenge and supplant secular theories of human behavior and psychotherapy with a Latter-day Saint applied behavioral science. |

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| 1977 | Allen E. Bergin Address/ <i>AMCAP Journal</i> article | Allen E. Bergin gave the keynote address, titled "In Behalf of a Revealed Approach to Counseling," at the third AMCAP convention in October 1977 (published in the <i>AMCAP Journal</i> , winter 1978). In the article, Bergin encouraged LDS professionals to seek the inspiration and healing power of the Lord in their therapeutic work. |
| 1980 | Allen E. Bergin Article in <i>Journal of Consulting and Clinical Psychology</i> | Allen E. Bergin published the article "Psychotherapy and Religious Values" in the 1980 <i>Journal of Consulting and Clinical Psychology</i> , a prestigious journal of the American Psychological Association. He criticized the mainstream psychology profession for its longstanding negative bias against traditional religious values and beliefs along with its implicit promotion of humanistic, relativistic, and atheistic values. The article, which became a publication classic, generated international interest and helped catalyze a multidisciplinary movement to integrate spiritual perspectives into the mainstream mental health and medical professions. It also helped create more space and safety within the LDS mental health community to explore the integration of the gospel with psychotherapy. |
| 1980 | Richard Berrett Presidential Address/ <i>AMCAP Journal</i> article | In an article titled, "The great independent variable," Richard D. Berrett (1980) shared his conviction that "one must seek a divine nature if one is going to be an effective therapist." He suggested that "then we will have access to the gospel-centered practice and theory of psychotherapy" (p. 10). |
| 1981 | Allen E. Bergin Presidential Address/ <i>AMCAP Journal</i> article | In an article titled, "A philosophy of therapeutic change," Allen E. Bergin (1981) shared his conviction that a comprehensive approach to therapeutic change should be eclectic, empirical, psychological, sociological, physiological, moral, spiritual, and educational. He suggested that "attempts to help people should be guided by the well-defined moral principles and standards of the Church" (p. 11). He expressed hope for "a system that harmonizes the many means of producing positive change that derive from diverse orientations, modalities and cultural forms, but which are embraced within a mature and divinely inspired moral framework" (p. 14). |
| 1981 | A. Don Sorensen <i>BYU Studies</i> article | In his article "The Shotgun Marriage of Psychological Therapy and the Gospel of Repentance," A. Don Sorensen (1981) argued that efforts to integrate psychological theory and practice with the gospel need to proceed with caution to avoid corrupting the gospel of Jesus Christ. He raised concerns about trying to combine the incompatible worldviews of the gospel and secular psychological theories. |

| YEAR | EVENT OR PUBLICATION | BRIEF DESCRIPTION |
|------|--|---|
| 1981 | Robert L. Millet and Charles H. Madsen AMCAP address and <i>AMCAP Journal</i> article | In an article titled, "Joseph Smith's eternalism: Foundations for a system of psychotherapy," Millet and Madsen (1981) shared their perspectives about how the truths restored through Joseph Smith, including the restored gospel's insights about God, man, truth, free agency, and love, can serve as a theological foundation for psychotherapy. |
| 1982 | Genevieve and Arturo De Hoyos <i>AMCAP Journal</i> review article | In an article titled, "The Mormon psychotherapists: A synthesis," Genevieve and Arturo De Hoyos (1982) reported the findings of a content analysis they did of 86 articles and transcribed addresses that were published in the <i>AMCAP Journal</i> from 1975 through 1981 to identify the issues explored by AMCAP members. They concluded that 36 articles dealt with the dilemma of integrating religion and psychotherapy, and that all but one of these 36 articles agreed that introducing gospel principles into practice is legitimate for Latter-day Saint psychotherapists, although the authors of the articles varied considerably in how to go about doing so. |
| 1986 | Genevieve De Hoyos <i>AMCAP Journal</i> article | In an article titled, "Telestial, terrestrial, and celestial therapy: A Mormon therapeutic model," Genevieve De Hoyos (1986) updated her 1982 content analysis of the <i>AMCAP Journal</i> and described seven ways that LDS therapists have dealt with religion and psychotherapy integration: (1) used secular approaches with no gospel integration, (2) used secular therapies to achieve church-approved goals, (3) "Mormonized" secular models, (4) blended secular therapies with gospel, (5) placed the gospel at the "hub of the wheel," (6) used gospel material in therapy, and (7) created gospel-based theoretical and therapeutic models. She concluded by describing her approach, which she called "celestial therapy": "facilitating clients' understanding and resolving of their religious hang-ups, as well as helping them develop [through teaching] a few of the basic skills found in the celestial life style" (p. 128). |
| 1989 | Clyde A. Parker AMCAP address and <i>AMCAP Journal</i> articles | Clyde A. Parker (1989a) delivered an address at AMCAP titled "Techniques, Principles and Persons," in which he argued that therapy "begins with the person of the therapist, not with some predetermined school, theory, modality or technique of therapy" (p. 4). He explained that he was not supportive of efforts to develop "the true gospel approach to therapy" (p. 7). He also indicated in a response article to L. Alan Westover (1989b) that he did "not believe that there is a 'true way' to do therapy" (Parker, 1989b, p. 15). |

- 1989 L. Alan Westover
AMCAP *Journal* article
- L. Alan Westover responded to Parker's (1989a) address (in an article simply titled, "Response") and argued that "the initial assumptions [LDS therapists] adopt as principles to guide [their] 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" (p. 12). Rather than arguing for "one true" gospel-centered approach, he suggested that LDS therapists should "seek to generate gospel-based theories of behavior change and gospel-based clinical interventions" (1989a, p. 12, emphasis added). He concluded, "We should not be disheartened and abandon the quest for gospel-based theories and interventions because our efforts are currently flawed and imperfect, any more than we will abandon our quest for eternal life because we are not yet exalted" (1989a, p. 13).
- 1995 P. Scott Richards
AMCAP survey and AMCAP *Journal* article
- In an article titled, "Spiritual interventions in psychotherapy: A survey of the practices and beliefs of AMCAP members," P. Scott Richards and Richard W. Potts (1995a) conducted a random survey of the AMCAP membership. Data from 215 members provided evidence that the majority of AMCAP therapists integrated gospel perspectives and interventions in their practices. The AMCAP members also shared process and ethical guidelines and concerns regarding the integration of the gospel into mental health treatment.
- 1996 Ronald B. Chamberlain Qualitative study and article
- In an article titled, "Spiritual perspectives and interventions in psychotherapy: A qualitative study of experienced AMCAP therapists," Ronald B. Chamberlain, P. Scott Richards, and Janet S. Scharman (1996) published the findings of Chamberlain's doctoral dissertation. Chamberlain interviewed 13 experienced AMCAP psychotherapists about how they have gone about integrating gospel perspectives into their professional identities and practices. The therapists explained that their LDS spiritual beliefs were the foundation, or core, of their therapeutic approach. They sought to harmonize secular theories and approaches with this spiritual foundation as guided by the Spirit to do so.
- 1997 P. Scott Richards and Allen E. Bergin
APA book
- P. Scott Richards and Allen E. Bergin (1997) published the first edition of their book *A Spiritual Strategy for Counseling and Psychotherapy*, with the American Psychological Association's publishing house. The book was the first to propose a theistic spiritual strategy for the mainstream practice of counseling and psychotherapy. It received positive reviews and has been widely cited, helping further legitimize spirituality in the field of psychology and inform psychologists on how to integrate spiritual perspectives and interventions into mainstream psychotherapy theory and practice.

| YEAR | EVENT OR PUBLICATION | BRIEF DESCRIPTION |
|------|--|---|
| 1998 | Richard N. Williams AMCAP address and <i>AMCAP Journal</i> article | Richard N. Williams (1998) delivered an address at AMCAP, which was later published in the <i>AMCAP Journal</i> , titled "Restoration and the 'Turning of Things Upside Down': What Is Required of an LDS Perspective." He argued that the "failure to believe that the gospel of Jesus Christ is the source of real healing of the human soul is a repudiation of the gospel itself" (p. 7). He criticized the naturalistic and deterministic philosophical foundations that mainstream psychology are grounded upon and argued that LDS scholars and behavioral scientists need "to overthrow and remake the dominant intellectual and cultural project to bring it into conformity with modern revealed truth" (pp. 17–18). He suggested a few things that he believes are fundamental to an LDS perspective: (1) God, our Father, lives and Jesus is the Christ, (2) human agency is paramount, (3) there is a war going on for the souls of God's children, and (4) human life and human action are fundamentally moral. |
| 1999 | Aaron P. Jackson and Lane Fisher An edited monograph by <i>BYU Studies</i> and <i>AMCAP Journal</i> | Aaron P. Jackson and Lane Fisher (1999) edited a monograph co-published by <i>BYU Studies</i> and the <i>AMCAP Journal</i> titled "Turning Freud Upside Down: Gospel Perspectives on Psychotherapy's Fundamental Problems." The authors of the monograph chapters explored a variety of theological and philosophical issues relevant to the development of Latter-day Saint perspectives in psychology and psychotherapy, including topics such as law, suffering, evil, agency, truth, and human nature and identity. |
| 2003 | Eric G. Swedin Book by University of Illinois Press | Eric G. Swedin (2003) published <i>Healing Souls: Psychotherapy in the Latter-day Saint Community</i> , with the University of Illinois Press. The book provided a historical analysis of the Latter-day Saint mental health community and efforts to develop gospel-centered psychotherapy approaches within AMCAP as well as other mental health treatment efforts within the LDS Church and community. |
| 2006 | P. Scott Richards <i>AMCAP Journal</i> article | In his article titled, "Theistic psychotherapy," P. Scott Richards (2006) described "theistic psychotherapy," a framework he and Allen E. Bergin and other colleagues have proposed for the mainstream practice of psychotherapy. He suggested that the theistic framework and approach to psychotherapy is compatible with the views and approaches of many LDS psychotherapists. |

| | | |
|------|--|---|
| 2006 | Robert L. Gleave <i>AMCAP Journal</i> article | In their article titled, "Considering the relationship between religion and psychology," Robert L. Gleave and his co-authors Jensen, Belisle, and Nelson (2006) argued for the need for continuing dialogue and debate concerning the interaction between religion and psychology. They also "present[ed] a framework for the complex interaction between Religion and Psychology—one that embraces ambiguity and uncertainty in order to prevent premature closure" (Gleave, Jensen, Belisle, & Nelson, 2006, p. 72). |
| 2008 | Edwin E. Gantt and Richard W. Williams <i>AMCAP Journal</i> article | In their article titled, "Explaining religion to death: Reductionism, evolution, and the psychology of religion," Edwin E. Gantt and Richard W. Williams (2008) argued that "most accounts of religion in contemporary psychology (especially as typified by evolutionary theory) have been toxic to the phenomena of religious experience" (p. 3). They rejected naturalistic evolutionary perspectives and proposed that the phenomenology of Emmanuel Levinas may provide a viable perspective from which to develop a fruitful scientific psychology of religion that takes religious experience seriously. |

