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TABLE OF CONTENTS

ARTICLES AND ESSAYS

A New Definition of Tolerance

Michael R. Williams and Aaron P. Jackson 1Response to A New Definition of Tolerance: On Philosophical and
Practical Challenges*Jamie M. Hansen* 7

Commentary on A New Definition of Tolerance

Ellie L. Young 11

Musings on Williams and Jackson's New Definition of Tolerance

Lane Fischer 13

Of Tolerance and Smoked Fish

John Gee 17

Response to Commentaries on A New Definition of Tolerance

Michael R. Williams and Aaron Jackson 21What's in a Name? Examining the Creation and Use of Sexual Orientation and
Gender Identity Labels*Loren B. Brown* 23Return with Trauma: Understanding the Experiences
of Early Returned Missionaries*Kristine J. Doty, S. Zachary Bullock, Harmony Packer, Russell T. Warner, James Westwood, Thomas Ash, and
Heather Hirsch* 33Why Do People Want to Get Married? Marriage Insights
from Young LDS Individuals with Autism Spectrum Disorder*Terisa P. Gabrielsen and Ellie L. Young* 47

Intuitive Eating and the Gospel: an Exercise in Determining Compatibility

Sheilagh Fox 57

A New Definition of Tolerance

Michael R. Williams and Aaron P. Jackson, Ph.D.

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In the book, *Deep River*, Shusaku Endo (1994), tells a story of Japanese tourists visiting the Ganges River in India. Each of the main characters has had significant experiences that brought them to India, either to find someone, find answers, or to find closure. The overarching theme of the novel revolves around both the clashes between Japanese and Indian cultural values, and the diversity of experiences, values, and interpersonal conflicts within this seemingly homogenous group of Japanese tourists. The story of one of these tourists, a man named Isobe, provides an interesting literary example of tolerance for human diversity.

The book details the experience of Isobe and his wife, who is dying from cancer. His wife's illness catches Isobe off-guard and he begins feeling a sense of regret as he looks back at his life and marriage. Specifically, he regrets not being able to meaningfully communicate with his wife until she was put in the hospital. On her deathbed, Isobe's wife whispered something to her husband that drove him to travel with the other tourists to India.

While in India, Isobe laments the relationship he had with his wife:

"Darling!" he cried out. "Where have you gone?" He had never called to his wife with such raw feeling while she had been alive. Like many men, he had been absorbed in his work, and had often ignored his household until the time of her death. It wasn't that he had not loved her. He had long felt that being alive meant first of all work, and working diligently, and

that women were happy to have such husbands. Not once had he wondered what depths of affection for him were buried in his wife's heart. And he had no notion of how strong were the bonds linking him to her in the midst of his complacency.

But after hearing the words his wife babbled at the moment of her death, Isobe came to understand the meaning of irreplaceable bonds in a human being's life." (Endo, 1994, pp.188)

In this passage, Isobe realizes he placed a tremendous amount of importance on acting how he thought a husband should act. He also expected his wife to appreciate it as an ideal wife should. Fulfilling these expectations came at the cost of both treating and connecting with his wife as a unique human being.

With this story in mind, we want to explore the act of valuing people more than ideas as a way to define tolerance. First, we'll explore the current understanding of the word tolerance, especially in the field of psychology. Then we will explore the philosophy of Emmanuel Levinas to expand the definition of tolerance to include valuing a person as more important than any idea. We propose that this new definition will provide an alternative to mainstream psychology's definitions of tolerance.

Defining Tolerance

Overview

The Oxford English Dictionary defines tolerance as, "The action or practice of enduring or sustaining pain

or hardship; the power or capacity of enduring” (OED Online, 2015). The word occupies a fairly common place in our daily vernacular, and is a concept that most people claim to understand well. Finding a common definition of tolerance in the field of psychology and psychological research is more problematic. A search on the PsychINFO database with the terms “tolerance” and “human diversity” returned only one article that operationally defined tolerance. Witenberg (2007), in studying children’s and adolescents’ tolerance of human diversity, defined tolerance as:

“...the conscious affirmation of favourable judgments and beliefs involving principles of justice, equality, care and consideration for the plight of others or, more concisely, according respect and equality to others who are different through racial characteristics, ethnicity, and nationality.” (pp. 435)

Several years earlier, Witenberg (Robinson, Witenberg, & Sanson, 2001) highlighted the lack of consensus about how to define tolerance within psychology. They suggested that most studies assume the reader understands the definition of tolerance without explicitly defining the term. They went on to identify four ways researchers have implicitly defined tolerance.

1. Forbearance or ‘putting up with’ others.
2. A fair and objective attitude towards others who are different from ourselves in any number of ways.
3. A conscious rejection of prejudice.
4. The full acceptance and valuing of others while recognizing the differences between others and oneself.

Robinson, Witenberg, & Sanson (2001) also pointed out that while each of these implicit definitions of tolerance can be useful in a specific context, any definition comes with its own underlying problems. Defining tolerance as forbearance can make oneself a perpetual victim of the diversity of others. Forbearance holds one’s own experience and view of the world as most correct by default. Interactions with people who are different from us can quickly degrade into a series of passive-aggressive sighs, shrugs, and eye-rolls. Tolerance as a fair and objective attitude unquestioningly assumes that unbiased objectivity is actually attainable. It fails to recognize that human beings are sub-

jective and that our view of others and the world will always be affected by our personal experiences, beliefs, culture, and background (cf. Tjeltveit, 1999). Focusing on being objective also has the danger of blinding us to our own subjective biases. Defining tolerance as solely rejecting prejudice speaks only of eliminating what we perceive as negative in our relationships with those who are different than us. Nothing is said of how to cultivate the positive benefits that diversity can bring into interpersonal relationships—let alone defining what criteria needs to be met for something to be considered a prejudice. Finally, defining tolerance as the full acceptance of others can be problematic if we do not address what is meant by ‘full acceptance.’ These definitions beg the question, “Does valuing the diversity of another person mean that we must also value their behaviors, values, and ideas?”

We propose a definition of tolerance that functions at the interpersonal level of our relationships and interactions with others. We define tolerance to mean respecting and considering the humanity of a person as more important than any idea or ideal we or they may hold. To support this definition, we will explain how the philosophy of Emmanuel Levinas can be used to counteract the problems associated with the typical understandings of tolerance in psychological research.

The Philosophy of Emmanuel Levinas

Overview

Levinas (1998) states that our existence is primarily ethical. He proposes that the face-to-face encounter with another human being (the other), and the responsibility associated with that encounter, is the foundation of our primarily ethical existence. In coming face-to-face with the other, we also come in contact with the Other—to be understood as God or the Divine (cf. Levinas, 1998, pp. 149-152). The Other leaves traces that we can see in the faces of the other. Coming in contact with the Other in the face of another begins a type of non-verbal dialogue. This exchange consists of the other’s humanity calling to us, appealing for us to do no harm, but to serve them. In response, the self has a moral obligation to answer “here I am” (Levinas, 1998, p. 149). In this encounter, there is a foundation for a new definition for tolerance. To understand this responsibility for the other, it is

helpful to first introduce Levinas' concepts of *Totality* and *Infinity* (Levinas, 1969).

Totality and Infinity

Totality is the quality of being finite and comprehensible. Objects found in the real world are finite and completely comprehensible and we are able to use or consume these objects to satisfy our needs and wants. For example, we can fully comprehend what constitutes a chair. We can know what it is made of, how it was made, and that it will still be a chair in the future—in essence we can understand the totality of the chair's existence. Once we comprehend the chair in its totality, we are easily able to use the chair to fulfill our need or want to sit. The act of using an object or attempting to fully comprehend the totality of an object is called *totalizing*.

In contrast to totality, infinity is the quality of not being completely comprehensible or reducible. It is beyond our abilities to fully comprehend what is infinite or reduce what is infinite to fit into the finite categories and concepts that are comprehensible to us. Attempting to do so commits totalizing violence against what is infinite—meaning we are treating what is infinite no different than a finite object that exists to fulfill our needs or wants.

The Other, whose traces we find in the face of the other, is infinite—making any person we come in contact with infinite as well. When we come face-to-face with another person, we use the categories, ideals, and stereotypes we have inherited from our culture and personal background in order to understand them. Doing this is an act of totalization, which turns an infinite being into something finite that is used to satisfy our need for sure knowledge or certainty. For Levinas, we are not able to have a complete and sure knowledge about another person. Levinas compared the stereotypes and categories that we use to a “plastic image” when he said: “the face of the Other at each moment destroys and overflows the plastic image it leaves me” (Levinas, 1988, p. 51). This is not meant to convey the idea that we can never relate to or obtain some level of knowledge about a person, or that meaningful and deep interpersonal relationships are impossible. What we do not and cannot know is the entirety of that person's experience with the world. Because their experience has no finite borders to grasp and make

sense of, the Other—and by extension the other—is always infinitely beyond our total comprehension. In Levinas' own words, “[the Other] is not unknown but unknowable” (Levinas, 1987, p. 75).

Responsibility to the Other

Once we understand the concepts of totality and infinity, we can better understand our responsibility to the others we meet. For Levinas, we are first and foremost ethical beings. We feel a call to be responsible for the other *before* cognitively or rationally deeming the other as worthy or unworthy of our efforts. In the face-to-face encounter, we are presented with a choice to either ignore or accept the call to be responsible for the other. Levinas tells us that there is no escape from this choice:

“irreplaceable in responsibility, I cannot, without defaulting, incurring fault or being caught up in some complex, escape the face of a neighbor...” (Hand, 1989, p. 181)

In trying to escape or ignoring our responsibility, totalizing violence is committed against the other. This totalization goes against the infinite qualities of the other by categorizing them as not being worth our time and efforts. Such a label eliminates the distinction between the other and any object and can lead to the false assumption that we have the ability to define and to pass judgment upon the value or worthiness of a person based upon our limited knowledge of them.

Instead, Levinas argues, we are obligated to be responsible for the other for two important reasons. First, the ‘alterity’, or otherness, of the other awakens us to a sense of our own existence. The experience of coming face-to-face with the other not only proves that the other exists; it also proves that we exist. Second, seeing the Other in the face of the other makes our obligation to the other the same as our obligation to the Other (God). We are to honor and be responsible for the other because the Other considers the other worthy of Its essence and presence.

Levinas and Tolerance

The philosophy of Emmanuel Levinas can provide a solid foundation from which to redefine tolerance. Levinas teaches us that trying to reduce the experiences, knowledge, character, and humanity of others in order to fit them into labels that make sense in our

view of the world is not ethical. Instead, we are reminded that the other's true identity and experience is always more than we can be completely comprehended. Sayre and Kunz (2005) pointed out that the other continually, and many times unexpectedly, overflows and exceeds any previously ascribed categories and stereotypes. Even though we can never see the complete picture of a person, we still can answer the call to be responsible for them. By actively attending to humanity of someone who is different from us, we respect and honor them as human beings before we even begin to conceptualize the type of person that we believe them to be. In short, the philosophy of Levinas helps us to separate the humanity of a person from the abstract ideas that we hold about them.

In this way, we are able to escape the problems associated with defining tolerance as merely forbearance. The idea that we are putting up with or we are victims of the diversity of others denies the humanity of the other because it implies that we can know, and judge their view of the world as less important than, or threatening to, our own—thus committing totalizing violence against them. The alternative is to recognize that we acutely engaged in taking care of and being responsible for their needs because of their diverse and infinite nature. In fact, it is the alterity of the other that awakens our sense of responsibility. In a Levinasian view of tolerance, we would not suffer through or be a victim to the diverse nature of another person; rather, we would heed the call to respond morally to their humanity while simultaneously condemning the use of stereotypes.

We can also avoid the problems associated with defining tolerance as having an objective view of others. Pure objective knowledge of another is impossible because defining others as infinite, irreducible, and uncategorizable makes our point of view perpetually subjective and dynamic—matching the dynamic and ever-changing nature of the person we have come in contact with. The other's alterity will always make our conceptualization about them subjective. Accepting our own subjectivity will also help us become more cognizant of our own biases, and better able to recognize when we are placing totalizing stereotypes upon an other.

While Levinas' philosophical framework matches up well with the definition of tolerance as rejecting prej-

udices, there are some important differences. Levinas indeed proposed that the stereotypes and conceptualizations we form about others can be harmful, but he also provided the criteria for what constitutes a harmful prejudice. Totalizing violence is committed when the infinite nature of the other is reduced to being no different than an object. Therefore, any prejudices, stereotypes, or categories that objectify and degrade the humanity of another person are to be considered harmful. Levinas' philosophy also provides an alternative to using prejudice to fill the gaps in our view of the world. Using the concept of responsibility, we can find a positive practice or belief to fill the gaps in our worldview or replace discarded negative ones. Instead of reacting to the diversity of others with prejudice, we can respond to their diversity with the moral obligation to care for and do no harm.

Finally, we come to one of the most difficult questions about tolerance: does defining tolerance as the full acceptance and valuing of others mean accepting and valuing the ideas, behaviors, and values of others? Levinas' philosophy of the other makes one important distinction that can help answer this question. This distinction is between the humanity of a person—their most basic alterity—and the abstract ideas and concepts that we hold about them. We believe this distinction can also be applied to our obligation towards the other by saying we are responsible for the other *despite* what they may believe or how they may behave. It does not matter how we conceptualize the other's worthiness of help—based in their attitudes, actions, or cultural beliefs. Rather, we are first and foremost responsible to respond to their humanity. Most rational adults, if asked, would agree that it is wrong to devalue a person based on the fact they are politically liberal, believe in reincarnation, or use illicit drugs. A more telling question would be to ask if it is right to value a person based on the fact that they are politically conservative, believe in Jesus Christ as the Savior, or are law-abiding citizens. Levinas would say both questions are missing the point. Tolerance, in Levinasian terms, would focus on accepting and respecting the person, and being responsible to them without being concerned about the beliefs they hold or the activities in which they are engaged.

Conclusion

While we believe that the philosophy of Emmanuel Levinas provides a solid foundation for understanding tolerance—a foundation that remedies the current definitional problems in psychological research—the proposed definition is not without its challenges. First, Levinas' view of the world seems to be in stark contrast with most of western civilization. The idea that at our core we are responsible for someone other than our self would be difficult, to say the least, for a person from an individualistic culture to understand. Many aspects of the dominant White culture of the United States reinforce the idea that the individual, in their pursuit of happiness, only has responsibility for one's self. Trying to reverse course on such a firmly planted individualistic ideal may prove to be an unrealistic goal.

Another challenge to the proposed definition of tolerance deals with the inevitable abuses and manipulations that will occur when our primary responsibility is to answer to the needs of the other. What is the line between respecting the humanity of another, and capitulating to their values out of obligation? How do we prevent the other from taking advantage of our responsibility to care for them?

Although the prospect of defining tolerance as respecting the humanity of a person more than any ideal we or they may hold is challenging, it contains enough potential benefit for the field of psychology that further consideration and research is merited. We look forward to thoughtful dialogue about both the philosophical and practical challenges this notion poses.

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Response to A New Definition of Tolerance: On Philosophical and Practical Challenges

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In a political (and academic) climate which seems to equate tolerance with radical acceptance, I commend Williams & Jackson (this issue) for their well-reasoned presentation of an alternative definition which, in my view, preserves its function in our language and society. The author's new definition of tolerance balances both the complexities and beauties of human diversity without sacrificing substance or philosophical rigor. The authors aptly and succinctly introduce readers to an interpretation of Levinas' philosophy that is rich with implications for the field of psychology generally and the practice of psychotherapy in particular grounded on the notion of "respecting and considering the humanity of a person as more important than any idea or ideal we or they may hold." While I found myself largely in agreement with many of the ideas and implications of their main argument, I was also left with questions and concerns regarding implementation. I outline a number of these questions in response to the authors' own invitation for feedback and dialogue "about the philosophical and practical challenges" their new definition of tolerance poses.

The main thrust of my reaction and resulting commentary is that a new definition of tolerance based on valuing the humanity of others more than ideas is itself an idea. It may be a good idea, it may even be

a true idea, but an idea it remains and so is subject to some of the same challenges and "underlying problems" of the original definitions of tolerance Williams & Jackson seek to replace. Although not insurmountable, these problems are worth identifying and considering in the hopes of turning a good idea into sustainable and meaningful action. Using the framework of "philosophical and practical challenges" the authors invited comment on, I will identify and expound upon mostly practical challenges, but first a mention of one philosophical question that I suspect has an answer somewhere else in the writings of Levinas but about which I am unaware.

A Philosophical Question

"Tolerance, in Levinasian terms, would focus on accepting and respecting the person, and being responsible to them without being concerned about the beliefs they hold or the activities in which they are engaged."

The idea of engaging tolerance at the interpersonal level in the way the authors propose is an intriguing and compelling prospect. On the surface however, the above statement could be taken to mean that a person's beliefs and behaviors are irrelevant and without moral consequence. And perhaps in some sense they are irrelevant. They may be irrelevant in discussions of tolerance and engagement with diverse others. In

fact, given the new definition, beliefs and behaviors are likely to fall under the category of that which commits “totalizing violence” by reducing the infinite nature of the other to a mere object. However, beliefs, behaviors and the ways in which we engage them are central to matters of meaning and morality in life. The philosophical question then is what are the moral implications of this new definition of tolerance? I think it would be premature and short-sighted to say that it leads inevitably to moral relativism. I also think that on the face of it, not being concerned about the beliefs and activities of the others in our lives is a slippery slope headed in that general direction. Again I qualify this ‘philosophical question’ as I have called it with my sense that the philosophy of Levinas—which as the authors point out communicates an understanding of existence as “primarily ethical”—will also provide a context and grounding sufficient for this question of moral implications.

Practical Challenges

“... Levinas’ view of the world seems to be in stark contrast with most of western civilization . . . Trying to reverse course on such a firmly planted individualistic ideal may prove to be an unrealistic goal.”

In their concluding remarks, the authors alluded to the practical challenges involved in implementing a definition of tolerance which in many ways is counter-cultural both in terms of the individualism of western civilization as they framed it and I would add the individualism inherent in many mainstream conceptions of psychotherapy. As I read the new definition of tolerance, my thoughts quickly turned to the context of therapy and the challenges of implementing a perspective which elevates the importance of responsibility to the other in a medium which at the outset is by definition focused on the individual. These challenges, in my mind, fall under two main umbrellas, one having to do with the culture in which we live and the other having to do with the professional nature and ethics of psychotherapy.

A culture of individualism and indulgence.

It seems to go without saying that modern life, at least in the western world, is steeped in individualism. In an overly simplified sense, what this means is that when

our clients walk into our offices and engage in therapy, they do so within this cultural context (Gantt & Burton, 2013). In that way, a focus on self and responsibility to the self are not only valued and emphasized but far too commonly are their default mode of being in the world—an implicit undercurrent. Not only are many of our clients coming from cultures of individualism, they are also often conceptualized in our discipline as being motivated primarily by self-interest and hedonistic desires—a context which poses certain challenges for a Christian (or in this case, “other-based”) therapy (Gantt, 2003). I fear that often therapy is more about encouraging self-indulgence (using other words and techniques that preach acceptance and self-compassion) than cultivating responsibility to the other. In much the same way that values have been found to be inescapable in psychotherapy (Strupp, 1980; Slife, Smith, & Burchfield, 2003), and clients tend to adopt the values of their therapists over time (Tjeltvelt, 1986 and Beutler, 1979), both therapists and clients are susceptible to the influence of society and the cultural values it imparts. But not only are we and our clients influenced by the individualism of our culture in some meaningful ways, so also are the aims of the psychotherapeutic endeavor itself.

While the approaches and aims of therapy are many and varied, almost universally the self is a defining feature or focus. Whether the goal is that of *self-actualization*, *self-fulfillment*, or *self-awareness*, all psychotherapies of which I am aware are directed toward *self-improvement* of one kind or another. Many therapeutic approaches draw on strategies of *self-soothing*, emphasize *self-care*, and at every turn ask clients to consider what would be in their best *self-interest*. All of this “*self-ness*” of therapy may not inherently be antithetical to the new definition of tolerance proposed by Williams & Jackson, but it appears to be in the least inimical to it. That is, it poses a practical challenge in terms of implementation. There may indeed be “no escape” from the choice “to either ignore or accept the call to be responsible for the other,” as the authors claim, but there certainly is distraction from this fundamental call to the other. And, as the authors also allude to, the modern western world has become quite skilled at providing incentives and ample opportunity for self-indulgence.

I want to be clear that I am not saying self-care and

self-awareness are bad strategies for therapy. I am saying, however, that they create a context which may prove difficult to enact a definition of tolerance which depends upon 'other-care' and 'other-awareness.' It seems that in both theorizing and psychological research, a Levinasian-based understanding of tolerance is much smoother to implement and endorse, but in the practice of psychotherapy, one must be prepared to go against the grain, so to speak, which will require overcoming certain obstacles—mainly of a sociocultural making.

A professional ethic.

The authors spoke at length about responsibility to the other and its implications for their definition of tolerance. "Even though we can never see the complete picture of a person, we still can answer that call *to be responsible for them*" (emphasis added). This foundational idea of responsibility to the other seems particularly applicable and significant in the context of the therapist-to-client relationship in psychotherapy. However, does and should this same responsibility to the other exist in the reverse direction, client-to-therapist? Given my suspicion that this responsibility to other in the philosophy of Levinas is likely ontological in human nature, my question is: how should it be addressed and managed in the psychotherapeutic context?

As a profession, therapists need to be set apart from clients in some important ways. Even the most collaborative approaches to therapy in which the therapist is seen more as a fellow-traveler than an expert, the therapist is still different from the client, and needs to remain so for the practice of psychotherapy to exist as a discipline with a set of professional ethics. A bi-directional relationship in which the client is "responsible for" the therapist in the same ways that the therapist is "responsible for" the client appears to be ethically problematic. Would not such an arrangement be more akin to a new and reciprocal therapy with the client occasionally assuming the role of the therapist's therapist? Perhaps if the responsibility to other the client feels and enacts toward the therapist is a felt moral obligation that inspires them to take seriously the aims and messages of his/her therapist, such would not be inescapably problematic. However, if the client's responsibility to other inclines him/her to take care of

the therapist in ways that cross the boundaries of ethical therapist-client relationships, such would prove difficult given the professional nature of the discipline. Much like the challenge of individualism, I do not see this as an impenetrable barrier. I do see it as an area around which we need to be careful and intentional about how the new definition plays out.

I conclude by again commending Williams & Jackson for introducing a new definition of tolerance which truly does make progressive strides in resolving problematic issues inherent in prior definitions (such as the four they identified from Robinson, Witenberg, & Samson, 2001). I also thank them personally for providing a philosophically sophisticated grounding and context that I feel makes genuinely possible a popular Christian imperative to 'love the sinner, hate the sin' that seems to have all but lost its meaning due perhaps to overuse and misinterpretation. The distinction Levinas (and the authors) make "between the humanity of a person—their most basic alterity—and the abstract ideas and concepts that we hold about them" appears to provide the philosophical (and phenomenological) space for such a possibility. And while I may still take issue with some aspects of this popularized idiom and question its ability to fully answer the complexities, clashes, and contexts of human diversity, the new definition with its "valuing a person as more important than any idea" appears to bridge my own dissatisfaction and move the conversation from one of deficit and abstraction to a much more fruitful one concerning truth and tolerance (Oaks, 2011). It is my hope that the questions and concerns I introduce here serve only to stimulate further thought and dialogue aimed at the implementation of the new definition of tolerance within the applied context of psychotherapy.

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Commentary on A New Definition of Tolerance

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My grandfather, Clarence Titensor, a sage general store manager, postmaster, and bus driver from rural Wyoming who had little formal education, had two astute sayings that connect with ideas of tolerance highlighted by Williams and Jackson. My grandfather used to tell his children and grandchildren, “You are not any better than any one else, and no one’s any better than you.” Occasionally I would hear Grandpa say, “He puts his pants on one leg at a time just like every one else,” when a story was told about a person who may have thought they were better than others. Taking his sayings as a combined way to view others, my grandfather taught that essentially, we are all human; we are more alike than we are different. We all start our day the same way: we all put our pants on, one leg at a time. We are not better or worse than others. We just are. Be gentle with yourself and with others. There is no need to let others intimidate you.