Table 2. Hypothesized Common Process Characteristics of Gospel-Centered Approaches to Psychotherapy

| | |
|---|---|
| 1. Therapist seeks to ground personal life and therapy approach in the life and teachings of the Lord Jesus Christ. | |
| 2. Therapist prepares spiritually for work through personal worthiness, prayer, contemplation, and other spiritual practices. | |
| 3. Therapist views each client as a child of God, having divine worth and agency. | |
| 4. Therapist has faith in the healing power of God and His Son, Jesus Christ, and humbly seeks to be an instrument to access this healing influence on behalf of clients. | |
| 5. Therapist seeks to create a spiritually affirming therapeutic environment in which the clients know that it is safe and appropriate, if they wish, to explore and address spiritual concerns and goals. | |
| 6. Therapist conducts a religious and spiritual assessment with clients, usually informally during a clinical interview, in order to better understand their background and worldview, ascertain whether religion is a source of distress and/or a resource in their lives, and to determine whether spiritual interventions may be indicated or contraindicated. | |
| | 7. Therapist uses religious and spiritual interventions and resources in a treatment tailoring fashion, when appropriate, integrating them with mainstream interventions, as prompted to do so by the Spirit. |
| | 8. Therapist seeks to use clients' religious community and leaders as a resource, and consults with and refers to Bishop and other leaders as indicated. |
| | 9. Therapist supports clients in drawing upon their faith in God and the resources of their faith and spirituality during the treatment and recovery process. |

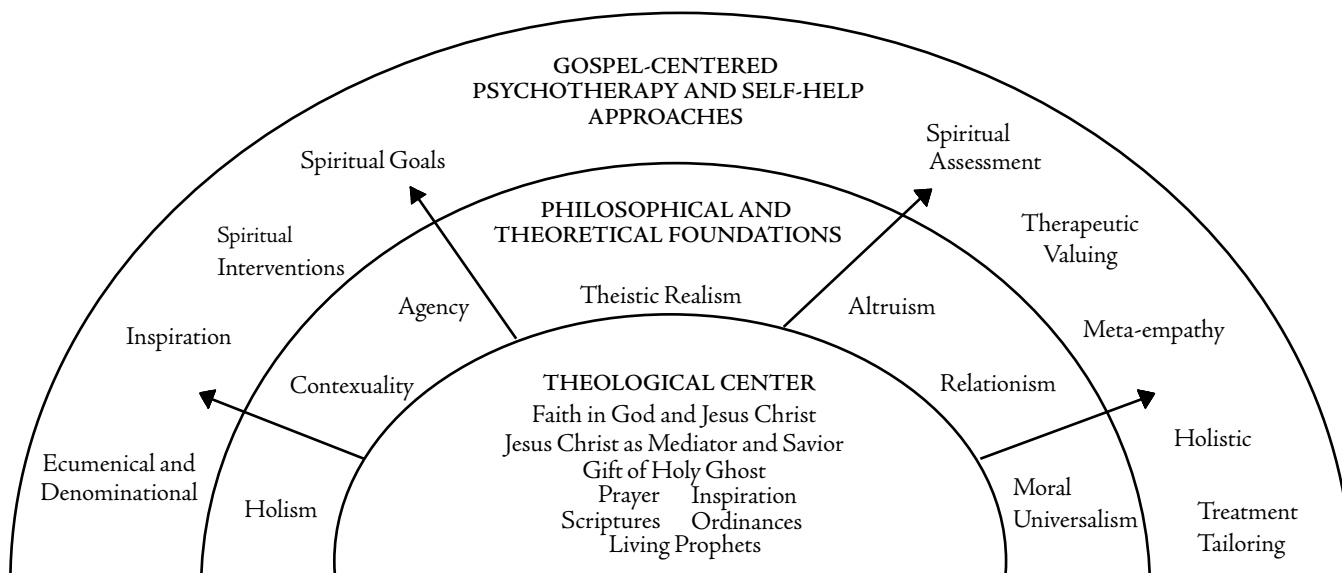
Note: In providing this summary list, we are not implying that all gospel-centered psychotherapists engage in all of these practices, all of the time, even when practicing effective gospel-centered psychotherapy.

Table 3. Selected Examples of Gospel-Centered Approaches and Self-Help Interventions

| AUTHOR | TITLE OF BOOK OR ARTICLE AND PUBLISHER |
|----------------------------------|--|
| Adams & Stahmann (2002) | "LDS Counselor Ratings of Problems Occurring among LDS Premarital and Remarital Couples" (<i>AMCAP Journal</i>) |
| Adams, Draper, & Hairston (2006) | "Bringing Love and Joy into Counseling" (<i>AMCAP Journal</i>) |
| Anderson (2001) | "How to Be Anxiously Engaged without Being Anxious" (<i>AMCAP Journal</i>) |
| Annadale (2004) | "Personality Theory and Pre-mortal Life" (<i>AMCAP Journal</i>) |
| Barlow (1995) | <i>Worth Waiting for: Sexual Abstinence before Marriage</i> (Deseret Book) |
| Beck & Beck (1990) | <i>Breaking the Cycle of Compulsive Behavior</i> (Deseret Book) |
| Bednar & Peterson (1990) | <i>Spirituality and Self-Esteem: Developing the Inner Self</i> (Deseret Book) |
| Bergin (2002) | "Eternal Values and Personal Growth: A Guide on Your Journey to Spiritual, Emotional, and Social Wellness" (<i>BYU Studies</i>) |
| Brinley (2002) | "Spiritual Perspectives in Marriage and Family Relationships" (<i>AMCAP Journal</i>) |
| Broderick (1986) | <i>One Flesh, One Heart: Putting Celestial Love into Your Temple Marriage</i> (Deseret Book) |
| Brown (1981) | <i>Human Intimacy: Illusion and Reality</i> (Parliament Publishers) |
| Brown (1989) | <i>Healing Troubled Relationships</i> (Bookcraft) |
| Byrd (2000) | "Homosexuality and Change: Results of a NARTH Survey" (<i>AMCAP Journal</i>) |
| Byrd (2004) | <i>Finding Wholeness and Happiness after Divorce</i> (Deseret Book) |
| Byrd (2008) | <i>Setting the Record Straight: Mormons and Homosexuality</i> (Deseret Book) |
| Byrd & Chamberlain (1995) | <i>Willpower Is Not Enough: Why We Don't Succeed at Change</i> (Deseret Book) |
| Chamberlain, Gray, & Reid (2005) | <i>Confronting Pornography: A Guide to Prevention and Recovery for Individuals, Loved Ones, and Leaders</i> (Deseret Book) |
| Covey (1989) | <i>Spiritual Roots of Human Relations</i> (Deseret Book) |
| Covey (2004) | <i>Six Events: The Restoration Model for Solving Life's Problems</i> (Deseret Book) |
| Decker & Chatlin (2000) | <i>Reaching for Hope: An LDS Perspective on Recovering from Depression</i> (Bookcraft) |
| Dollahite (2000) | <i>Strengthening Our Families: An In-Depth Look at the Proclamation on the Family</i> (Bookcraft) |
| Eldridge (1994) | <i>Born That Way? A True Story of Overcoming Same-Sex Attraction with Insights for Friends, Families, and Leaders</i> (Deseret Book) |
| Ellsworth & Ellsworth (1981) | <i>Getting to Know the Real You</i> (Deseret Book) |
| Ellsworth (2003) | "Freedom of Choice and Hypnotic Communication in Psychotherapy and Public Address" (<i>AMCAP Journal</i>) |

- Gleave & Belisle (2003) "The Mediator: Justice and Mercy as a Type for Bringing Unity out of Conflict" (*AMCAP Journal*)
- Hansen, Nielsen, & Harris (2008) "Meditation, Christian Values and Psychotherapy" (*AMCAP Journal*)
- Hilton (2011) *He Restoreth My Soul: Understanding and Breaking the Chemical and Spiritual Chains of Pornography through the Atonement of Jesus Christ* (Deseret Book)
- Horton, Harrison, and Johnson (1993) *Confronting Abuse: An LDS Perspective on Understanding and Healing Emotional, Physical, Sexual, Psychological and Spiritual Abuse* (Deseret Book)
- Jackson & Fisher (1999) "Turning Freud Upside Down: Gospel Perspectives on Psychotherapy's Fundamental Problems" (*BYU Studies* and *AMCAP Journal*)
- Jeppsen (2002) *Line Upon Line, Precept Upon Precept* (Pathway Press)
- Judd (1999) *Religion, Mental Health, and the Latter-day Saints* (Religious Studies Center, BYU)
- Lamb & Brinley (2000) *Between Husband and Wife: Gospel Perspectives on Marital Intimacy* (Covenant Communications)
- Lundberg & Lundberg (2000) *I Don't Have to Make Everything All Better* (Penguin)
- Madsen (2004) "Redirection, Renewal and Redemption" (*AMCAP Journal*)
- Nielsen, Johnson, & Ellis (2001) *Counseling and Psychotherapy with Religious Persons: A Rational Emotive Behavior Therapy Approach* (Erlbaum)
- Rector (2002) "The Paradoxical Nature of Sin: Explorations on the Nature and Uses of Falling Short in Life" (*AMCAP Journal*)
- Rector (2006) "Origins of Human Worth" (*AMCAP Journal*)
- Rector (2007) "A Brief LDS Faith-Based Dialogue for the Treatment of Conditional Self-Worth" (*Issues in Religion and Psychotherapy*)
- Richards, Hardman, & Berrett (2007) *Spiritual Approaches in the Treatment of Women with Eating Disorders* (American Psychological Association)
- Seigenberg (2001) *Walking in the Light: A Gospel-Based System for Psychological Growth* (Vision Books)
- Seigenberg (2004) "Humility versus Self-Esteem: Implications for Research and Practice" (*AMCAP Journal*)
- Smith & Draper (2003) "From the Individual to Individualism: A Critique of the Helping Professions" (*AMCAP Journal*)
- Ulrich (2008) *Forgiving Ourselves: Getting Back Up When We Let Ourselves Down* (Deseret Book)
- Ulrich (2009) *Weakness is Not Sin: The Liberating Distinction that Awakens Our Strengths* (Deseret Book)
- Warner (2001) *Bonds That Make Us Free: Healing Our Relationships, Coming to Ourselves* (Shadow Mountain)
- Watson (2000) "Spiritual Roots of Ethical Marital Therapy" (*AMCAP Journal*)
- Williams, Belnap, & Livingston (2008) *Matters of the Mind: Latter-day Saint Helps for Mental Health* (Deseret Book)
- Worthen & Isakson (2007) "Therapeutic Value of Experiencing and Expressing Gratitude" (*AMCAP Journal*)
- Worthen & Isakson (2010) "Hope—The Anchor of the Soul: Cultivating Hope and Positive Expectancy" (*AMCAP Journal*)
- Wrigley (2002) "Dealing with Fear and Depression in a 21st-Century Context" (*AMCAP Journal*)

Figure 1. Conceptual Foundations of Gospel-Centered Psychotherapy and Self-Help Approaches



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

ROBERT GLEAVE

Every "Saying" has a "Said."