When we begin to see the similarities among us, we see connections and we build relationships; the differences have less meaning. Williams and Jackson (this issue) highlight the tendency to use culturally driven stereotypes, categories, and ideals to understand others. It is our need to have something concrete, familiar, something we can understand that drives us to use stereotypes; stereotypes that separate us and highlight differences.

When we are practicing self-awareness and being reflective, we may begin to question the stereotypes,

categories, and preconceived ideals. We can question how well those stereotypes are or are not working for us. How well are they helping us to make thoughtful, human connections with others? As we explore and deconstruct our stereotypes, we can begin to see others as infinite. And maybe we begin to see ourselves as infinite when we release others and ourselves from categories and ideals. And when we relate from positions of being infinite, we seem to be relating from positions of seeking tolerance, understanding, acceptance, and peace. We see what is similar before we see what is different.

When we project our expectations on others, we begin to define and limit them and our relationship. We make them better or worse than us and ignore the infinity of both. Ignoring that infinity seems to lead to relationships that can be mundane, boring, mechanistic, and self-serving. In contrast, when we honor and are responsible for others we honor the infinite in both of us. We honor the God-like pieces of the other, which brings us connections and meaningful living. What Williams and Jackson are asking us to do is to see others and ourselves as God sees us.

When we answer the call to be responsible for others, how do we do that in a way that sets and maintains healthy boundaries? Is it compassionate or tolerant to help others put on their pants one leg at a time? Or to actually put their pants on for them? Or is this something we all need to do for ourselves. How do we

make those decisions? When we answer the call to be responsible, what are the limits of that call? Or are there limits? Brene Brown (2010) discusses the relationship between healthy boundaries and compassion. She proposes that we cannot to be truly compassionate unless with have and maintain boundaries. When relationships or environments turn toxic, how do we see the infinite? How do we harmonize our emotions of anger or disgust to get to the moral pursuit of honoring the infinite? When relationships are toxic or abusive, aspiring to this kind of care seems incredibly compassionate and godlike, but as humans it may put us in dangerous positions.

As highlighted by Williams and Jackson, when we practice honoring the infinite in others, we make connections. Having meaningful, positive personal relationships is a vital part of a healthy emotional life. And those relationships also teach us about ourselves, what is infinite about each of us. As we see in the infinite in ourselves, we may increase our capacity to be compassionate and connect with the humanity of others.

While Williams and Jackson's ideas hold great promise in contributing to the research in psychology, the practical applications have an even larger contribution to make in helping humanity to become connected. I suspect the dialogue will lead us back to my grandfather's wisdom, and the journey will be intriguing.

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Musings on Williams and Jackson's New Definition of Tolerance

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I am grateful to Williams and Jackson for a solid application of Levinas to the question of tolerance. I had a reaction across several domains: tolerance, empathy, individualism, and human development. I will deal with each in turn with most emphasis on human development.

Tolerance

The authors' definition of tolerance surpasses the four extant definitions identified by Robinson, Witenberg and Sanson (2001). It has a philosophical heft that the others lack and is grounded in a very attractive, if not difficult to understand or attain, construct of the nature of being. Tolerance seems to be the only transcendent term allowed in an otherwise horizontal relativism. A colleague once sincerely stated that she was "tolerant of everything except intolerance". I couldn't tell whether she was reflecting on the solipsism of her own position, reveling in her ability to hold the seeming paradox as an indication of her brilliance, or subtly expressing her belief that I was intolerant because I was a Mormon (which is how I took it and what the context of our encounter supported). Whatever her construal of my Mormonism was, her comment perfectly illustrates Williams and Jackson's idea. She was openly intolerant of me because of her idea of me. It felt like being totalized and was subtly violent. That encounter happened almost twenty years ago and it still hurts. I have had that experience many times in this profession. *Mormon* is a label that is easily adapt-

ed to totalizing by Mormons and non-Mormons alike.

It was refreshing to consider Williams and Jackson's definition of tolerance as it might apply to multi-cultural psychology. The labels that we apply to human identities as a code for sensitivity to diversity have always seemed to inadvertently reinforce stereotyping. I have been intrigued by the work of Sycamore (2006). Her book, *Nobody Passes: Rejecting the Rules of Gender and Conformity*, is quite disturbing on one hand, but refreshing on another when one considers that at some level, assigned labels do a kind of violence to the person receiving the label. Again, it is an expression of totalizing. Williams and Jackson's definition averts the damage done by totalizing. Isn't it better to simply engage each other without imposing the idea of the other? We each carry a unique multi-cultural mosaic in our biographies. The fresh, open encounter with the other without imposing identities is both exhausting and invigorating.

Empathy

Williams and Jackson's definition and philosophical reasoning behind tolerance also give greater power and qualitative meaning to the concept of empathy. Under their definition, empathy becomes a much more dynamic deeply-woven process. Rather than being a therapeutic technique, it strikes to the very core of our being. Empathy may be the treasured, central aspect of all encounters between us. Empathy goes far beyond the totalizing experience and exists with and without words.

Individualism and Human Development

Clearly most of our models of human development emphasize individuation and individual identity development. They privilege Western ideals and traditional male conceptions of competence. As an alternative, the model of development that has most captured my imagination over the years is Kegan's (sometimes opaque) constructive-developmental, subject-object relations, meta-psychology (1982, 1994, 2006, 2009). I want to use Williams and Jackson's Levinasian model to better understand one of Kegan's more difficult balances and then to use Kegan to illustrate one of Williams and Jackson's more beautiful passages.

Probably in response to Gilligan's (1978) critique of Western male models, Kegan struggles with the problem of individuation and relationalism but resolves it in a clever way. Kegan's subject-object balances (stages) alternate like a pendulum between different poles of individuation and inclusion. The imperialism of middle childhood emphasizes self as competent-self-in-the-world, while the inter-personalism of adolescence and young adulthood transcends individuated self and emphasizes absorption into the peer group. As the pendulum swings, the inclusion that is the hallmark of interpersonal adolescence is developmentally transcended by an institutional identity in adulthood which clearly emphasizes individuation and independently-held ideology.

Not all people develop an institutional balance of subject and object. It is even more unclear how many of us transcend individuated institutional identities into Kegan's highest balance—inter-individualism. The nebulousness of the inter-individual balance is partly due to the fact that it is very difficult, in a subject-object relations model, to self-assess where we are in our development. We can better see where we have been, but by definition, where we are is subject, not object, and thus not quite object to be observed and operated on. As difficult as it is to see where we are, it is almost impossible to understand subject-object balances beyond our own current level of development. So it is with Kegan's highest inter-individual balance. If I am there, I can't see it very well. If it is beyond me, then, well, it is beyond me.

The inter-individual balance is characterized by "interpenetration of systems in a culture of intimacy.

It acknowledges and cultures the capacity for interdependency, for self-surrender and intimacy and for interdependent self-definition" (Kegan, 1982, p. 120). It seems that the hallmark of Kegan's highest developmental subject-object balance is somehow allowing one's hard-won precious ideology to be subjugated in service of deep intimacy. I think that one of the reasons that God ordained marriage between a man and a woman is because it is the process by which we are most likely to obtain our greatest development. Even in Kegan's limited time frame, marriage would require two very different types of ideologues to subjugate individuated self in service of a deep interdependence and true intimacy. The self becomes inextricable from the other, not because of immature co-dependency, but by transformative interdependency. They become a new creature which is more than the sum of their two world views. Something transcendent is born of celestial marriage. In celestial marriage, each makes their covenant with the Other, who is then an active force as husband and wife encounter each other.

As difficult as it is to capture Kegan's inter-individual balance, Williams and Jackson's Levinasian explanation of totalizing helps me to understand. As they say, "In short, the philosophy of Levinas helps us to separate the humanity of a person from the abstract ideas that we hold about them. In Keganese terms, true intimacy of the inter-individual balance is achieved by surrendering ideology in favor of encountering the other. All of which makes me wonder whether capturing and living by Williams and Jackson's Levinasian definition of tolerance isn't a developmental process. Or perhaps, some folks are just loving enough to never fall prey and they simply see the Other in the other.

The preface of *The Evolving Self: Problem and Process in Human Development* (Kegan, 1982) contains a moving anecdote that is subtly the core of the entire book. It aptly illustrates what Williams and Jackson meant when they stated,

In coming face-to-face with the other, we also come in contact with the Other—to be understood as God or the Divine. The Other leaves traces that we can see in the faces of the other. Coming in contact with the Other in the face of another begins a type of non-verbal dialogue. This exchange consists of the other's humanity calling to us, appealing for us to do no harm,

but to serve them. In response, the self has a moral obligation to answer “here I am” (this issue).

From Kegan’s preface,

This story is about Rifka, who told me right away she was no Hasid. “This you could know from the Super Duper,” she said. We had been talking, as was usual with Rifka, about several things at once—Hasids, why she was so exhausted today, children. There was a story coming. How could she be a Hasid if she would buy, in a pinch, from a store that was not kosher?

“I vhas at the Super Duper food store. Les’ night came home the whole family, my boys vhat are avay at collitch, and my daughter vit her husband that doesn’t verk God should bless him. So, I am making for my Harold like he likes it kreplach to eat. And vit it, for my Louis that came home for the veekend vit a girl, nuch, a matza ball soup vit schmaltz. And vhat should happen—I need the aggravation—there is no schmaltz. I got a housefulla guests, a fency girl from Scarsdale vhat my Louis brings home, and—my mazel—no schmaltz.”

At this I smile and Rifka frowns at me.

“So. I go to the Super Duper. I’m hurrying to get back to my dinner I walk through the aisle I see her. I saw a voman vit her child vhat vhas an idiot. You could see he vhas an idiot. I saw this voman, I saw this mother, she vhas holding two different kinds of mustard. I vhas in a hurry. I had my schmaltz and I vent out of the store.

“That night when all my children and guests vere asleep I vhas not. I could not. I could not go asleep. Why? I din’t know. I vhas thinking of all the excitement and it vhas hot but I could not go asleep.

“And then vitout—I mean I din’t do it myself, I started to cry. And I cried. I cried for that mother vit her idiot vhat kept on living. I cried for that mother vhat had an idiot and vhas pricing the mustard. And I cried for the idiot vhat vhas life. He vhas life.”

“It’s terrible,” I mumbled, not knowing what to say.

“Don’t say this. What is terrible?” she said. “I’m telling you. You should know. I’m talking to you.

“That voman, that mother, ve did not say a vord to each other, but ve talked. Not till I came home vhas many hours later did I know ve talked. But ve talked. I heard her and she gave me. What is terrible? You live, you talk. Ve talked. And you know vhat I thought when I

vhas crying?

“I thought: ‘I cry tonight now this mother vit her idiot vhat is so beautiful vhat is life, tomorrow she vill cry less.’” (pp. 20–12)

The trace of the Other in the other, seeing the divine, the non-verbal dialogue, the deep empathy and Rifka’s true encounter in the condiment aisle has always touched me. It makes Williams and Jackson’s definition of tolerance make sense.

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Of Tolerance and Smoked Fish

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Among the distinctive delicacies of southern British cuisine is a certain variety of smoked fish:

“Red herring are whole fish, cured in salt and then smoked for as long as three weeks, with their guts still in place. Being treated thus makes them acquire a reddish hue, and they become desiccated, hard to the touch, and fiercely strong tasting. They were a peculiarly local creation, traditionally the speciality of these two great herring towns and old foes, Great Yarmouth and Lowestoft.” (Black, 2005: 272–73).

This comestible, known since at least the fourteenth century (OED), is now rare partly due to over-fishing and partly due to current preferences which tend away from strong fish odors. In the seventeenth century red herrings were used to train hunting dogs (OED), as the strong scent would confuse the dogs and lead them off the trail. Thus, “escaping criminals in the 17th century would drag strong-smelling red herring across a trail to make pursuing bloodhounds lose the scent.” (Hendrickson, 1997: 568). Thus, since the early nineteenth century, a “piece of information which is or is intended to be misleading, or is a distraction from the real question” is termed a *red herring* (OED).

As this example illustrates, the history of words is an interesting study and the Oxford English Dictionary is an extremely useful tool for tracing the history of words in English.