There is surplus in the "Saying" that cannot be captured by the "Said."

When we try to examine the "Saying," we find that we are examining only the "Said."

The "Saying" begins to reveal itself in the failures of the "Said."¹

-Emmanuel Levinas

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

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

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

1 Paraphrase of concepts asserted by Levinas by J. E. Faulconer (personal communication, February 6, 1990). Levinas, E. (1981). *Otherwise than being: or, Beyond essence*. (A. Lingis, Trans.). The Hague, the Netherlands: Martinus Nijhoff.

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

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

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

I am pleased that Dr. Williams challenged a point I made while making the same lack-of-rigor error against which I wrote. He rightly raises our sights to possibilities beyond the constraints of our professional training and cultural expectations. He is one of only a few that I know who sees both broadly and deeply enough to envision the possibility of a different kind of form and structure to our theorizing. I endorse his ideas about how to pursue future advances on these issues. I would notice that the scope of the enterprise to which he invites us is so sweeping that significant progress cannot be accomplished by any single person (thinker, writer, etc.), or even a small group, but rather must be a concerted, purposeful effort by many people over a significant period of time. I continue my caution that pursuits that do not flow from the depth and breadth of such a large-scale effort be considered neither cohesive nor substantially complete. Williams articulates better than I have why a therapy focused on interventions fails.

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

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

yond the veil. Our mortal purposes would be thwarted should we not be able to learn and function significantly with the gift of the veil firmly in place. It is this work to which I refer as using “our professions” between moments of connection with heaven. I additionally embrace Dr. Anderson’s description that it is the Spirit that individually instructs people (revealed truth) concerning the transition toward celestial “being.” I am grateful to Dr. Anderson for her clarifying concepts and language on this point. It is our being open to opportunities to participate in the setting of the stage and then to be witnesses to this sublime exchange to which I refer as “being” a gospel-centered therapist. It is not our learning, our skill, our interventions, or any other thing that we can do that compels these moments. We are not the active agent here. However, there are things we can do, such as being prideful, being controlling, pressing our agenda (interventions) past the “teaching moments,” and other forms of being caught in extremes, that will dismantle the stage and preclude these moments.

I agree with Dr. Anderson’s admonition to not throw the baby out with the bathwater. She makes a compelling point that generalization is needed in our profession. I believe she is also accurate in her admonition to avoid extremes in all directions, just as psychopathology has been described as normal processes or conditions taken to extremes. Yet, on one point I think Dr. Anderson overgeneralizes. She characterizes all postmodern thinking as embracing moral relativism. While her characterization is not inaccurate for many postmodernist thinkers, and her characterization of the damage done by moral relativism is certainly not inaccurate, she misses a few of the advantages brought to us by postmodern thought. Postmodernism’s challenge of modernist reductionist methodology as incomplete has again made room for religion and morality to be legitimate sources of truth and to be included in scientific dialogue. Postmodernism has also helped us to pay closer attention to the influences of initial conditions on the patterns and processes we observe. Postmodernism has sensitized us to the importance of context and the individual. It is, I will grant, taking the importance of context and individual differences to an extreme that has partially fueled the dangerous winds of moral relativism. As with anything else, Satan perverts what initially began as a good idea and distorts it beyond its original place. Still, I am old enough to remember what science was like without this important addition

brought by postmodernism. There was no room for God in scientific discourse, and observable data was king.

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

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

I applaud Dr. Richards and Dr. Hansen’s (2012) inclusion of many previous writers. I agree that many gospel-centered therapists have appropriately written insightful and useful pieces. They write about important ideas that are informed by the whole of their learning and experience (in both countries and through many border crossings (Gleave, Jensen, Belisle, & Nelson, 2006)) and use language that flows from their being. I disagree, however, that this body of literature constitutes a cohesive theory, or that it can be said to convey a gospel-centered therapy. Rather, it reflects the expressions of therapists who em-

body the principles of the gospel. Much like the gospel itself, it is the embodiment (in the person of the therapist) of principles more than compliance with rules (interventions) that displays the fruits of the gospel work. One of my arguments with the current paper is that, while they believe that they are being true to what others have said, they step well beyond much of what they cite and move into descriptions of specific interventions. Their statements push beyond generalities of truth (an error avoided by the other authors included in this special section) and seek to describe specific interventions that are “gospel centered.” While they acknowledge the importance of not going on tangents or avoiding specific details on one hand, they offer such details on the other.

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

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

I may overstate that they are advocating a cohesive theory, but they at least claim to have articulated a “therapy.” To proclaim a style of “therapy” (gospel centered or otherwise) is to embrace the assumptions that there is some kind of cohesion in the methodology described, that the methodology is the healing agent, and that it is the learning of the methodology that qualifies one to “practice” the “therapy.” This problem cannot go away easily just by asserting, in another part of the article, that it is the Spirit that heals. Is it the Spirit or the methodology that heals? Additional

confusion occurs when at some points in the paper they seem to instead be advocating a way of doing therapy, or a process, rather than just adherence to methodology or interventions. It is this process or way of “being” that I call context and judgment and that I assert resides in the person of the “therapist” rather than in the interventions.

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

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

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

AN ATTEMPT AT ADDITIONAL CLARITY

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

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

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

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

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

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

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

are critical mortal pursuits. However, let’s be honest and humble in our assertions about our work and where it is situated in the broader scheme of things.

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

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

fact that clients benefit from such sloppy work doesn't justify calling the gibberish of unstandardized or combined "languages" anything other than the mismatched and non-cohesive attempt that it is.

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

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

TEACHING AND RELIGION

Perhaps comparing how a different discipline deals with the problem of religion would help add some clarity. We recognize that teaching and religion are unique cat-

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

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

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

CONCLUSION

I hope we are all familiar with the quiet solemn moments when we are witnesses to the profound love and healing power of God conveyed to our clients by the Spirit. These are precious moments that inspire awe and reverence for the divine. They are deeply prized experiences that occur less frequently than our mortal inclination toward quick solutions would prefer, and they cannot be summoned by our will or skill. In the interim, between such moments of wonder, we can still provide significant service through our training in the discovered truths of our secular professions.

I strongly encourage that we be keenly aware of the significant differences between divine intervention and our worldly professions. Let us maintain more clear boundaries and not muddle the two together. Until we can adequately engage the sweeping task proposed by Williams (2012) and Gantt (2012), I encourage us all to strive to personally be therapists who embody the gospel and abandon pursuits to operationally define a gospel-centered therapy. I think that by being so engaged we will do far more to advance the cause these discussions envision than by any other endeavor.

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Exploring Psychology and Religious Experience: Relevant Issues and Core Questions

MAURO PROPERZI

Religious experience often involves what is perceived to be divine communication to single individuals or to humanity at large. Yet, since revelatory experiences involve both a supernatural source of truth and a human receptor who interprets and filters the message, psychology may appropriately play a role in the study and analysis of these phenomena. In this essay I provide some general suggestions on how psychology may contribute to the study of revelatory religious experiences, namely by exploring the descriptive, the pragmatic, and the functional-psychoanalytic dimensions of revelation. Indeed, by moving away from reductivist explanations and by framing analyses in the transcendent theological schemata of religious adepts psychology may assist the believer in sifting through the authentic and the inauthentic or between the human and the divine. In this context, this article focuses more on those core philosophical issues and questions that ground dialogue between psychology and religion than it does on specific examples and illustrations. It is a starting point for conversation and a broad optimistic framing of a historically difficult relationship, which still requires much sorting out.

It is puzzling that scholars of religion have not yet reached a firm consensus in defining what lies at the very foundation of their analysis. Indeed, depending on the scientific framework employed (whether historical, anthropological, psychological, philosophical, etc.) different scholars emphasize one particular aspect over others when stating or implying a working definition of religion (Hood, Hill, & Spilka, 2009). Yet, it seems that at least one aspect ought to be underlined as one of religion's core components, without which it is difficult to justify labeling a belief, practice, or experience as religious. This aspect is what several religions call *revelation*, as well as

its more nuanced associate *inspiration*, which usually is understood to be more accessible to non-prophetic individuals and to be more mediated in its lesser quality or intensity vis-à-vis revelation. In fact, regardless of the term used by a particular religion to describe this phenomenon, it is common for most religious perspectives to affirm that a Supreme Being, or even a depersonal-

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ized universe or force, is a communicative subject that, at some point or another, manifests its will, power, characteristics, and love to humanity. Whether these messages are understood and heeded is a different matter, but what concerns us at this stage is the fact that most religions share the belief that something transcending humanity speaks to us and solicits our response.

To be sure, the manner and timing of these divine communications are as varied and distinct as are religious denominations. Broadly speaking, Christianity recognizes Christ's Incarnation as the supreme and most immediate act of divine revelation. At the same time, because it shares a scriptural foundation with Judaism, Christianity accepts revelatory communications through the prophets of the Old Testament. Islam contributes to this prophetic picture by honoring Muhammad as its own prophet and the Koran as divine communication. But prophets and the incarnated Christ are not the only sources of transcendent messages in the universe. Most religions view the Creation as the manifestation of a Creator, thus deriving a *natural* theology from observing their surroundings or the order and beauty of our planet. Furthermore, many religions place humanity in a unique or supreme position among the creations, a position emphasized by the notion of human beings possessing an inner core—whether conceptualized as the Muslim *Fitra* or the Christian *Imago Dei*—that is especially revealing of God's will and nature.¹ In other words, the divine speaks both externally and internally to the human being, a distinction that often parallels the distinction between revelation and inspiration.

THE OBJECTIVE AND THE SUBJECTIVE

Yet, even when we focus exclusively on divine manifestations in history (miracles, visions, etc.), which are external and, in a loose sense, *objective*, it is impossible to completely transcend the internal *subjective* dimension of the human being in relation to his or her reception of this external message. As a person listens to and interprets what the environment, culture, historical circumstances, and even religious community teach, he or she will bring personal desires, fears, aspirations, and general cognitive and emotional frameworks to bear on the acquisition of this religious content in such a way as to make it existentially relevant. Furthermore, the individual's "soul" will further shape this knowledge through

promptings of an inspiring or confirming nature that may be interpreted as having an external source or origin. In other words, the subjective and the objective unavoidably interact, and they do so in religious matters as they do in all behaviors. Indeed, the purely logical being who reasons and acts only according to perfect formulas of truth does not exist and is a mere illusion. To be human is to interact with information in such a way as to make it humanly relevant, or to apply it to beings who are social, rational, emotional, spiritual, and mortal.²

At the same time, to stress the unavoidable interaction of the objective and the subjective is not the same as to advocate a relative or arbitrary dimension of truth. Instead, the focus on the interaction perhaps recognizes in the first place that truth is always wider than that which can be subjectively digested by a single individual. Indeed, truth includes multiple subjective interactions with various external objective realities that give rise to several formulations of that one truth (Pareyson, 2009). Within the realm of the study of religion and its relationship with psychology, the interaction of the objective and the subjective is an issue of no minor significance. In fact, distortions of truth are inevitable when one dimension is emphasized excessively to the detriment of the other. Hence, it is possible to identify several instances in the study of religion where the subjective and the internal are highlighted to such an extent as to eliminate even the possibility of an association with an objective and external reality. According to this line of reasoning, religious experience is explained only in terms of a subjective issue, with no external referent that may be called real.³ This approach to religion, which explains the whole religious phenomenon as a mere sum of its identifiable anthropological or psychological processes, is *reductive*, or in other words, a form of reductionism applied to religion. Ironically, a reductionism of this kind attempts to make a statement with objective force by explaining everything as subjectively determined.

On the other side of the equation, some forms of religious fundamentalism deny any subjective influence in the context of religious revelation or inspiration. One may think, for example, of the orthodox view of Koranic revelation, in which the prophet Muhammad functions as a sort of human megaphone selected to report the divine word, which is eternal and uncreated in both content and form. The implication is that even with a different messenger and in a different time and place, the

Koran would have emerged in every detail as exactly the same text as revealed through Muhammad.⁴ In Christianity, understandings of revelation that deny the presence of any human filter are found in exclusively literal readings of the biblical text, with hermeneutical assumptions rooted in scientific positivism.

PSYCHOLOGY AND THE STUDY OF RELIGIOUS EXPERIENCE

Does this intricate intersection between the external and internal dimensions of revelation force us to renounce any claim to objectivity when it comes to the study of religion, and particularly of religious experiences? While the complex dynamics already referenced should at least warn us about too facile interpretations and conclusions, we do not need to go this far. A century after William James it is now possible to view his desire to develop a proper scientific study of religion as somewhat naïve because it was excessively rooted in the scientific positivism of his age. There will always be some dimensions of religion, particularly the metaphysical aspects, that do not lie within the scope of scientific inquiry and that will require different epistemic methods and assumptions to be addressed. Yet, even in the context of religious experiences, there is value in psychological studies that analyze their patterns or dynamics and reflect upon their significance. In this context, psychology's central function is not to spread doubt on the authenticity of religious experiences. It can certainly fulfill this purpose when warranted, but an a priori assumption of this kind would clearly raise serious questions about the legitimacy of its endeavors.

As others have indicated, the philosophical foundations employed in interpreting psychological data on religious phenomena often shape conclusions, sometimes in quite anti-theistic directions (Slife & Reber, 2009; Nelson & Slife, 2010). In the present setting, rather than continuing the critique and engaging the complexity of this discussion I would like to highlight some potential areas of benefit in the "psychological" study of religious experiences. Specifically, I can think of three primary ways in which psychology may contribute to the study of religious phenomena of various intensities and claims: a *descriptive* focus, a *pragmatic* focus, and a *functional-psychoanalytic* focus.

THE DESCRIPTIVE STUDY OF RELIGIOUS EXPERIENCE

To begin, psychology can study the extent of revelatory religious manifestations, underline their similarities

and differences, and map their characteristics across cultures and across religions. This idea was probably one of William James's greatest contributions as he attempted to complete a collection and interpretation of this very nature in his *Varieties of Religious Experience* (1902/2004), a study that is likely to remain a vital force in the psychology of religion. Still, much more remains to be explored in this area, with studies that would likely need to consider the socio-psychological and anthropological dimensions of human life. Indeed, the cognitive study of religion is a present attempt to deepen our understanding of religious experiences in this particular direction. The highly popular subject of emotions in phenomenology and psychology also has relevance in this context, as does the neuro-biological side of its exploration.⁵

Within this broad framework, psychology and its allied fields of scientific and socio-scientific knowledge can help us address several important questions about the nature and extent of the "religious propensities," to quote James (1902/2004). For example, some have recently come to theorize the existence of a God-gene (Bailey, 1998), while others have advocated the universal existence of religiosity as a human characteristic that is implicitly manifested even in a variety of non-religious settings and activities (Hood, 2009). Clearly, differences continue to exist as far as explaining or defining the source or utility of these deep-seated drives. Non-believers often explain the presence of these propensities in terms of a by-product of natural selection that is made redundant within the milieu of a modern scientific world. In any case, psychology and other scientific fields of inquiry have at least highlighted the universality of religion and its significance for humanity at large. By so doing, at least in my opinion, they have legitimized its study and given some credence to its claims of transcendence. Thus, we can affirm with Mircea Eliade (1978) that "the sacred is an element in the structure of consciousness, and not a stage in the history of that consciousness" (p. xiii).

THE PRAGMATIC STUDY OF RELIGIOUS EXPERIENCE

A second dimension of religion for which psychology may provide an epistemic contribution is the exploration of the consequences of religious experiences. This pragmatic dimension, again highly emphasized by William James, is perhaps the most widely observable aspect of religious experience and therefore particularly favor-

able to scientific analysis. At the same time, if pragmatic consequences are, on the one hand, somewhat visible, it is particularly difficult to determine, on the other hand, whether such consequences should be attributed to religious or to other kinds of experiences and behaviors. In some cases, such as in studies pertaining to the effect and consequences of prayer, particular religious behaviors are isolated from other experiences of the individual (Hood, 2009). In other cases, it is easier to begin by measuring general levels of religiosity in specific subjects and subsequently analyze the quality and characteristics of individuals' lives in relation to particular variables of a greater or lesser general nature. For example, studies have addressed such variables as mental health, physical health, marital satisfaction, sociability, and job performance in association with specific degrees of religiosity.⁶ While it is true that correlations alone may be extracted from such findings, the findings of these studies may still provide useful indications about the value of religion in people's lives. These studies may also offer valuable information about forms of religiosity that are generally dysfunctional (such as extrinsic as opposed to intrinsic religiosity).

In this context it is important to reflect on the extent to which measures of happiness and health either validate or invalidate a particular religious path of existence. Indeed, to my knowledge, there is no religion that promises uninterrupted joy or avoidance of illness during this mortal realm of existence; on the contrary, some religions emphasize the necessity of suffering and the need to seek eternal rather than present happiness. An additional challenge involves the realm of definition. While there is no question that religious and non-religious people often define happiness differently, it is often the case that even people of similar religious persuasions hold different views on what it means to be happy. Hence, it is particularly difficult to recognize a universal standard of happiness that can be used to measure the pragmatic consequences of people's religiosity or of their religious experiences. We therefore have a normative problem that underlies a descriptive difficulty. The same challenge is perhaps even more evident when using mental health as a standard. In fact, psychology has been a discipline much more concerned with demarcations of mental illness than with demarcations of mental health so that creating a model of the ideal mentally healthy individual is no easy endeavor. Furthermore, within a religious frame of refer-

ence, it is not a universal expectation that mental health necessarily accompanies religious life.

Still, there are characteristics in people's lives that reflect, to some extent, the nature of their religious beliefs and actions. Certainly, followers of most religions typically possess within themselves some pragmatic measure of authentication of their religion, which often focuses on the signs or fruits of belief.⁷ These measures include actions that reflect essence—doing that manifests *being* or, more properly, *becoming*. Hence, it is only natural that an individual who serves and loves others will ultimately become a loving individual and that such an attribute will become apparent in several areas of his or her life. On the other hand, a person who, for example, quickly moves from one sexual relationship to the next or who abuses children while professing belief in Christianity does not embody the fruits of his faith. Therefore, by measuring specific areas of people's lives, including social interactions, emotions, commitments, and coping mechanisms, psychology may at least bring focus to the gap between the professed and the actual, or between the ideal and the real. By so doing, psychology can shed light on positive or negative patterns of religiosity, and it may often be able to do so without needing to distance itself from the very normative framework of the religion at stake.

THE FUNCTIONAL-PSYCHOANALYTIC STUDY OF RELIGIOUS EXPERIENCE

Closely related to a pragmatic study of religious experience is the functional-psychoanalytic study, which can be specifically linked with both the revelatory claims of personal religious experience and with the psychoanalytic dimension of psychology. As previously mentioned, since it is possible to identify religious beliefs and behaviors in all cultures and at all times, it is appropriate to ask whether such naturalness of religion constitutes an advantage or an obstacle to its very claims and purposes. In other words, does the functional aspect of religion—its fulfillment of internal drives, aspirations, hesitations, and needs—facilitate or obstruct its epistemic evaluation or any possible judgments that relate to its objective nature? Whether or not the question is philosophically (or, more properly, phenomenologically) suitable, it is certain that psychology, and especially psychoanalysis, may shed light on religion's functionality by gathering data about its functional dynamics and then by proposing a psychoanalytic interpretation of that data.