In their essay, Michael Williams and Aaron Jackson underutilize the Oxford English Dictionary when they cite its definition of *tolerance* as “The action or practice of enduring or sustaining pain or hard-

ship; the power or capacity of enduring; endurance.” (OED). This is the first definition in the OED and is marked by the editors as obsolete. It was the original meaning of the English word from the time that it was borrowed from French in the fifteenth century and disappeared in the early nineteenth century. The more modern usage is the third definition which began in the mid-eighteenth century: “The action or practice of tolerating; toleration; the disposition to be patient with or indulgent to the opinions or practices of others; freedom from bigotry or undue severity in judging the conduct of others; forbearance” (OED). As shown by Williams’ and Jackson’s examination of the implicit definition of *tolerance* in the psychological literature, this is the general definition in use by psychologists.

The fact that the authors only found one article addressing the topic in the psychological literature indicates that psychologists have not given much thought to the issue and generally use the common definitions in circulation among the population at large. This is a good thing, since they are not using some sort of private technical jargon.

Here is where a history of recent word usage might help. The principal work on the Oxford English Dictionary was done in the late nineteenth and early twentieth century. The developments in the usage of *tolerance* in the last half century are of some importance to understanding how the term is used. This has been laid out with some clarity by D. A. Carson. Carson notes that there are two general views held in Western society and that both are given the label *tolerance*. One

of these views precedes the other historically:

Under the older view of tolerance, a person might be judged tolerant if, while holding strong views, he or she insisted that others had the right to dissent from those views and argue their own cases. This view of tolerance is in line with the famous utterance often (if erroneously) assigned to Voltaire: "I disapprove of what you say, but I will defend to the death your right to say it." This older view of tolerance makes three assumptions: (1) there is an objective truth out there, and it is our duty to pursue that truth; (2) the various parties in a dispute think that they know what the truth of the matter is, even though they disagree sharply, each party thinking the other is wrong; (3) nevertheless they hold that the best chance of uncovering the truth of the matter, or the best chance of persuading most people with reason and not with coercion, is by the unhindered exchange of ideas, no matter how wrongheaded some of those ideas seem. This third assumption demands that all sides insist that their opponents must not be silenced or crushed. (Carson, 2012: 6-7).

Carson explores some of the implications of this view:

The older view of tolerance held *either* that truth is objective and can be known, and that the best way to uncover it is bold tolerance of those who disagree, since sooner or later the truth will win out; or that while truth can be known in some domains, it probably cannot be known in other domains, and that the wisest and least malignant course in such cases is benign tolerance grounded in the superior knowledge that recognizes our limitations. (Carson, 2012: 11).

This view has subsequently changed both subtly and significantly:

The new tolerance argues that there is no one view that is exclusively true. Strong opinions are nothing more than strong preferences for a particular version of reality, each version equally true. . . . We must be tolerant, not because we cannot distinguish the right path from the wrong path, but because all paths are equally right. (Carson, 2012: 11).

And here the trouble begins:

If you begin with this new view of tolerance, and then elevate this view to the supreme position in the hierarchy of moral virtues, the supreme sin is *intolerance*. The trouble is that such intolerance, like the new tolerance, also takes on a new definition. Intolerance is no longer a refusal to allow contrary opinions to say their piece in public, but must be understood to be questioning or contradicting the view that all opinions are equal

in value, that all worldviews have equal worth, that all stances are equally valid. To question such postmodern axioms is by definition intolerant. For such questioning there is no tolerance whatsoever, for it is classed as intolerance and must therefore be condemned. It has become the supreme vice. (Carson, 2012: 11-12).

Under the new understanding of tolerance, judging someone or something is wrong because all values are equally right and so forming a judgment about something or someone is intolerant (e.g., Ammerman, 2014: 217; Riley, 2005: 2). So because of this equivocation in what is understood by the term, the subject of tolerance has become a mine-field. No wonder that Williams and Jackson see the importance of grappling with the issue.

Carson sees the need "to think carefully about tolerance and intolerance" because

Every culture and every age necessarily displays *some* tolerance and *some* intolerance. No culture can be tolerant of everything or intolerant of everything: it is simply not possible. A culture that tolerates, say, genocide (e.g., the Nazis) will not tolerate, say, the Jews it wants to kill or homosexual practice. A culture that tolerates just about every sexual liaison may nevertheless balk at, say, rape, or pedophilia, or in many cases bigamy and polygamy. (Carson, 2012: 47).

Others have emphasized the importance of thinking carefully about tolerance because the prevalent "moral relativism and complete tolerance for every other point of view actually do not respect or honor those points of views; quite the opposite." When people say they are being tolerant "what they are really, if unintentionally, saying is, 'I don't care enough about what you think or believe to pay it any attention. Your view doesn't make any difference, it doesn't deserve to be taken seriously.'" (Smith, et al., 2011: 67-68). So for many in the population at large, tolerance is simply a respectable name for apathy.

Williams and Jackson see a way of promoting tolerance in the work of the French philosopher, Emmanuel Levinas (1906-1995). They do a respectable job of concisely summarizing his thought as it can apply to creating an understanding of tolerance in psychology. The intention behind their work is good and they make a good effort to elevate the discussion of tolerance. If we thought in those terms we would look at other people differently and the focus on toler-

ance would be on tolerating people and leave aside the question of tolerating ideas. If their effort fails, it will do so on two counts.

The first reason is that Levinas uses terms in an idiosyncratic way that becomes a special type of jargon. One will not, for example, find the word *totalize* used in the Oxford English Dictionary the way that the authors, following Levinas, have done. It may well be a mistake to totalize others in the sense that the authors and Levinas talk about, but that sort of language use is opaque to the philosophically uninitiated. Having psychologists use philosophical jargon with patients who are neither invites misunderstanding and confusion.

The second reason is that tolerance is something of a red herring. The scriptures never use the term *tolerance* or the verb *tolerate*. The only form of the root the scriptures use is the adjective *tolerable*, as in “It shall be more tolerable for Tyre and Sidon at the day of judgment, than for you.” (Matthew 11:22). This is in the oldest English sense of tolerance as endurance.

Tolerance is not a Christian virtue. What the scriptures ask us to have is not tolerance but charity. Charity is not tolerance under any of the definitions I have discussed. On the one hand, charity “beareth all things, believeth all things, hopeth all things, endureth all things.” (Moroni 7:45). In this way, charity encompasses the original definition of tolerance as endurance but surpasses it as it is more than just endurance. One can tolerate, that is endure, something without hope. On the other hand, charity “rejoiceth not in iniquity but rejoiceth in the truth” (Moroni 7:45), which implies that there is truth and there is iniquity and that the person possessing charity can discern between them. This runs counter to what Carson describes as the new view of tolerance:

A commonplace among those who support the new tolerance is that the enemies of tolerance are guilty of adopting strongly asserted positions. They claim to know the Truth (with a capital “T”), and that is precisely what makes them most likely to be intolerant. (Carson, 2012: 81)

But the conflict between charity and certain definitions of tolerance runs deeper than that. Mormon’s discourse on charity begins stating: “behold, my brethren, it is given unto you to judge, that ye may know good from evil” (Moroni 7:15). Charity begins with judging and being able to discern good from evil.

Granted, because we “believe that man doth not comprehend all the things which the Lord can comprehend” (Mosiah 4:9) our judgment will not be as complete or accurate as God’s judgment, so we are admonished to “see that ye do not judge wrongfully” (Moroni 7:18). The Lord even told his prophet, “you cannot always judge the righteous, or . . . you cannot always tell the wicked from the righteous” (Doctrine and Covenants 10:37). So Mormon tells us “I show unto you the way to judge; for every thing which inviteth to do good, and to persuade to believe in Christ, is sent forth by the power and gift of Christ; wherefore ye may know with a perfect knowledge it is of God. But whatsoever thing persuadeth men to do evil, and believe not in Christ, and deny him, and serve not God, then ye may know with a perfect knowledge it is of the devil” (Moroni 7:16–17).

It is not just ideas that we must judge but people too. “Beware of false prophets, who come to you in sheep’s clothing, but inwardly they are ravening wolves. Ye shall know them by their fruits” (3 Nephi 14:15–16; cf. Matthew 7:15–16).

So we have charity not because we refrain from judging but precisely because we have judged. Charity informs our actions despite what we know about people and have judged about them. Acceptance of definitions of tolerance that require it to be non-judgmental, such as the new view or seemingly William’s and Jackson’s new definition inspired by Levinas, mean that tolerance runs counter to charity. Under those definitions we cannot have charity and be tolerant at the same time.

For a Christian, all this focus on tolerance should be fishy. Depending on how we define it, tolerance can be either a stepping stone to or a substitute for charity. If starting with tolerance, that is endurance, leads us to charity, it becomes a stepping stone. But tolerance understood as being non-judgmental conflicts with charity. When tolerance rather than charity is the goal, it has become a red herring.

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Response to Commentaries on A New Definition of Tolerance

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We very much appreciate the time, effort, and goodwill of all those responding to our article. Each was generous with their feedback and insights, and contributed to a meaningful dialogue centered on tolerance. While we cannot respond to each commentator in depth, we will highlight and discuss a few of the thought-provoking insights they raised.

Thank you to Hansen for bringing to our attention that our phrasing and use words can have philosophical ramifications. As Hansen points out, our use of the term *without* when we say “accepting and respecting the person, and being responsible to them without being concerned about the beliefs they hold,” could signal a certain *laissez-faire* attitude towards moral questions. To clarify what we meant, we suggest that our responsibility is to lovingly engage a person’s divine nature, without stipulations requiring certain moral stances to be eligible for our love.

In response to Hansen’s concern about the client potentially being responsible for the therapist, we suggest a more finely nuanced look at our ethical relationship to others. Responsibility to the other (Other) can be visualized as being asymmetrical—extending outward from the self towards another. This asymmetry does not necessarily require that it be omni-directional at all moments. Ideally, the therapist would live that responsibility for the client as the client lives it for others in their life. At times it may turn towards the therapist, but that is neither necessary nor constant. Nor is it

necessarily in the same form and intensity as the therapist is showing the client. At some level, the client does bear a responsibility for the therapist, just as they do for any other being. Recognizing that and processing that experience might be therapeutic in its own right. A relational approach to psychotherapy does not diminish the reality of the power differential in psychotherapy or the vulnerability of clients. In some ways it enhances one’s sensitivity to those realities.

Young brought up the important issue of healthy boundaries. What happens when one person in a relationship is trying to live the ethical call, and the other has no intention to heed the call. How do we avoid raising martyrs to the other? This is once again a place where a close look at the nature of this responsibility can help. The responsibility towards another is an ethical relationship calling us to act ethically towards others. We can, therefore, ask whether allowing another to act selfishly or manipulatively is the most ethical course of action and response. A simplified example of this comes in the form of parent child interactions. While we are not implying that children are inherently selfish or manipulative, children are apt to express needs and demands to parents that are not in their best interest. Would we consider a parent to be acting ethically if they honor their child’s request to never go to sleep, or play with a matchbox, or forcefully take toys away from other children? Ethical responsibility to others require vision of what a person truly needs.

Our responsibility is to consider how to best love the other, which often requires us to establish limits, contradict, or even distance ourselves from the other.

Fischer set out to apply the new definition of tolerance to human/moral development. In applying developmental notions to our ideas, Fischer suggests that we “become new creatures” in the process. While we agree with this notion in some ways, this becoming is not something sought or developed. Rather it is a resignation to a reality—a reality that is prior even to ourselves as selves. Fischer raises another issue which we don’t really address in the paper. The question of whether we can really know, really understand one another’s pain. Individualism seems not to allow for this. A radical relationism seems to allow for it, and maybe even require it. This is a critical question for those in the helping professions. Some would argue we can only know another’s pain if we have experienced similar pain. We suggest that because we are not really separate from one another in the first place, we can, in fact know another’s experience—even if we haven’t had such an experience ourselves.

We appreciate Gee’s wonderful exposition on the changes in the meaning of tolerance over the ages. We agree with Gee’s citations showing that grounding tolerance in a relativistic view of truth has counter-productive consequences. While we did not explore the full etymology of the word tolerance, that was not our overall purpose. Technically correct or not, we used a definition that matches the meaning of the word in the common vernacular. The comparison between tolerance and charity (as informed by LDS scripture) adds an important piece to the dialogue on tolerance. We would add that the definition of tolerance that we put forth is inherently tied to a very important judgment: the judgment that I deem this person I am engaged with as worthy, to respond to their divine nature before all else.