Indeed, the core of the issue is the kind and the degree of religion's internal functionality rather than the question of functionality itself. If it is possible to view any kind of psychological functionality as suspect (because it is potentially associated with psychosis at worst or neurosis at best), then it is also possible, and in my view more likely, to understand psychological functionality as the potential foundation of a deeper truth that transcends rational articulation. By this I mean to say that judging humanity as being prone or receptive to religious impulses may underlie theistic claims of a God who has created us as particularly driven to turn to Him and to believe in Him. At the same time, if religion is shown to be functional in those aspects that are ultimately contradicted by its claims, such as in fulfilling desires of domination, strengthening fears of social interactions, or solidifying self-centered behavior, it is apparent that such psychological dynamics, although real in the sense of reflecting the true experience of the individual, are at the same time illusory or mistaken in their explicit association with religious beliefs and claims. Therefore, by judging which internal drives are activated by particular forms of religious conceptualizations and behavior it may be possible to begin to form an evaluative picture of these supposedly religious claims through the psychoanalytic indications provided by scholarly studies.

In this context I can briefly highlight two scholars who have contributed significantly to this field of inquiry—namely Ana-Maria Rizzuto and André Godin. Rizzuto (1979) has brought focus to the importance of “God-representations” as explained in terms of “the totality of experiential levels obtained from the life of an individual, which under the aegis of the human capacity to symbolize are gathered by a person under the name God. The representation always includes visceral, proprioceptive, sensorimotor, perceptual, eidetic, and conceptual components” (pp. 122–123). Furthermore, she has followed Freud in stressing the significance of parental figures for the child's earliest development of God's representations (although, unlike Freud, she has given more significance to the mother), has underlined the psychic utility of such representations for the child's protection of self-respect and parental relationships, and has emphasized the continuation but “elasticity” of God-representations throughout an individual's lifetime. Rizzuto has also recognized that God, as a “transitional object representation,” may be accepted or rejected, because “to believe or

not to believe is always an act of fidelity to oneself and to our mental representations of those to whom we owe our past and present existence” (p. 117).

To my knowledge, Rizzuto (1979) does not go beyond this psychological understanding of God to inquire about its correspondence with external objective reality (a task that lies beyond the limits of psychology—or of any science for that matter), although she clearly disagrees with Freud's evaluation regarding people's need to overcome these representations when reaching maturity. Instead, in psychological terms she underlines that “God is a potentially suitable object, and if updated during each crisis of development, may remain so through maturity and through the rest of life” (p. 209). In other words, we need certain kinds of God-representations for our own mental health because they are psychologically functional, meaning that they are *real* within a particular epistemic framework of reference.

Yet, there remains a fundamental question about a possible bridge between psychology and theology—or the lack thereof. Godin (1985) comes to our aid with an analysis that makes this dimension more explicit as he critiques those psychological dynamics of religious experiences that specifically clash with accepted Christian theology. In short, Godin underlines the negative functionality of religion in theological terms and highlights the degree to which authentic religious experience is in conflict with natural psychological propensities.

In addressing the magical dimension of belief in God, which is closely linked to the most elementary kind of religious faith, Godin denounces the concept of a God who is simply there to punish, to reward, to fulfill our greatest desires, and to calm our anxieties. He affirms that

such a God . . . is a useful reinforcement of their (the parents') authority when it falters. In spite of the efforts of an updated catechesis . . . the great mass of parents, Christians though they may be, continue to use God in this way. Half bogey-man and half Santa Claus; these roles, which are hardly appropriate to the God of the Gospels . . . help to transmit elements of what we must call a folklore Christianity. . . . In many ancient societies religious myths fulfilled this function of supporting the existing social power. On this point the resistance to a specific character for the Christian God . . . is and will continue to be very strong. From a psychological point of view, man thus appears to be spontaneously religious but is far from being spontaneously Christian. (Godin, 1985, p. 21)

Thus, Godin advocates the need for the growth and development of one's faith—a faith that must transcend its most elementary impulses and become mature in line with its theological and scriptural conceptualizations. Clearly, the criteria of authenticity applied will vary in relation to the specific religious doctrines and claims that form the beliefs of the individual. This is not a matter of imposing one particular religious perspective in evaluating psychological dynamics of all religious experiences. The point is one of internal consistency where religious experiences are squared against the theological framework that is supposed to explain them as opposed to a supposedly superior interpretative framework of a scientific kind. Godin, as a Jesuit speaking to other Christians, obviously made use of a Christian theological perspective in his psychoanalytic analysis of Christian religious experiences, but Muslims, Hindus, or Buddhists may do the same by employing their own religious framework of reference.

CONCLUSION

The relationship between psychology and religious experience clearly requires extensive examination, which obviously lies beyond the scope of a single article. Yet, even though I have only scratched the surface of the subject, I hope to have provided some useful analytical foundations that may be employed for the continuing exploration of this fascinating area of study. Psychology may indeed come into dialogue with religion and assist in shedding light on the dynamics of religious experiences. It can do so by analyzing the nature and scope of their manifestations (the descriptive study), by studying the consequences associated with their expressions (the pragmatic study), and by engaging their function within the psyche of the individual vis-à-vis the normative ideals of the specific religious framework of explanation that the individual has embraced (the functional-psychoanalytic study). Therefore, any evaluative statement on the reality, truth, benefit, or goodness of any religious beliefs and behaviors may not take place while wholly transcending the framework of reference advocated by that religious perspective. Indeed, since both psychology and religion propose, more or less explicitly, a particular descriptive and normative worldview, it is not appropriate for psychology to apply its own epistemic and normative assumptions on religious experiences without at least bringing those assumptions into

interaction with the epistemic/ontological foundations of the religious views under examination. Godin provides a useful example in this direction because, while building his analysis on psychoanalytic insights, he makes use of Christian theology (his own interpretation of it, to be sure, but one that is hardly controversial) to discern and evaluate between positive and negative religious experiences.

As a person with a passionate interest in dialogue, whether among different religions, cultures, or philosophies, or between religion and science (and religion and psychology in particular), I have come to recognize the centrality of mutual respect in both interpersonal relationships and interdisciplinary communicative endeavors. Yet, religion has not always been respectful of psychology and psychology has not always been respectful of religion or of religious experiences. In this article I have attempted to highlight some general principles in the psychological study of religious experiences that emphasize the potential usefulness of psychology without suggesting its hegemony or epistemic imposition. To be sure, many more details need to be worked out at the micro level of interaction. Still, it is the broader theoretical picture or the macro level of explanation that usually shapes and informs attitudes and approaches in engaging interdisciplinary studies of all kinds, and the interaction between religion and psychology is certainly no exception.

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ENDNOTES

1. This soul-like entity is then further elevated from its natural position through more direct divine interventions. Examples of such religious conceptualizations include the concept of redemptive grace in Christianity (*theosis* in Eastern Christian

thought) and the concept of the “Universal” or “Perfect” Man in Shia Islam.

2. Johnson-Laird (2006) stated, “The process of [mental] construction is unconscious, but it yields a representation, and this mental model enables us to draw a conclusion, by another unconscious process. . . . In other words, all mental processes are unconscious” (p. 53).
3. In psychology, Freud popularized the notion of religion as illusion in *The Future of an Illusion* (1928/1989). Even if one concedes this point, however, illusion or imagination is not necessarily the *contrary* of reality. Regarding this point Kierkegaard (1938/1958) stated, “Imagination is used by Providence to draw men toward reality, toward existence and to lead them far, deep, or low enough into existence. And when imagination has helped them to go as far as they can, that is precisely where reality begins” (p. 243).
4. This orthodox view may be contrasted with more modernist perspectives such as the one expressed by the Iranian theologian Abdolkarim Soroush, who recognized the significance of the prophet Muhammad in the production of the Koran (Tabaar, 2008).
5. For a good introduction to the extension and depth of the study of emotion see Lewis, Haviland-Jones, and Barrett (2008).
6. On religion and health, see Hood et al. (2009, pp. 437–444). On religion, work, and marriage, see Hood et al. (2009, pp. 158–173).
7. See Matthew 7:16, 21; Mark 16:17; and Galatians 5:22 in the New Testament for examples of the source of this idea within Christianity.

Critical Thinking in Applied Psychology: Toward an Edifying View of Critical Thinking in Applied Psychology

STEVE YANCHAR, AARON JACKSON, KRISTIN HANSEN, AND JAMIE HANSEN

A gospel-centered approach to critical thinking that can facilitate psychotherapeutic work and be edifying to faithful counselors and clients would be very beneficial. This article examines what a defensible approach to gospel-centered critical thinking about psychotherapy would look like, how it would differ from secular scholarly disciplines and practices, and whether it should differ at all. Because all critical thinking strategies are framed by a theoretical background of assumptions and values and because not all assumptions and values are true or useful, approaches to critical thinking must be carefully examined by those who would employ them. Latter-day Saint counselors and psychotherapists should evaluate the kinds of critical thinking they use in their practice and consider supporting an approach that is based on the truths of the restored gospel.

At a professional conference attended by one of the authors of this article, a BYU faculty member made a presentation regarding critical thinking. Afterward, one attendee expressed her surprise that someone from BYU would openly discuss critical thinking in a scholarly forum. Her prior experience in a graduate program at a state university in Utah had evidently led her to believe that faith in the doctrine and message of The Church of Jesus Christ of Latter-day Saints (LDS) could only be taken seriously by those with little motivation to think critically about the nature of human existence and the surrounding world.

This conference goer's view of LDS church members is thought provoking and challenging. It is conceivable that many LDS church members fail to think deeply and critically about important issues in their personal, profes-

sional, or spiritual lives, even though leaders (e.g., Brown, 1996; Faust, 1997; Hafen, 1996; Schultz, 2002) and scholars (e.g., Nibley, 1970; Warner, 1971) in the church have explicitly warned against such a stance. Or perhaps this

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conference-goer had mistakenly assumed that it is impossible to exercise adequate critical and rational thought as a religious person. If the latter is the case, then this person's statement would seem to represent a false dichotomy familiar to many and conceptualized by Warner (1971) as "unthinking belief" versus "faithless reason" (p. 14).

However one attempts to explain this conference-goer's impression, it is likely that most LDS church members would reject the idea that because of their faith they do not support and are unlikely to engage in deep thought, serious questioning, and critical reflection,¹ and many would have reservations about the traditional faith-reason antinomy that underlies this notion. Surely there must be some alternative position that better captures the activities of questioning and critical thinking among faithful LDS church members, particularly psychotherapists. Although the precise nature of that position cannot be legislated in specific and dogmatic terms, discussion of what it might generally entail seems useful. If some conception of critical thinking can facilitate psychotherapeutic work and be edifying to faithful counselors and clients, it would be an important ally indeed.

What would a defensible and edifying approach to critical thinking about psychotherapy look like? Would it differ from what is commonly accepted in secular scholarly disciplines and practice? Should it? We will respond to these questions by examining critical thinking as it is conceptualized in the contemporary scholarly literatures and by explaining why our answer to the second question is both yes and no. More specifically, we will briefly review the main currents of thought regarding critical thinking theory and practice, discuss some of their limitations, and suggest a more suitable starting point for a defensible and edifying view of critical thinking for counselors and psychotherapists.

TRADITIONAL APPROACHES TO CRITICAL THINKING

Critical thinking in the Western tradition can be traced to the philosophical dialogues of antiquity and seen in subsequent eras of Western intellectual history, as manifest in the works of formative thinkers such as Aristotle, St. Augustine, St. Thomas Aquinas, Francis Bacon, and Erasmus; in British empiricists such as Hobbes, Locke, and Hume; in continental rationalists such as Descartes and Kant; and in eighteenth- and nineteenth-century reactions to traditional philoso-

phies, such as those offered by Vico, Herder, Marx, Kierkegaard, and James.² This outpouring of scholarly endeavor throughout the ages—which often entailed vigorous attacks and defenses of various positions on theology, ethics, reality, knowledge, human nature, governance, and education—provided a rich tradition of critical analysis, even if the term *critical thinking* was not yet in wide use and no formal "critical thinking across the curriculum" programs were established.

The twentieth century saw not only continued intellectual debate but also rising concern with formalized or institutional critical thinking practices, particularly in pragmatist thinkers (e.g., Bode, 1921; Dewey, 1910, 1916), who emphasized reflective, logical thought developed through problem solving in real-world contexts, and in the work of analytic philosophers (e.g., Black, 1946; Copi, 1953), who emphasized formal logic and scientific reasoning in the evaluation of arguments. It was not until the last several decades of the twentieth century, however, that critical thinking as a formal educational objective received its fullest expression and was given its greatest impetus by theorists and educators associated with the informal logic movement.³ For these theorists, the most defensible and serviceable form of critical thinking would not be principally concerned with formal logic but with "critical analysis of arguments as they occur in natural language in the real marketplace of persuasion on controversial issues in politics, law, science, and all aspects of daily life" (Walton, 1989, p. ix). According to informal logic advocates, critical thinking should emphasize concerns such as adequacy of definitions, reduction of ambiguity, examination of assumptions, validity of evidence, trustworthiness of statements by authorities, and identification of a number of informal fallacies.

Within the contemporary mainstream behavioral sciences, theorists and researchers have joined informal logic with a strong thrust toward natural science rationality. This combination has resulted in a form of critical thinking largely equated with careful use of methodological procedures and scientific rules of evidence (e.g., Meltzoff, 1998; Ruscio, 2006; Stanovich, 2004)—an approach sometimes referred to as "scientific-analytic reasoning" (Dick, 1991, p. 84; Slife, Yanchar, & Reber, 2005). The primary targets of critical analysis from this perspective are theoretical claims and research results; only those that meet particular scientific and logical criteria can be considered authentic knowledge.

Although theorists within the informal logic movement have agreed on many general issues—for example, that critical thinking is necessary for adequate education in a democracy, that a disposition to think critically must accompany reasoning skills, and that such skills should be generalizable to a variety of domains and contexts—their work has not coalesced into a monolithic viewpoint or set of practices. Indeed, notwithstanding the general acceptance of the informal logic approach to critical thinking in secondary and post-secondary education, diverse critical thinking definitions and strategies can be found in the literatures of various scholarly fields, as observers have noted (e.g., Beyer, 1987; Geersten, 2003; Johnson, 1992; Pithers, 2000).

Consistent with this pattern, prominent theorists associated with the informal logic movement have disagreed on basic issues and advanced a number of positions on how critical thinking should be defined and practiced. For instance, although Richard Paul and Harvey Siegel—two major theorists in the contemporary critical thinking movement—share an underlying commitment to liberal individualism and the development of the autonomous reasoner (cf. Weinstein, 1993; Thayer-Bacon, 2000), they differ substantially on how to conceptualize and prioritize the tasks of critical analysis. To consider just one point of disagreement, Paul has argued that “background logics” (1992, p. 64) and “world views” (p. 467) are vitally important to any position or argument and thus should be carefully considered by critical thinkers, whereas Siegel (1988) has contended that such an emphasis ushers in a “vicious form of relativism” that cannot give rise to meaningful, useful critical thinking practices (p. 14).

Another brief example concerns the contrasting views of Matthew Lipman and Robert Ennis—also prominent theorists in the informal logic movement. In particular, Lipman (1998) has argued that Ennis’s approach to critical thinking overemphasizes outcomes and offers defining characteristics that are too vague to be useful; Lipman’s own conception, of course, aims to remedy these problems. These and other⁴ examples of disagreement among prominent theorists suggest that as ubiquitous as the informal logic approach to critical thinking may have become, no settled position on the meaning of critical thinking and its accompanying practices has emerged, nor has continued debate and scholarship in this area suggested that univocality is likely to be forthcoming.

Parallel debates are evident in applied psychology. For example, the ongoing debate about empirically supported treatments and evidence-based practice highlights disagreements about what constitutes evidence of effective treatment. The disagreements among these psychologists are similar to the disagreements among critical thinking theorists (see Kazdin, 2008). Like critical thinking theorists, psychologists struggle to find models of critical thinking that are consistent with their scientific and clinical perspectives on human nature.

ALTERNATIVE VIEWS OF CRITICAL THINKING

Although informal logic theorists have propelled critical thinking to its contemporary status, other approaches that offer substantially different conceptualizations of critical analysis have been advanced. Stemming primarily from postmodern and critical theory literatures, these alternatives provide unique, if somewhat less visible, critical thinking practices that present even greater theoretical diversity.

Perhaps most notably, programs based on the thinking of critical theorists such as Jurgen Habermas and Paulo Freire—programs such as emancipatory education (e.g., Hart, 1985), critical pedagogy (e.g., Giroux, 1988; McLaren, 2003), and transformational learning (e.g., Mezirow, 1994)—have been increasingly influential in many domains but particularly in secondary, post-secondary, and adult education. These approaches are heavily concerned with the identification and examination of social institutions, prevailing practices, and hidden assumptions—including those associated with traditional Western science and education—whose influences are thought to oppress large segments of the population, and with the attainment of new perspectives on self, community, and society that enable people to gain more autonomy and control. In essence, advocates of this position seek to promote conscientization (McLaren, 2003, p. 251)—to “raise the consciousness” (Fay, 1975, p. 103) of the oppressed and offer a means of “empowerment” (Giroux, 1997, p. 132). While this movement is evident in some areas of applied psychology—such as the social justice movement—it has yet to make much of an impact on either mainstream theories or practice.

Other theorists (Brookfield, 1997; McPeck, 1981) have questioned both the informal and formal logic approaches to critical thinking on the grounds that there are no generic critical thinking skills to be applied across con-

texts and domains. This contextualist position holds that because different disciplines or areas of inquiry involve different logics, forms of reasoning, methods, purposes, and standards for argumentation and validity, critical thinking must be sensitive to the specific dynamics of the topic and discipline, and such sensitivity would entail more than the routine application of rules to specific situations. For contextualist theorists, an ability to think critically must develop from a solid knowledge of a given discipline and topic and then be supplemented with productive activities, such as analyzing assumptions, examining and creatively constructing alternatives to a given idea or set of ideas, and solving problems in the process of discovery—all of which would be informed by discipline-specific procedures and forms of reasoning.

Still others have called for unique forms of critical analysis that differ not only from the traditional approaches described above but also from one another in their basic characteristics and practices. For instance, various feminist theorists (e.g., Commeyras, 1994; Warren, 1994) have argued that dominant patriarchal meaning systems and frameworks must be challenged and that any view of critical thinking informed by patriarchal traditions—even those of critical theory (Kohli, 1995)—cannot be used in this work; interpretive theorists (e.g., Burbules, 1995; Hostetler, 1994) have emphasized the value of dialogue and the “clash of divergent views” (Hostetler, 1994, p. 143) that moves people toward shared understandings and deeper appreciations of diverse perspectives on the way to a relatively stable (but critically reflexive) position of one’s own; and neo-pragmatists (e.g., Tanner, 1988) have contended, in a Deweyian vein, that critical thinking should begin with contextually situated problems that matter to people and are solved through a type of scientifically oriented, reflective thought. These and other nontraditional conceptions of critical thinking too numerous to catalog here demonstrate the variety of positions that can be taken when engaging in critical analysis. Again, while these schools of thought are often discussed in the training of professional psychologists, they have yet to make much of an impact on the general practice of psychology.

LIMITATIONS OF CRITICAL THINKING IN THE SCHOLARLY DISCIPLINES

We cannot provide a detailed examination of the nature and limitations of these various approaches to

critical thinking in the space provided here. However, notwithstanding their diversity we can consider them collectively and point to three primary reasons why critical thinking strategies should not be taken uncritically to be epistemologically neutral vehicles to valid knowledge and progress.

One important limitation of many contemporary critical thinking approaches concerns their emphasis on the systematic application of predetermined rules and standards in the evaluation of ideas, arguments, and evidence.⁵ Although there surely must be some rules of practice and evidence to accompany disciplined inquiry—that is, there must be some sense of what counts as valid argumentation and evidence—the rigid use of such rules amounts to little more than an automatic procedure—what one observer termed the “knee jerk application of various skills” (McPeck, 1981, p. 49). Moreover, some theorists have argued that the rule-following approach cannot be viewed as a sufficient form of critical inquiry because it provides no check on its own biases and consequences for numerous social, moral, and theoretical issues (Walters, 1994; McPeck, 1981; Slife et al., 2005). While rule following may usefully protect against the misuse of certain methods, logic, evidence, and argumentation in a formal sense, it fails to take into consideration the fact that the rules themselves must be based on some background assumptions regarding the nature of logic, evidence, and argumentation and that those assumptions and values—as well as the rules they invoke—must be examined for their suitability and helpfulness in particular situations.