Gee illustrates the difficulty of overcoming the individualism inherent in so much of our language and culture. For example, his proposal that charity and tolerance are mutually exclusive depends on individualistic definitions of both. In saying, “Charity begins with judging and being able to discern good from evil,” he presumes that individuals are the fundamental reality and that these individuals make independent judgments and that these judgments can be tempered

by an individualistic sort of charity. For us, if you start with the assumptions of individualism, it is difficult to come to any sort of charity (or tolerance or judgment for that matter) that is either Christian or meaningful. Consider three statements by Oliver (2001) and how they might inform this discussion:

To see oneself as a subject and to see other people as the other or the objects not only alienates one from those around him or her but also enables the dehumanization inherent in oppression and domination. (p. 3)

What we are suggesting is that tolerance, as typically understood among therapist-types, is too often used to mean the endurance of those alien to oneself. Accordingly one could be objectifying, dehumanizing, judging and still be tolerant.

Only if we imagine ourselves cut off from others and the world around us do we need to create elaborate schemes for bridging the gap. We create an impossible problem for ourselves by presuming to be separate in the first place. (p. 12)

By using judgment as the starting point for our engagement with others we create an impossible (albeit imaginary) gap between ourselves and others. This gap precludes the kind of charity, or tolerance, that we suggest should precede any sort of judgment.

How can a unified, self-contained being ever come in contact with something or someone wholly other to itself? If the self is bounded and experiences only that which is within its boundaries, then how can it encounter anything outside of its own boundaries? (p. 2)

The ultimate danger in individualism is that it precludes any real knowledge of the other. Because the other is separate and foreign, I cannot know them. And we would argue, because we cannot really know them, we can neither love them nor righteously judge them.

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What's in a Name? Examining the Creation and Use of Sexual Orientation and Gender Identity Labels

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“**W**hat's in a name?” Juliet famously asks. “That which we call a rose / By any other name would smell as sweet” (Shakespeare, 1599/1914, 2.2.47-48). Juliet suggests that the flower's name could easily be changed without altering our experience of the flower's scent. She extends this logic to her label as a Capulet and Romeo's as a Montague, arguing that since a name is not intrinsically connected to one's physical parts or personality, they should not allow their surnames to get in the way of their love for each other. So what's in a name? Juliet might answer, not much. Yet when we consider *Romeo and Juliet* from its violent beginning to its tragic end, we see that names—and the history, emotions, and meanings attached to those names—can be very significant.

During the past several years, in professional literature and public discourse, there has been a proliferation of names used to describe variances in sexual orientation and gender identity (Zimmer, Solomon, & Carson, 2014) as well as a shift towards using these constructs to describe identities rather than behaviors (Foucault, 1976/1990). Some of these labels are found in the popular vernacular (e.g., *gay*, *lesbian*, *bisexual*) while others are newer creations and less commonly recognized (e.g., *pansexual*, *androgynous*, *gender-queer*), and some are unique to specific cultures (e.g., *two-spirit* in Native American traditions, *fa'afafine* in Samoa, *hijra* in South Asia, especially India).

This shifting landscape of identities and labels creates challenges for effective communication (Petchesky,

2009; Sell, 1997). Attempts to be inclusive can lead to cumbersome lists (Zimmer et al., 2014), and attempts to be efficient can lead to reductionist language which leaves some individuals feeling misunderstood, excluded, marginalized, or invisible (Petchesky, 2009). Discussing this topic can lead to related conversations about equality, gender roles, marriage, religious freedom, historical oppression, and politics—subjects on which there is no shortage of firm convictions and strong emotions. These conversations often evolve into debates and arguments, where lines are drawn between “us” (someone who shares my beliefs/values) and “them” (someone attacking my beliefs or trying to impose his or her values on me). The conversation can quickly become, to borrow a phrase from Joseph Smith, a “war of words and tumult of opinions” (JSH 1:10).

Within the Latter-day Saint (LDS) community, individuals in the process of exploring or attempting to understand sexual and gender diversity—in one's self or in others—may feel caught in the crossfire (Grigoriou, 2014; Jacobson & Wright, 2014; Pearson, 2007). Exploration frequently involves learning about various labels and trying them on to see if they fit one's experience or sense of self. For the individual who has experienced a history of heartache attempting to reconcile his or her sexuality and faith, finding a label that fits can contribute to healing, understanding, and self-acceptance. And yet, too often in LDS communities, the labels one uses are treated as a shibboleth, a verbal way of judging who is an insider and who is

an outsider (e.g., assuming the young man who says “I experience same-sex attraction” is more committed to living in harmony with LDS teachings than the one who says, “I’m gay”).

Given this current social climate, mental health professionals who identify as believing Latter-day Saints and who work with clients from LDS or other conservative religious backgrounds presenting with concerns related to sexual orientation and/or gender identity need to be aware of labels and sensitive to larger narratives that may be attached to the labels a client uses. In addition, LDS mental health professionals may also benefit from exploring their own paradigms regarding sexual orientation, gender, spiritual, and religious identities. Increased self-awareness, an understanding of how labels are currently used, and sensitivity to the power of labels to wound or heal will aid us in our work with religious clients conflicted about their own or another’s sexual or gender identity. Simplistic or dualistic language (e.g., gay/straight, affirmative/intolerant, obedient/disobedient) maintains the divisions between “us” and “them.” Rich, nuanced, complex language (which may even seem paradoxical at times) is needed to build bridges of compassion, both in our therapy sessions and in our religious communities.

Although many others have addressed this subject from various angles (e.g., Bartoli & Gillem, 2008; Benoit, 2005; Dehlin, Galliher, Bradshaw, & Crowell, 2015; Grigoriou, 2014; Jacobsen & Wright, 2014; Yarhouse & Burkett, 2002), this article represents my effort to contribute to the dialogue, to help “unpack” the labels and consider their utility and inadequacy. I begin briefly reviewing part of the history and evolution of these labels. I will then provide an overview of semiology to help consider labels as a linguistic construct. I will then conclude with some suggestions on how we might apply this understanding of labels in clinical and community settings.

History: Creating the “Homosexual”

The term *homosexual* first appeared in 1868 in a letter from Karl Benkert, an Austrian-Hungarian physician, writing to the German writer Karl Ulrichs who had published a series of essays in the 1860’s on three types of male sexual orientations (Sell, 1997). Benkert’s neologism was formed by combining both

Greek (*ὁμός* [homos] meaning “same”) and Latin (*sexus* meaning “sex”), which was consistent with the creation of other medical terminology in 19th-century Europe. Benkert used the term again in 1869 in a political pamphlet and it began to spread as it was used by other pamphleteers. It appeared for the first time in English in 1892. The use of the new term quickly increased, especially in the emerging field of sexology (Johnson, 2004).

Prior to the nineteenth-century, same-sex sexuality had generally been viewed as a set of behaviors, often associated with the legal and/or religious prohibitions of such behaviors (Foucault, 1976/1990). As homosexuality emerged as a concept, there also emerged a linking of sexual behaviors to a social identity (Johnson, 2004). In *The History of Sexuality*, Foucault (1976/1990) describes how the homosexual came to be viewed in medical, juridical, and social discourse:

Then nineteenth-century homosexual became a personage, a past, a case history, and a childhood, in addition to being a type of life, a life form, and a morphology, with an indiscreet anatomy and possibly a mysterious physiology. Nothing that went into his total composition was unaffected by his sexuality. It was everywhere present in him: at the root of all his actions because it was their insidious and indefinitely active principle; written immodestly on his face and body because it was a secret that always gave itself away. It was consubstantial with him, less as a habitual sin than as a singular nature.... the homosexual was now a species. (p. 43)

With the creation of the “homosexual” there then followed the creation of the “heterosexual.” The two labels were linked; each label was understood in terms of the other, in terms of what it was not. This transition from labeling behaviors to labeling an identity contributed to cultural changes in how sexuality was viewed in Europe and North America and laid the foundation for the belief in the heterosexual/homosexual dichotomy which persisted in science and society well into the twentieth-century (Johnson, 2004).

The nineteenth-century study of the homosexual reflects the larger scientific milieu of the time. This was the age of observation and classification. Naturalists Alfred Russel Wallace and Charles Darwin made their voyages, bringing thousands of specimens back to England to study, categorize, and name. In 1858, the surgeons Henry Gray and Henry Vandyke Carter

published the first edition of *Gray's Anatomy* after 18 months of dissections and making detailed notes and illustrations. Botanists George Bentham and Joseph Hooker spent decades working to organize thousands of plant species into orders and families in a comprehensive taxonomy. Similarly, the physicians, psychiatrists, and sexologists in this time period attempted to observe, classify, and name variations in sexual behaviors and desires. Foucault (1976/1990) lists some examples including "Krafft-Ebing's zoophiles and zooerasts, Rohleder's auto-monosexualists; and later, mixoscopophiles, gynecomasts, presbyophiles, sex-oesthetic inverts, and dyspareunist women" (p. 43). There is an important difference, however, between the naming of an animal, body part, plant, etc. and the naming of a human. Juliet's rose doesn't care if we call it by some other name and a different name would not alter the way we interact with the flower, yet from schoolyard bullying to the Holocaust, we see how labels among humans can significantly affect the way someone is treated.

Evolution: Making "Alphabet Soup"

The list of labels for variations in sexual orientation and/or gender identity is continuously changing and expanding. With the development of the Internet and the creation of social media, the list has been growing rapidly. As individuals connect and engage in dialogues, neologisms are formed that soon begin to appear in public and academic discourse. As Foucault (1976/1990) described it, "The nineteenth century and our own have been rather the age of multiplication: a dispersion of sexualities, a strengthening of their disparate forms...our epoch has initiated sexual heterogeneities" (p. 37). In the present day, these new labels are almost exclusively being generated by individuals naming themselves or joining together in groups, making the process distinctly different from the medical diagnoses and scientific classifications of the nineteenth-century.

The best visual example of the ever-expanding list of labels is the initialism used to collectively refer to individuals who do not identify as heterosexual or cisgender (i.e., self-concept of gender corresponds to biological sex). The initialism began as GLB or LGB, taking the first letter from the sexual orientations

gay, lesbian, and bisexual. In the early 1990's, T was added to the list representing those who identify as transgender or transsexual. LGBT is still the most commonly used version of the initialism, with the L being placed first as a feminist sensitivity to the history of male precedence; however, LGBTQ has been increasingly used with a Q representing those who identify as *questioning* or *queer*, a label which used to be pejorative but which is now used nonpejoratively in academia (e.g., queer studies, queer theory) (Sell, 1997) and by individuals who prefer the fluidity and nonspecificity associated with the term. Additional letters (and numbers or punctuation in some versions) have been added to the initialism, creating what some refer to as an "alphabet soup" of identities (Petchesky, 2009; Zimmer et al., 2014). I have seen various examples of the alphabet soup including LGBTQQIA and LGBTQQIP2SAA. I have also seen some suggestions in social media and other online forums of rearranging the letters into the pronounceable word QUILTBAG as an attempt to tame the unwieldy initialism into an acronym. There is also the opinion in some circles that one who uses longer forms of the initialism also has a more informed and inclusive attitude (especially if you identify as heterosexual). Someone who uses LGBT to refer to gender and sexual orientation diversities may be judged as insensitive towards or ignorant of individuals who identify as queer, intersex, asexual, agender, etc. The effort to be inclusive can quickly turn into a shibboleth situation.

This alphabet soup represents a push for social justice, a desire for everyone to have a seat and feel welcome at the table. The individual labels approach, however, creates a situation akin to a seating arrangement with place cards, leaving some individuals scanning the table and asking, Where's my seat? Where's my letter? When this occurs, the good manners of political correctness suggest that we should rush to remedy the situation, producing a new letter and an apology. For example, Facebook announced in February 2014 that it would allow users to select a custom gender identity beyond the dichotomous labels "male" and "female," and offered a list of 58 gender options (from which the user could select up to 10) including the following:

Agender, Androgyne, Androgynous, Bigender, Cis, Cis Female, Cis Male, Cis Man, Cis Woman, Cisgen-

der, Cisgender Female, Cisgender Male, Cisgender Man, Cisgender Woman, Female, Female to Male, FTM, Gender Fluid, Gender Nonconforming, Gender Questioning, Gender Variant, Genderqueer, Intersex, Male, Male to Female, MTF, Neither, Neutrois, Non-binary, Other, Pangender, Trans, Trans Female, Trans Male, Trans Man, Trans Person, Trans Woman, Trans*, Trans* Female, Trans* Male, Trans* Man, Trans* Person, Trans* Woman, Transfeminine, Transgender, Transgender Female, Transgender Male, Transgender Man, Transgender Person, Transgender Woman, Transmasculine, Transsexual, Transsexual Female, Transsexual Male, Transsexual Man, Transsexual Person, Transsexual Woman, Two-spirit. (Zimmerman et al., 2014, p. 470)

The following year, in February 2015, Facebook announced that it had modified the custom gender option after receiving feedback that some individuals found it difficult to express their sex with the pre-populated list of 58 options (Jones, 2015). It now offers a free-form field where users can enter in any term they want to describe their gender identity and are still able to include up to 10 labels. Dacumos (2006) cautions, however, that this rejection of traditional labels and push for new terminology leads to “a type of super-consumer custom-made identity that leaves you with very little upon which to build a movement” (p. 36). Creating more labels, in a sense, waters down the soup.