A second limitation of prominent critical thinking approaches is that they often hinder scholarship and progress in ways not typically recognized. As one author summarized:

Critical thinking neglects or downplays emotions . . . privileges rational, linear, deductive thought over intuition . . . is aggressive and confrontational rather than collegial and collaborative . . . is individualistic and privileges personal autonomy over the sense of community and relationship . . . deals in abstraction and downplays lived experience and concrete particularity . . . [and] presupposes the possibility of objectivity and thus does not recognize one’s situatedness. (Balin, 1995, pp. 191–192)

Such criticisms are common in the dialogue between scientists and practitioners in professional psychology.

Other authors have expressed related concerns about dominant approaches to critical thinking associated with the formal and informal logic movements, arguing that they do not adequately address power imbalances (Giroux, 1994); that they are culture and gender biased (Norris, 1995); that they should be based on explicitly ethical positions but rarely are (Sears & Parsons, 1991); that they offer abstract intellectual exercises and cannot adequately deal with the complexity, ambiguity, and moral tenor of real-world contexts (Martin, 1992); and that they ignore important elements of constructive thinking, such as care, creativity, and imagination (Thayer-Bacon, 1993; McPeck, 1981; Walters, 1994). Again, such complaints are often made by clinicians in voicing their dissatisfaction with the scientific dimension of professional psychology.

Controversy surrounding the meaning and practice of critical thinking is thus made more complex by such debate and by the fluid nature of critical thinking across time, disciplines, and discourse communities. Increased concern with these fundamental issues suggests that there is much to consider as one embarks upon critical analysis and that no patent, unreflective reliance on any form of critical thinking—especially those that involve a formulaic, rule-following strategy—are to be recommended. Ultimately, the kind of critical thinking used in a given situation should fit coherently with one's values, purposes, and field of endeavor.

A third important limitation of critical thinking approaches concerns the seemingly inescapable axiom that any critical thinking strategy will be informed by a theoretical background of assumptions and values regarding what actually exists, how it can be known, what rules of evidence are acceptable for studying it, and what valid arguments are made about it. Understood this way, any approach to critical thinking is best viewed as a theory about quality argumentation, evidence, and reasoning rather than as a neutral path to knowledge and progress. Although many have acknowledged the assumptive and value-laden nature of critical thinking (e.g., Giroux, 1994; Martin, 1992; McPeck, 1981; Norris, 1992; Sears & Parsons, 1991), one author captured the essence of this point when she concluded that a person "cannot think critically about everything at once: some things must be assumed so that others can be scrutinized critically" (Martin, 1992, p. 176).

An important implication of this point regarding the theoretical nature of critical thinking is that different

background assumptions and values will often lead to differences not only in the conclusions drawn but also in the *modus operandi* of critical thinking, including what is emphasized, what kinds of knowledge claims and beliefs are ruled out by definition, and what kinds of arguments are viewed as plausible. That critical thinking operates this way should not be surprising; if all critical perspectives are based on assumptions and values, and if those assumptions and values differ from one approach to another, then different critical thinking perspectives will lead in different directions. Although a type of question-begging will have taken place through this process—where one's presuppositions, in a sense, predetermine one's critical assessments—scholars must enter the discussion about critical thinking with at least some vague pre-understanding and purposes already in place if they are to take a stand at all.⁶ This means that any critical thinking approach—as a theory about quality argumentation, evidence, and reasoning—will act as a set of blinders that enables particular kinds of criticisms. It should be obvious that this line of thinking has significant implications for counselors and psychotherapists. As we become more aware of the value-laden nature of psychotherapy, the importance of understanding one's philosophical grounding and inherent biases becomes even more evident (Gadamer, 2005).

As an example, scientific analytic reasoning, which was not formulated to address the dynamics of social and institutional systems, is not in a position to promote consciousness-raising, just as emancipatory education, which was not designed to assess methodological details, is not particularly useful for determining whether empirical studies were executed according to accepted scientific standards. The differences between these two types of critical thinking become most apparent when they are brought into dialogue: Advocates of emancipatory approaches have viewed scientific analytic reasoning as a problematic institutional force that dominates much of life in Western society (e.g., Fay, 1975; Hart, 1985; Freire, 1970; Prilleltensky, 1997); advocates of scientific analytic reasoning see the claims of emancipatory theorists as in need of scientific-analytic support to be persuasive (e.g., Ramm, 1998; Kendler, 1994). Similar value clashes are becoming more apparent in applied psychology.

People of faith have long faced the value clashes inherent in various approaches to critical thinking. Consider an example regarding perceptions of the veracity of LDS

scripture. Novak (1990) pointed out that some critical perspectives based on naturalistic assumptions lead to the categorical rejection of many of the claims of the prophet Joseph Smith, including his account of the divine origin of the Book of Mormon. From this naturalistic perspective—where only publicly demonstrable and replicable regularities of nature count as admissible evidence—earthly visitations by God or angels are not possible in principle. While such an approach to critical thinking is surely widespread in the scholarly fields, the bases on which it is premised are not indubitable truisms—the ultimate and irrefutable reality of the situation—but fallible claims about the nature of the world itself and the methods of critical analysis derived from them.

TOWARD AN EDIFYING VIEW OF CRITICAL THINKING

Because all critical thinking strategies will be framed by a theoretical background of assumptions and values, and because not all assumptions and values are true or useful, approaches to critical thinking must be carefully examined by those who would employ them. Challenging conceptual questions must be answered by those who wish to engage in thoughtful, reflective, critical analysis and dialogue. What assumptive starting point is most helpful for critical examinations in a given area? Do the assumptions and values that currently dominate the scholarly fields provide the most useful and appropriate resources for critical analysis? Answers to these questions are important because they will inform both the nature and direction of critical thought, and, of course, faulty assumptions will lead in unfruitful or problematic directions.

Like anyone else in the profession, LDS counselors and psychotherapists must carefully consider the kinds of critical thinking that will inform their science and practice. While many critical thinking positions are described in the scholarly literatures, LDS counselors and psychotherapists may wish to take seriously an approach based on the truths and values brought forth by the restored gospel. If the ultimate purpose of critical thinking for LDS scholars and students is unfolding and revealing truth, then the surest foundation for this work is to begin in gospel-centered principles and standards. Such an approach would manifest and clarify the scope and power of the doctrines of the restored gospel. Furthermore, critical thinking grounded in truth would likely lead to edification—which extends human understanding, pro-

motes human well-being, and spreads the gospel of Jesus Christ motivated by love, concern, and respect.

A detailed explication of critical thinking from this perspective is beyond the scope and limitations of this article, and its authors do not consider themselves qualified to make prescriptions for all LDS mental health professionals. However, we can briefly describe one approach to critical thinking from this perspective that is potentially both defensible and edifying.

Given the generally accepted notion that all research, theorizing, and practice will be informed by underlying assumptions and values (as described above), we propose that a view of critical thinking grounded in the restored gospel should be concerned primarily with identifying and evaluating these assumptions and values along with their implications for knowledge and practice. If assumptions and values are logically prior in that they shape the nature, direction, and consequences of psychotherapeutic and scholarly work of all sorts—including use of methods, construction of theories, and development of practical applications—then they should receive primary consideration. In this application the revealed truth can provide a comparative basis for evaluating the veracity and utility of various assumptions and values that inform research and theorizing in the scholarly disciplines.⁷ As former BYU President Merrill Bateman (1996) counseled, “We will be more productive and enjoy more freedom if we examine and test secular assumptions under the lamp of gospel truth” (p. 255).

Although this form of critical thinking is designed to help LDS scholars and students evaluate what they find in the marketplace of ideas, it can also facilitate research and theorizing that endeavor to extend basic truths of the restored gospel in scholarly and practical ways. For example, researchers wishing to better understand human learning could—and from our perspective, should—begin by considering the assumptions that will inform their project. Through careful, critical analysis, these researchers might draw guiding assumptions from what is available in the existing disciplinary literatures, or alternatively they may develop other conceptions to ground their work; in either case, their purpose would be to identify an assumptive starting point for their theory and research that is reasonably consistent with basic tenets of the restored gospel.

An example of this kind of analysis was recently conducted by Joseph Ostenson (2008), a graduate student at

BYU. His research, an axiological analysis of the assumptions inherent in a popular theory and approach to couples therapy (Gottman, 1999)—an approach advocated and used by many LDS psychotherapists—revealed hedonism and individuality to be primary underlying values in the theory. Of course, many LDS psychotherapists would be disturbed to realize that they might be using a system with inherent values such as these.

Critical thinking that is rooted in gospel-compatible sources of truth and takes spiritual and religious matters seriously would seem to have a distinct advantage over more worldly counterparts that ignore the truth of such matters. Such thinking would begin not with stark uncertainty, skepticism, or fallible and restrictive methodologies but with inspired historical accounts and revelations that, as President Kimball (1996) observed, “contain the master concepts for mankind” (p. 73) and that can, as Welch and Norton (1996) briefly noted, “provide axioms from which reason can derive useful and insightful implications” (p. vii). Moreover, it would seem that continued reliance on the Holy Ghost can provide believing scholars and students with divine insight as they engage in the critical examination of assumptions and values of all sorts.

We are not aware of any church leaders who have explicitly addressed critical thinking as practiced in the contemporary academic arena, but some have raised the possibility of framing academic and scholarly work in the manner we have described. One overriding message seems to be that the restored gospel of Jesus Christ provides more than a set of religious observances; it provides a perspective on human existence and knowledge that can be deployed in scholarly projects and critiques. Thus LDS scholars and psychotherapists have been counseled that in their work they “must not merely ‘ape the world’” (Kimball, 1996, p. 66) and that “if we limit ourselves to the wisdom of men, we will end up like the Nephites, who, boasting in their own strength, were destroyed because they were ‘left in their own strength (Hel. 4:13)’” (Oaks, 1976, p. 127). A bit more directly, in his Second Century Address to BYU, President Kimball (1996) stated:

We must be willing to break with the educational establishment (not foolishly or cavalierly, but thoughtfully and for good reason) in order to find gospel ways to help mankind. Gospel methodology, concepts, and insights can help us to do what the world cannot do in its own frame of reference. (p. 72)

These quotations suggest that there is a precedent for not taking restored truths lightly in our academic or clinical work, including the work of critical thinking, and that an edifying conception of critical thinking based on the perspective of the restored gospel is not an outlandish idea.

As with any form of careful examination and evaluation, an approach to critical thinking grounded in the restored truth brings with it certain responsibilities. One responsibility of those who adopt this approach is to know the field well. To perform the kind of critical analysis we recommend, psychotherapists and scholars must have intimate awareness and understanding of disciplinary theories and methods at their deepest levels, including the best practices, the knowledge bases, and the underlying philosophies in an area of research and practice. Nibley’s (1978) warning about zeal without knowledge, as well as warnings by BYU presidents Rex E. Lee (1996) and Dallin H. Oaks (1976), seem particularly relevant here. In essence, LDS professionals must understand the scholarly disciplines well in order to make contributions to them—through critical analysis or otherwise—and to receive revelation that will further those fields. It should always be kept in mind that one who seeks to conduct a profoundly critical analysis of a field has the need and the responsibility to have a profound understanding of the field. The knowledge of an earnest critic must equal or exceed that of an adherent or practitioner.

A second responsibility of those who employ this approach to critical thinking is critical self-examination coupled with humility. From the perspective we advocate, which holds that the results of a critical examination will reflect assumptions and values that inform the critical inquiry process, it is crucial to reflect on one’s own assumptions and values over time. Whether the assumptions and values that guide critical thought take scholars and students in truthful and valuable directions is a question of continual importance. For critical inquirers to be willing to engage in this continued self-examination, however, they must cultivate a sense of humility about their own assumptive frameworks, abilities, and projects. Even when researchers or practitioners base their work on a set of beliefs that seem consistent with principles of the restored gospel, they must be open to the possibility that their understandings and uses of these beliefs are incomplete and imperfect such that they will not effectively advance critical inquiry, scholarship, or the work of the church. For instance, researchers may champion human

agency in theories of development and personality or in their clinical work, but some views of agency are likely to be more helpful than others. Discussions of this issue over the years by Bergin (1975), Hook (1958), Howard (1994), Rychlak (1988), Sappington (1990), Williams (1992), and others reflect the diversity and complexity of thought around this one issue. Though all LDS psychotherapists would likely espouse the notion of human or moral agency, how many would have the breadth and depth of knowledge in the area to critically analyze the construct and their use of it in scholarship or practice?

Indeed, the limits of human understanding strongly suggest that researchers must be willing to revise assumptions and knowledge claims as further experience (of all sorts) may invite. Perhaps no one said this more clearly than Hugh B. Brown (1996):

We have been blessed with much knowledge by revelation from God which, in some part, the world lacks. But there is an incomprehensibly greater part of truth which we must yet discover. Our revealed truth should leave us stricken with the knowledge of how little we really know. It should never lead to an emotional arrogance based upon a false assumption that we somehow have all the answers—that we in fact have a corner on truth, for we do not. (p. 86)

Although some beliefs would seem to be non-negotiable for LDS scholars and students, such as those pertaining to the existence of an embodied God, the reality of apostolic authority, redemption through Christ's atonement, and the historical truthfulness of the events of the restoration,⁸ there is much more to be learned by God's children—within and without the church—and much more that could inform edifying conceptions of critical thinking and the growth of knowledge. Thus while LDS scholars and students can resist "false fashions in education" (Kimball, 1996, p. 65) by privileging "those basic principles which have proved true and right and have guided good men and women and good universities over the centuries," (p. 77), they need not uncritically reject the whole of secular scholarship, just as they need not uncritically accept it. As Elder Oaks (1976) noted, "The learning of men, when it is true, is inspired of God" (p. 126). Sifting helpful assumptions, arguments, and findings from those of less worth, of course, is a major function of the approach to critical thinking that we advocate.

A third responsibility of those who employ this approach to critical thinking is concerned with the articula-

tion of important findings and analyses in the languages of the scholarly disciplines, presented to those scholars who would find them especially relevant. If insights from LDS doctrine and revelation—particularly as developed through research programs—can help inform theory and practice, then they should be presented persuasively and helpfully to those already practicing in the world. Indeed, many years ago Elder Neal A. Maxwell (1976) admonished LDS behavioral scientists to do just this (cf. Bergin, 1979; Williams, 1998). Thus the critical examinations that we recommend, as well as the innovative theory and research that spring from them, could be brought to the world in scholarly ways.

In summary, with careful academic preparation in worldly counseling approaches and a deep understanding of the gospel, LDS counselors can develop their professional knowledge based on truthful assumptions, employ their knowledge with humility, and communicate their findings to other mental health professionals in the world. Several implications for clinical practice arise when critical thinking is based upon a gospel foundation.

First, a counselor who makes his or her values explicit becomes a better counselor. A thoughtful analysis of how to work with values in counseling appears in Richards and Bergin (2005, pp. 166–171; 193–199). These authors discuss the ethical concerns with value imposition in therapy and make suggestions for how therapists can acknowledge values but refrain from coercing or subtly influencing clients to adopt their own position. This work, along with that of others outside the LDS faith (e.g., Tjeltveit, 1986), is exploring and should continue to explore and refine such issues. Additionally, a counselor who knows his or her values is not only more sensitive to and thoughtful about working with values in therapy but is more attuned to his or her own counter transference. Knowing one's own values well makes a counselor more able to acknowledge when those values are interfering with treatment and more apt to seek supervision, consultation, further education, or referral to another provider.

Another clinical benefit of using a critical thinking approach based on the restored gospel is increased ability for therapists to access healing resources in and out of therapy. Richards and Bergin (2005) detail many of the ways therapists who believe in God's power and influence can benefit from accessing such power with clients. For example, ethically informed therapists can rely on personal private prayer and on the inspiration of the Holy

Ghost before and during client sessions. They can sensitively encourage clients to rely on prayer, scripture, worship, spiritual community, and personal revelation (see Richards & Bergin, 2005, pp. 251–279). How therapists access the healing power of the restored gospel and how they help their clients do so can be further defined and explored with benefits to client and therapist alike.

A clinical implication of a gospel-based approach is its emphasis on counselors becoming scientist-practitioners. Such an approach allows therapists, who are working within appropriate ethical boundaries, to experiment with gospel-based principles and their application in therapy both on an individual, case-by-case basis and in clinical research. Returning to the example of agency, therapists with an understanding of different conceptualizations of agency can experiment with which of these will bear the most fruit in clinical treatment. An LDS therapist would not discount or undervalue agency, given his or her religious beliefs, but would be attuned to the importance of this principle in clinical work. For example, he or she would be aware of when use of a secular theory allows a therapist to inadvertently misuse his or her authority to further limit a client's agency. In the example of agency, reliance on an important principle of the gospel that is defining for human purpose is central to an LDS counselor's critical thinking about psychotherapy approaches and might even lead to insights that could be shared with those outside the LDS faith.

In their personal explorations with clients and in consultation with other LDS counselors and psychotherapists, LDS therapists can positively influence therapists outside the LDS faith. For example, Richards and Bergin (2005) have sought to create a place in mainstream psychotherapy for a spiritual approach to counseling that may create a possible framework for an LDS-specific counseling approach as well as particular spiritual approaches for other denominations. Their approach begins with philosophical and theistic assumptions about human nature, personality, and purpose that are aligned with truths and principles of the gospel of Jesus Christ. These therapists ground their work on gospel-based truths and bring their awareness in a helpful way to counselors of other denominations and to secular practitioners. There are many creative, thoughtful LDS practitioners who, with careful preparation in the gospel and an understanding of secular approaches, could bring new ideas and tools to secular mental health treatment

or even to mental health approaches from other religious denominations.

These clinical implications just scratch the surface of what might arise from application of a critical thinking approach grounded on an LDS foundation.

CONCLUSION

The view of critical thinking we have described would lead to distinct kinds of examinations and conclusions—for example, those that assume a priori the truth of the restored gospel and that analyze other ideas and assumptions, either secular or spiritual, in light of what has been revealed. From a logical standpoint, such an approach begs the question of truth by presupposing the nature of what it will examine (i.e., what is true or false about it, what can be known about it); but as suggested above, this type of question-begging is inescapable in the processes of any critical, systematic inquiry and thus will inhere in all attempts at critical thought. Inquirers must begin their critical examination somewhere, based on some perspective that will raise certain questions and obviate others; without such a perspective, there would be no basis for the formulation of questions or critiques in the first place. As Elder Maxwell (1976) suggested, "A commitment to truth requires the rejection of some things as well as the acceptance of others" (p. 594). It should not be surprising or problematic, then, that critical inquirers would seek a trustworthy starting point for their line of questioning. For many LDS church members, this starting point could be faith in Jesus Christ and his restored gospel, as well as continuing revelation. The critical thinking that ensues, then, could replace formulaic rule-following, reactive fault-finding, and limited rationalities with a searching examination of ideas, arguments, and evidence, performed to edify the human family, based on the surest foundation possible.

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- scholarship in their work; moreover, a majority of the faculty members in this survey supported the notion that students should be taught to think critically about a variety of issues; for details, see Wilson (1999).
2. For more on critical thinking in antiquity, see Thayer-Bacon (2000). For more detailed treatments of Western intellectual history, see Marias (1967) and Robinson (1986).
 3. For a review of this movement, see Thayer-Bacon (2000). For works by major theorists in this movement, see Blair and Johnson (1980), Ennis (1996), Lipman (2003), Paul (1992), Scriven (1976), Seigel (1988), and Walton (1989).
 4. For more on the debates within contemporary critical thinking, see Thayer-Bacon (2000) and Johnson (1992).
 5. Scientific analytic reasoning is probably the most visible rule-following approach, although there are others. For more on this point, see Burbules (1995), McPeck (1981), and Walters (1994).
 6. For more on the necessity of presuppositions, see Brookfield, Burt (1954), Guba (1990), Palmer (1969), Paul (1992), Sears and Parsons (1991), and Slife and Williams (1995).
 7. For more on assumption analysis as a form of critical thinking, see Mezirow (1998), Slife et al. (2005), Slife and Williams (1995), and Yanchar and Slife (2004).
 8. As Elder Hafen (1996) advised, LDS scholars and students “cannot allow [their] most sacred premises to be altered or even minimized by secularist assumptions” (p. 220).

ENDNOTES

1. For example, a 1998 survey of BYU faculty members suggested that they overwhelmingly favored the integration of faith and