What about those who desire recognition and respect but who don't want to be part of the soup? Over the years, this effort to acknowledge diversity in sexual orientation and gender identity has become associated with social activism, secularism, and acceptance of a broad range of lifestyles and sexual behaviors. There are those who do not identify as heterosexual or cisgender but who, due to personal values including religious beliefs, are uncomfortable using labels that carry these associations. Even though they may reject the alphabet soup labels, there is still a desire to make connections, find communities, and increase self-understanding through dialogue. What occurs is the formation of unique labels. This can be seen among Latter-day Saints, both in official Church communication and in dialogue among Church members.

In the 1960's and 1970's, Church leaders and publications often used the term homosexuality with an emphasis on behaviors rather than identity. The most

widely cited example of this is the chapter on homosexuality in President Spencer W. Kimball's (1969) book *The Miracle of Forgiveness*. By the 1990's, homosexuality was still frequently used, but “same-gender attraction” or “same-sex attraction” also began to be used occasionally. For example, Elder Dallin H. Oaks (1995) gave a General Conference talk entitled “Same-Gender Attraction” and devoted his entire address to the subject. In the 2000's, the balance shifted to using the labels same-sex attraction or same-gender attraction the majority of the time. From around 2010 to the present, same-sex attraction seems to be the most common label used. Examples of how gender identity labels have been used in the LDS Church are practically non-existent. At present, issues related to gender identity, specifically gender dysphoria or transgender identity, are not addressed in Church-wide communication from Church leaders, and are a newly emerging topic of discussion among some Church members.

The sexual orientation labels used by the members of the Church generally reflect the language used by Church leadership, predominantly using same-sex attraction or same-gender attraction. This has led to the formation of the initialisms SSA or SGA. Interestingly, this has also led to some use of the initialism OSA (opposite-sex attraction). The precision of the term SSA allows for a description of attractions without also implying any particular desires, behaviors, lifestyle, or identity; however, there are also a growing number of Church members who use the labels used by the broader culture (gay, lesbian, bisexual, LGBTQ, etc.). Online I have even seen Moho (Mormon homosexual), a label with a more humorous or slang connotation. In self-identifying some LDS individuals exclusively use SSA or SGA, often referring to “experiencing SSA”, while others call themselves gay Mormons or use gay and SSA interchangeably. From the distressed individual telling the bishop about his or her “unwanted same-sex attraction” to the person creating a funny list entitled, “You might be a Moho if...”, there is an increasing diversity of ways in which sexual orientation and gender identity are discussed among LDS communities.

Semiology: Are You Thinking What I'm Thinking?

In order to continue unpacking sexual orientation and

gender identity labels and critically examine the processes by which they are created and used, we need to consider the building blocks that make up a label. A foray into semiology and the theories of linguists Ferdinand de Saussure (1857–1913) and Roland Barthes (1915–1980) may help in deconstructing a label into its component parts.

Semiology is a science of signs (words, images, objects, musical sounds, etc.). In looking at verbal signs, semiology makes the distinction between language and speech. Speech is the individual act of selecting a set of sounds through psycho-physical mechanisms to express a thought (Barthes, 1964/1977; Saussure, 1916/2000a). For example, when I see a four-legged furry animal meowing at me, I think of the word “cat” and to express that thought aloud, I will need to use my lungs, vocal chords, tongue, and jaw to produce the sounds necessary to say the word. But why did I decide to call it a cat? I was taught that association at home and school, within a social context. Saussure (1916/2000a) argues that “speech has both an individual and a social side, and we cannot conceive of one without the other” (p. 22). Language, then, represents the social side. Language is a social institution made up of agreed upon signs. English speakers collectively agree that *c-a-t* and its corresponding sound is the label for my feline friend. This of course varies from one linguistic community to another. Spanish speakers agree on the label *g-a-t-o*; French speakers use *c-h-a-t*. Saussure (1916/2000a) cautions, however, that “some people regard language, when reduced to its elements, as a naming-process only – a list of words, each corresponding to the thing it names...it lets us assume that the linking of a name and a thing is a very simple operation – an assumption that is anything but true” (p. 25–26). Language not only reflects the collective pairings of words and objects, but also is connected to social values and complex mental concepts.

Barthes (1964/1977) suggests that more than a dictionary, language is like a game with its own rules, which one learns how to follow after study or observation. In addition, the rules of the game change over time. For example, a young adolescent hearing the phrase “Don we now our gay apparel” when listening to Christmas carolers in the late 1800’s would have shown no reaction; nowadays, it often solicits a giggle or snide comment from teenagers (and some adults),

who associate gay with stereotypes of homosexuality rather than meaning joyful, bright, or showy. In order to successfully participate in a linguistic community, one has to not only be familiar with the vocabulary but also the social norms and conventions of how those words and phrases are used.

Saussure (1916/2000a) breaks down the linguistic sign into two parts: the *signifier* and the *signified*. The signifier is the sound-image (i.e., word) and the signified is the mental concept. Together, the signifier and signified form “a two-sided psychological entity” (p. 26). These two sides, like the front and back of a piece of paper, cannot be separated; one recalls the other. When you hear or see the word “butterfly” you connect it to a mental concept (e.g. insect with symmetrical wings that drinks nectar and used to be a caterpillar). If you had no mental concept associated with the word, then the signifier would be meaningless or gibberish. Saussure also emphasizes that the pairing of the signifier and signified is arbitrary. This can be seen in the different languages of the world. *Schmetterling*, *vlinder*, *kipepeo*, *leptir*, *tximeleta*, and *papillon* are extremely different signifiers in terms of letters and sounds, yet all are associated with the idea of “butterfly.” There is no inherent relationship between our idea of a butterfly and the letters and sounds associated with it. A word only means something because we collectively agree on the association.

We can now apply this linguistic analysis to sexual orientation and gender identity labels. The labels are the linguistic signs (e.g., lesbian); the signifier is the words, letters, and sounds (e.g., *l-e-s-b-i-a-n*); and the signified is the mental concept, our understanding of the meaning (e.g., the definition of “lesbian”). Communication about cats and butterflies is fairly simple because the associated mental concepts are generally similar among individuals. When it comes to sexual and gender identities, however, we see that the signified can vary dramatically from one person to another. There is not a collective agreement. With so much variation in mental concepts of sexual orientation and gender identity, it makes clear communication challenging. In addition, the number of labels is increasing rapidly, faster than society’s ability to absorb and agree upon them. This leads to scenarios where the speaker is using a word (signifier) which has no paired association (signified) for the listener. The listener will prob-

ably feel a lack of connection with the speaker and the speaker will likely be frustrated with the listener's lack of comprehension.

In looking at the labels used in LDS communities, we can see some unique differences. For many LDS individuals, *gay* and *SSA* are not interchangeable signifiers. Sausurre (1916/2000b) argues that "any conceptual difference perceived by the mind seeks to find expression through a distinct signifier, and two ideas that are no longer distinct in the mind tend to merge into the same signifier" (p. 112). In recent years, the Church of Jesus Christ of Latter-day Saints has made an effort to be clear about what does and does not constitute a sin when it comes to homosexuality. As a result, a conceptual difference has emerged. Rather than simply viewing homosexuality as sinful, there is now the conceptual distinction between same-sex sexual behaviors, which are considered sinful, and same-sex attractions, which are not. Distinct concepts have led to distinct signifiers. For many LDS individuals, *gay* is associated with the mental concept of "living a gay lifestyle" (i.e., pursuing or engaging in same-sex romantic and/or sexual relationships), whereas *SSA* is associated with experiencing sexual attraction towards same-sex individuals to some degree and choosing to follow LDS standards of sexual conduct (i.e., celibacy or heterosexual marriage).

As mentioned previously, there also exists a lack of collective agreement among LDS individuals similar to the broader culture. Some of the labels used have shifted in meaning or have acquired additional mental associations. As social change occurs, the relationship between the signifier and the signified also changes (Sausurre, 1916/2000a). In the broader culture, *gay* has become associated with concepts of acceptance, pride, or the absence of shame over one's sexual orientation. Within LDS communities, increasing numbers of non-heterosexual Latter-day Saints are using *gay* instead of *SSA*. Many of these individuals are still committed to following LDS standards, but also want to acknowledge that they have accepted, or even embraced, their sexual orientation. They are proud of being *gay* and Mormon. These individuals may associate the signifier *SSA* with the concept of feeling dislike or shame over one's sexual orientation. Yet there are many who use *SSA* and are just as accepting of their sexual orientation as those who identify as *gay*. There-

fore, in the LDS dialogues surrounding sexuality and identity, we cannot assume that the person who says "gay" is not committed to living as a faithful Latter-day Saint and we cannot assume that the person who says "SSA" is ashamed of his or her sexuality.

Clinical Application: Exploring the Dilemmas

Increased awareness of labels and the politics, hidden narratives, and the inconsistent mental concepts connected to them might leave a clinician feeling overwhelmed or self-conscious about his or her terminology used when working with clients. In times past, I have felt paralyzed by political correctness, unable to say anything for fear of saying the wrong thing and hurting or offending my client. Yes, sexual orientation and gender identity labels can be problematic and provoke arguments, but they can also be important and powerful, especially in therapy. Rather than seeing this as a conflict to be avoided, I would encourage clinicians to see it as an opportunity to be embraced. Exploring the dilemmas associated with labels can be a parallel process for both therapist and client. As the therapist works to avoid simplistic or dualistic thinking (Morrow, Beckstead, Hayes, & Haldeman, 2004) and is transparent about his or her struggle with labels and their meanings, clients may be able to decrease simplistic or dualistic thinking about their sexual or gender identities and be more open to struggling with unanswered questions and uncertain futures. To help therapists embrace this opportunity and model acceptance and compassion, I have the following three suggestions.

First, embrace your own dilemmas and pay special attention to the labels which are connected to sources of tension. As the poet Rainer Maria Rilke (1934) suggests, "Be patient toward all that is unsolved in your heart and try to love the questions themselves... Live the questions now. Perhaps you will then gradually, without noticing it, live along some distant day into the answer" (p. 33–34). Learning to sit with your own dilemmas related to sexual orientation, gender identity, professional ethics, and personal religious beliefs will help to increase empathy for your clients who are going through a similar process, understanding the reality in which they live. For most of us who work as therapists, this is not a new concept. The majority

of graduate programs and professional associations have practice guidelines for working with clients who identify as lesbian, gay, bisexual, or transgender (e.g., American Psychological Association, 2012, 2015). These practice guidelines may have language and recommendations which we feel are in conflict with our personal or religious beliefs. During graduate training or at some time since then, many of us have felt unsure of how to reconcile professional and religious identities. Reflect on that time. Lean in to the struggle you might have felt. Questions you might ask yourself include, "How has the way I talk about sexual orientation or gender identity changed over time? What experiences have contributed to that change?" and "Of the labels that my clients use to describe their sexuality or gender, which do I respect and which do I have a hard time taking seriously?"

Second, allow clients to label themselves and question the labels they use. Rather than listing common sexual orientation or gender identity labels, ask the client how he or she identifies. Pope and Reynolds (1991) advocate, "We must not assume we know the sexuality of other individuals. We must not label the sexual orientation of others. Naming ourselves is one of our few fundamental rights, and it must be honored and protected" (p. 210). Using the labels your client chooses gives validation, can help to strengthen the therapeutic alliance, and models respectful thinking (Benoit, 2005). For example, a non-heterosexual woman who identifies as LDS and queer may be uncertain about therapy, worrying that a LDS therapist might not understand her sexual orientation. As you use the term queer in reflecting statements and additional questions, she will begin to sense that you are honoring the label she has chosen for herself (even if you don't have a full understanding of what it means). It is also helpful, however, to question the labels that your client uses, which can be another way of showing genuine curiosity as well as helping your client to step back and look at his or her thoughts and values. Questions you might ask include, "How would you define that label?" or "How well does that label describe your sexual orientation/gender identity?" and "How did you learn about that label? How did you decide that it was right for you?" The client's answers to these types of questions will help you to better understand the signified (mental concept) that your client associates

with the label and will help the client to consider the process of labeling and self-identifying.

Third, encourage clients to seek out social connection and help them to not be defined by what others think of them. Labels can help clients find communities of like-minded individuals (e.g. searching for online forums for individuals who have SSA, finding the LGBT resource center on a college campus, attending a local Trans support group). A client may want your help in preparing to come out to friends, parents, or partners and will want to discuss what labels to use and express fears about how they might respond. These are situations where labels can influence the degree of connection felt. It is important, however, to also help clients understand that everyone has different mental concepts connected to sexual orientation and gender identity labels and some people will misunderstand. For example, author Helen Boyd is married to a transgender partner. Boyd (2006) describes the way she has been labeled by others and how she labels herself:

I've stopped caring about what others think I am...I've just realized that who someone else thinks I am has little to do with who I actually am, and that I have almost no control over what a person might see when they see me. Sometimes they don't have the language or the labels or the imagination to be accurate...Mistaken for a boy at seven, called butch at nine, a lesbian at twelve, homeboy at seventeen. I knew myself as a daughter and a sister and a friend and an aunt. (p. 241)

In Boyd's statement, we see that the labels she has received from others focus on her individual identity or attributes and the labels she chooses for herself focus on relationships and connection. Although she does not care about what others think of her identity, I think we can safely assume that she cares very much what her parent, sibling, friend, and niece/nephew think of her, not as an identity but as a whole person. Brown (2012) describes finding the balance between caring and not caring about what others think as a tightrope walk. She suggests, "When we stop caring about what people think, we lose our capacity for connection. When we become defined by what people think, we lose our willingness to be vulnerable" (p. 169). Questions you might ask to help a client navigate this tightrope include "How would you like to respond when someone misunderstands or mislabels

you?” and “When you feel that others are stereotyping you, who can you turn to for support who sees, respects, and values the whole you?” and “What can you do to be less defined by what others think of you and more defined by what matters most to you?”

Community Application: Building Bridges of Understanding

In our work with individual clients, especially religious clients with sexual orientation and/or gender identity concerns, we often can connect to both sides of the debates. We can empathize with the client who talks about his new boyfriend and tearfully describes how he finally feels seen, accepted, and loved for who he is after years of depression and self-loathing. We can also empathize with the parents who talk about their son who has chosen to pursue an openly gay lifestyle and tearfully describe how they want their son to be happy but also believe that true and lasting happiness comes through faithful adherence to God’s commandments. This ability to connect with both the “us” and the “them” can help us facilitate building bridges across the divide, increasing understanding and compassion within our professional and religious communities.

To build bridges within our professional communities, we would benefit from encouraging the virtue of respectfulness. Benoit (2005) defines respectfulness as “a balance between the twin errors of intolerance and relativism” (p. 320). He suggests that a question we might ask ourselves is, “How can I be respectful of this person’s beliefs, although my worldview is fundamentally different from his or hers?” (p. 321). Similar to the example presented earlier of respecting a client’s choice of label, we can do the same in professional dialogues and use the labels chosen by our peers in presentations and journal articles when responding to their ideas.

Specifically within the LDS professional community, we can build bridges of understanding among ourselves by trying to avoid engaging in pass/fail politics (Mattilda, 2006) or treating the language one uses as a shibboleth. In the Old Testament, the word *shibboleth* was used by the Gileadites to identify if one was an Ephraimite (the Ephraimite dialect lacked the *sh* sound):

[W]hen those Ephraimites which were escaped said, Let me go over; that the men of Gilead said unto him, Art thou an Ephraimite? If he said, Nay; Then said they unto him, Say now Shibboleth: and he said Sibboleth: for he could not frame to pronounce it right. Then they took him, and slew him... (Judges 12:5–6)

The way an Ephraimite said the word would betray him and he would not pass (literally). Too often, I have seen situations where a LDS therapist is in a setting surrounded by other LDS or religious therapists and he or she is hesitant to share any thoughts regarding sexual orientation or gender identity for fear of being judged or misunderstood, fear of not passing. Mattilda (2006) writes in her introduction to *Nobody Passes*, “In a pass/fail situation, standards for acceptance may vary, but somebody always gets trampled” (p. 9). Each of us have been or will be in a situation where we are judged by someone else as not passing based on the words we say. Rather than perpetuating pass/fail situations, let us try to create an environment where someone could say, figuratively, Sibboleth, and we would respond by saying, “It’s okay, I understand what you are trying to say,” or, if we don’t understand, to ask “Help me understand what you mean when you say...” We need to try and move past the either/or, pass/fail, and us/them mindsets that permeate our culture, including within our professional communities (Pope & Reynolds, 1991).

As LDS mental health professionals, we also have the opportunity to help in the current efforts to build bridges of understanding between the LDS Church and LGBTQ communities. We can help individuals and groups both honor deeply-held beliefs or convictions and find common ground. The Persian poet and Sufi mystic Rumi wrote, “Out beyond ideas of wrongdoing and rightdoing, there is a field. I’ll meet you there” (West, 2015, p. 74). LDS poet and playwright, Carol Lynn Pearson (2007) argues, “Can we be ‘kind’ to others when we see them as a different ‘kind’? We can be polite to our homosexual brothers and sisters, but we are not being ‘kind’ unless we acknowledge them as ‘kin,’ not as ‘the other,’ but as our very own kind” (p. 22). And on the website created by The Church of Jesus Christ of Latter-day Saints to discuss same-sex attraction it states,

The human family comes in every shade of difference.
The greatest and smallest of us possess as many unique

talents as we do weaknesses. Yet it is so easy to miss the common ground we all walk on. If we want to understand one another we have to see ourselves in one another. Open the book of each individual life and you will find a familiar story. (mormonsandgays.org, n.d.)

One of the ways in which we can help others find the familiar story, see each other as kin, and meet in the field beyond our differences is to find and highlight the common humanity beneath the labels we use. As therapists, we listen for the feelings beneath the words or we also attend to what is said in the silence, and then we try to draw connections or help our client form those connections. On a broader scale, these same skills are needed as we try to build bridges in what is becoming an increasingly divided and political landscape.

Conclusion: Love Thy Neighbor

At the beginning of this article, I shared the example of Romeo and Juliet, with Juliet arguing that names (labels) shouldn't matter and that she and Romeo could, in some way, discard their family connections. "Deny thy father, and refuse thy name; / Or, if thou wilt not, be but sworn my love, / And I'll no longer be a Capulet," she says (Shakespeare, 1599/1914, 2.2.38-40). Juliet's logic appears naïve and simplistic, analogous to one who suggests that racism would decrease if we could just "not see color." Labels and their associated meanings are not easily discarded or ignored, and given Juliet's tragic end, I would advise against following her line of reasoning. In conclusion, I offer a model I would recommend, another story of two individuals from families with a history of division and discord.

A parable was once told of two men, one who was called a Samaritan and the other who was called a Jew (Luke 10:30-35). When the Samaritan encounters the Jew on the road to Jericho, stripped, beaten, and left half-dead, his heart fills with compassion and he disrupts his journey to care for the injured man, freely giving of both his time and his money. Although fully aware of their differences and the histories of their ancestors, he does not allow notions of "us" and "them" to get in the way of binding up wounds and providing shelter.

When Jesus originally shared this parable, his listeners likely understood that "the Jews have no deal-

ings with the Samaritans" (John 4:9). Although the Savior could have shared this parable without using labels and still have illustrated the commandment to love "thy neighbor as thyself" (Luke 10:27), he specifically included these labels associated with a history of conflict and division. To suggest that the Samaritan somehow ignored his own Samaritan identity and the other man's Jewish identity significantly reduces the impact of the parable. The labels transform the story from a fictional anecdote of an act of kindness into an illustration of "the pure love of Christ" (Moroni 7:47). It is my hope that this model might influence our efforts to understand the individuals of various sexual orientations and gender identities which we meet, especially those who may have been emotionally wounded and come to therapy, looking for shelter.

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Return with Trauma: Understanding the Experiences of Early Returned Missionaries

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

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

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

The Developmental Task of Missionary Service

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

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

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

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

Missionaries and Emerging Adulthood

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

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

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

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

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

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

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

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

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

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

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

LDS Missionaries and Mental Illness

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Methods

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

Phase One: Interviews

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

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

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

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

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

Phase Two: Survey

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

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

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

Results

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

Missionary Preparation and Motivation.

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

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

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

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

—Jason

The Mission Experience.

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

We desired to understand the preparatory vari-

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

Mental Health Treatment in the Mission Field

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

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

Table 1. Predictive Factors to Having Strong Spiritual Experiences

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

* *p* < .05

** *p* < .01

*** *p* < .001

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

—Scott

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

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

—Clark

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

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

—Rob

The Early Return

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

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

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

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

—Nathan

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

—Conner

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

—Scott

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

Post-mission Adjustment

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

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

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

—Scott

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

—Rob

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

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

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

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

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

—Clark

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

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

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

Table 2. Predictive Factors to Feelings of Failure

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

* $p < .05$

** $p < .01$

*** $p < .001$

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

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

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

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

Opportunities for Growth

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

Discussion

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

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

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

Clinical Implications

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

Allow the ERM to share his full story.

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

Promote empowerment.

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

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

Teach communication skills.

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

Encourage the use of spiritual strategies.

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

Encourage good emotional coping resources.

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

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

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

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

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

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

Conclusion

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

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Why Do People Want to Get Married? Marriage Insights from Young LDS Individuals with Autism Spectrum Disorder

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Difficulties with social communication and understanding relationships are prominent characteristics of youth with autism spectrum disorders (ASD). In autism assessment, inquiries are often made to determine the developmental levels of insights into typical social relationships, including marriage. Understanding how religious beliefs and culture may shape perceptions of marriage is important to understand the needs of the child. It can help to clarify assessment and can inform intervention to help individuals with autism participate in social relationships. Our study looked at the insights about marriage and other social relationships reported by children, adolescents, and young adults who have been exposed to the teachings of the Church of Jesus Christ of Latter Day Saints (LDS). Data were collected as part of autism assessments using the Autism Diagnostic Observation System, Second Edition (ADOS-2). We compared scores on the ADOS item for Insight into Social Relationships between our small sample of 16 youth and a large national sample. Responses with uniquely LDS beliefs are described in terms of the level of insight illustrated.

Keywords: Autism spectrum disorder, marriage, Church of Jesus Christ of Latter-Day Saints, Autism Diagnostic Observation Schedule.

Typical development of social relationships begins at birth. Infants and caregivers develop social relationships that persist through the lifespan. Social circles expand to include family members and close friends, and then the individual encounters the wider social world as he enters church, community

and school groups. Close friendships form, adolescents begin to develop relationships with romantic partners, and for many individuals, the ultimate social relationship is marriage. When social development is not typical, as is the case persons with autism spectrum disorder, all of these relationships are possible

with support, but the relationships might not develop beyond immediate family relationships, depending upon the level of severity of autism symptoms. One of the fastest growing areas in autism research is in social skills interventions to help individuals achieve the highest quality of life possible, specifically including social relationships (Kasari, Shire, Factor, McCracken, 2014).

A separate issue from establishment of complex social relationships is the desire for such relationships. Social motivation (Dawson, Meltzoff, Osterling, Rinaldi, J., & Brown, 1998), social awareness, and social competency are all distinct constructs that affect an individual's ability to build social relationships, and all are typically lower in individuals with ASD. In individuals with low levels of social competency and awareness, there still may exist some desire to form such relationships, however, even when understanding of the complexities of relationships is limited (Stokes, Newton & Kaur, 2007).

Children's typical development of insight into social relationships includes not only an understanding of multiple social relationships but also includes an expression of the person's own role in a social relationship. For example, insight into marriage might include some mention of spouses living together, helping each other, and forming a family. Understanding of one's own role in a marriage relationship might include something about helping, supporting, or loving a marriage partner.

Social motivation or desires for social relationships, particularly marriage, may be inherent, may come from enjoyment of close family relationships, or may be part of a religious belief system. From a developmental perspective, by age 4 or 5 most children recognize differences between genders and their play begins to include family roles of spouses, parents, and children (CDC, 2009). An advanced developmental task is to understand the emotional complexities of why someone may want to get married and the advantages and disadvantages of being in a marriage relationship. This usually begins to happen when children are about 8 ½–10 years old (Mazur, 1993), but may be delayed indefinitely for some individuals, including individuals with autism spectrum disorder.

Environmental influences and experiences are pathways to understanding social relationships for all chil-

dren regardless of their developmental trajectories (Bronfenbrenner, 1979). We focused on the environmental influence of religious beliefs, culture, and instruction about marriage and how children with autism spectrum disorder may interpret these teachings. Specifically, we examined how individuals with autism respond to questions about marriage as part of the "gold standard" diagnostic assessment for autism symptoms, the Autism Diagnostic Observation System (ADOS-2; Lord, Rutter, DiLavore, Risi, Gotham & Bishop, 2012). We have noticed in clinical and research autism assessments that responses from children, youth, and young adults who have participated in religious instruction in the Church of Jesus Christ of Latter Day Saints (LDS Church) tended to contain some unique content relative to LDS teachings.

Marriage and Autism

Although marriage among individuals with autism has not been studied much as a dedicated topic, a few studies have included marriage as one aspect of the study. Individuals with autism have a lower rate of being in married/committed relationships than their typical peers (Lin, 2014; Gotham, Marvin, Taylor, et al., 2015, Bruggink, Huisman, Vuijk, Kraaij & Garnefski, 2016), even when compared to peers with other mental health diagnoses (Barneveld, Swaab, Fagel, Van Engeland, De Sonnevile, 2014). Many individuals with autism do attempt to form romantic relationships, however, and some get married (Howlin, Goode, Hutton, Rutter, 2004; Stokes, et al., 2007; Farley, McMahon, Fombonne, et al., 2009). With the social motivation deficits typically present in ASD, however, social learning is impaired regarding appropriate romantic behaviors. Because of the underlying social difficulties, individuals with autism engage in more inappropriate romantic relationship behaviors than their typical peers (Stokes et al. 2007). Assessment of an individual's understanding of typical relationships such as friendship, romantic relationships, and marriage is important not only in forming a diagnostic impression, but also in planning for intervention to help individuals find success in social relationships.

LDS Teachings About Marriage

LDS doctrine centers on a belief in marriage and family relationships that continue beyond death. Children are taught about these beliefs beginning as toddlers in Nursery classes (Church of Jesus Christ of Latter-Day Saints, 2008). Lessons emphasize eternal marriage, performed in LDS temples, as a way for a family to be together forever. Lessons on eternal marriage continue through adolescence and young adulthood. Additional vocabulary such as “temple marriage,” “eternal marriage,” and “forever family” are introduced, explained and frequently repeated in songs, scriptures, activities, videos, and graphic arts. Children who attend weekly church meetings hear these messages often. Even if children with autism do not participate in religious class instruction because of receptive language disorders, difficult behaviors or sensory sensitivities, LDS families emphasize these messages at home through weekly lessons and activities in Family Home Evening, reading church magazines and materials, and in conversations.

Individuals with autism are likely to learn the concepts and vocabulary about eternal marriage through a variety of teaching methods that circumvent possible learning disabilities and receptive language difficulties (e.g., visual aids, music, stories, scripture verses and direct instruction as part of structured lessons). The concept of eternal families through temple marriage may particularly appeal to individuals whose most comfortable and comforting social relationships are within their immediate families.

The question at hand in this study is whether young individuals with autism spectrum disorder, exposed to LDS culture and teachings, tend to express understanding and desire for marriage relationships at a more typical level than a national comparison sample of individuals with ASD.

Method

Participants

A total of 16 participants were Caucasian, native English speakers ranging in age from 5 to 23 years. One participant was Hispanic. Parents gave consent for all assessments of participants under age 18, with chil-

dren and adolescents giving informed assent. Individuals over age 18 gave consent for participation. All participants scored in the average range or higher on standardized measures of cognitive abilities administered by study clinicians. Although direct questions about religious affiliation were not part of any of the research protocols, all participants volunteered information about participation in LDS activities (i.e., Young Men’s, Young Women’s, combined activities, Primary, ward membership, or ward culture) during the course of assessment. Because all assessments were conducted at BYU, such voluntary disclosures are not unusual in the course of any research project.

Measures

The “gold standard” for in-person diagnostic assessment of autism is the Autism Diagnostic Observation System, Second Edition (ADOS-2; Lord et al., 2012). The ADOS-2 has several modules for administration, depending on the language level of the individual. For individuals with speech that has not yet developed to complex sentences, no questions about relationships are asked. For all other individuals, including children possibly as young as 4 years old, questions about marriage and friendship are included in the assessment (Lord et al., 2012).

Responses to questions about marriage are not evaluated in isolation on the ADOS-2. Rather, all responses about relationships (friendship, romantic relationships, and marriage) are considered together and rated on a single item (Insight into Typical Social Situations and Relationships) according to the scale outlined in Table 1. Instructions to the evaluator are to consider, “(a) the nature of the specific relationship (e.g., what is friendship), and (b) the participant’s role in these relationships,” (Lord et al., 2012, p. 16-17).

The scoring algorithm expands to capture the diversity and complexity of social relationships that the assessment item is measuring. Some impairment exists if elements in understanding, such as the variety of social relationships is limited or if understanding of own role is limited across relationships. A clear impairment is indicated if the individual can only describe characteristics of one relationship without mention of his or her own role. Finally, a severe impairment exists if no or only very limited insight is evident.

The score on this ADOS-2 item is for clinical im-

Table 1. Questions About Marriage Related to the ADOS-2 Item, “Insight into Typical Social Situations and Relationships”

<u>Questions Asked</u>	<u>Algorithm for Evaluating Responses*</u> <u>(including responses about other relationships)</u>
“Do you ever think about having a long-term relationship or getting married (when you are older)?”	0 = “Shows examples of insight into the nature of several typical social relationships (without evidence of lack of insight into these same relationships), including his or her own role in at least one. May show no more than one example of inaccurate understanding of other social relationships.”
“Why do you think some people get married or live with a boyfriend or girlfriend when they grow up?”	1 = “Shows examples of insight into several typical social relationships, but not into his or her own role, OR into only one relationship including his or her own role.”
“What would be nice about it?”	2 = “Shows some insight into one typical social relationship, though not necessarily about his or her own role in it.”
“What might be difficult about being married or living with a boyfriend or girlfriend? Or living with a roommate?”	3 = “Shows no or limited insight into typical social relationships.”

*Scores on the ADOS indicate level of impairment. Higher scores indicate more impairment. Questions and scoring algorithm text from the ADOS-2, Modules 3 and 4 (Lord et al., 2012).

pression only; it does not become part of the ASD diagnostic algorithm. There are many items on the ADOS-2 that are in this category – they inform the clinician about the client’s understanding of social communication for intervention planning purposes, but are not predictive enough to be included as part of the diagnostic algorithm.

Over the course of three years, assessments using the ADOS-2 were conducted as part of research projects approved by the Institutional Review Board of Brigham Young University. Some assessments were also part of clinical teaching/training case studies in autism assessment. Participants whose score met or exceeded the cutoff for autism spectrum disorder (total ADOS-2 score=7), were included in the sample.

Data Collection

All study participants were administered the ADOS-

2, Module 3 (Fluent Speech: Child/Adolescent) or Module 4 (Fluent Speech: Adolescent/Adult) by a research reliable clinician. Responses were recorded on the ADOS-2 protocols in the normal course of assessment. The hypothesis for this research project was established after the clinician recorded all responses, so the potential for bias in recording responses was minimal. Total ADOS-2 scores and the score on the single item, “Insight into Typical Social Situations and Relationships” were taken from the ADOS-2 protocol for analysis.

A comparison group ($n=878$) was constituted from the National Database for Autism Research (NDAR: Payakachat, Tilford & Ungar, 2015; Hall, Huerta, McAuliffe, Farber, 2012). Records of total ADOS-2 scores and the single ADOS-2 item (Insight into Typical Social Situations and Relationships) on ADOS-2 Modules 3 and 4 were downloaded for analysis. Re-

cords were cleaned to eliminate participants outside the age range of the study sample, and only individuals with ADOS-2 total scores meeting a cutoff score of 7 or higher (for autism spectrum classification on the ADOS-2) were included. Comparison group data were collected between 2000 and 2015.

Analysis was conducted using two methods: (1) Descriptive statistics for the Insight item score on the ADOS-2 were computed for both groups; (2) Further qualitative analysis of verbatim responses in the study sample included categorization of responses according to criteria based on the scoring algorithm for the Insight into Social Relationships item on the ADOS-2. In most cases, the clinician had recorded specific comments related to friends or marriage on the protocol on the scoring page at the time of original scoring. Categories for responses were assigned according to these notes and the clinical impressions of the administering clinician. Notes on responses (recorded verbatim) were listed in one of three graduated categories: examples of insight on marriage including his or her own role (highest level of insight), examples of insight but not his or her own role (moderate level of insight), and limited insight into marriage (limited or no insight). Comparison of qualitative data between groups was not possible because no verbatim responses were included in NDAR.

Results

Because of the large discrepancies in sample sizes, inferential tests of the null hypotheses were not conducted because spurious results are often found with notable sample size differences. The descriptive statistics illustrate some minimal differences in the samples, most notably that the study sample had marginally better (closer to 0) Insight scores ($M=1.44, SD=.629$) than the NDAR group ($M=1.54, SD=1.003$)

Although the study sample mean scores were closer to a typical development score than the participants in the NDAR sample on the Insight item, the responses from the study sample are not likely to be mistaken for responses from typically developing youth. Only 2 of 16 participants in the study sample mentioned love as a reason why people want to get married, for example. Only 2 of 16 participants expressed understanding of his or her own role in marriage. Four participants mentioned religion specifically as a reason to get married. Three mentioned "eternal" in their response.

Responses from the study sample most commonly mentioned "children," "kids," or "family," as reasons for marriage. Fifteen of the sixteen participants talked about the responsibilities of having children or a family as a difficult aspect of marriage, with an overall sense of responsibility required to take care of children. One participant mentioned looking forward to playing with his children. Four mentioned, "If I get

Table 2. Participants and Comparison Sample

			Study Sample <i>n</i> =16 males= 12 females = 4	National Database for Autism Research <i>n</i> =878 males = 697 females = 181
Age	<i>M, SD</i>	<i>Range</i>	13.2 (4.6)	13.5 (4.8)
Total ADOS Scores Module 3 or 4		0-32	10.31 (2.152)	12.63 (4.081)
Score on the ADOS Item, "Insight Into Typical Social Relationships."		0-3	1.44 (.629)	1.54 (1.003)

Note: Higher ADOS scores indicate more impairment. The Total ADOS-2 cutoff score for an ADOS classification of autism spectrum is 7.

to have a family” or hoping that they would be able to have a family. The desire to get married was highly prevalent in the study sample (14/16 participants).

Among the different levels of insight shown in responses, the largest group of participants gave responses judged to show a moderate level of insight (7/16). Four participants gave responses judged to show the highest level of insight (4/16), and 5/16 gave responses that showed limited to no insight into marriage relationships or roles. Female participants were represented in the highest ($n=1$) and moderate groups ($n=3$), but not the limited insight group. Comments from children younger than 12 ($n=2$) were represented in the moderate and limited insight groups only. Individuals 16 and older were in both the highest insight group ($n=2$) and the moderate group ($n=1$) only.

Discussion

This study examined insights about marriage within a small sample of individuals with autism spectrum disorder symptoms who participated in research and teaching/training case studies in a predominantly LDS community setting. Our sample included children, adolescents, and young adults who had been exposed to LDS culture and teachings about marriage. When compared to a national sample, scores on a single assessment item, the “Insight Into Typical Social Rela-

tionships” were somewhat higher and more consistent with typical social development. The Insight item on the ADOS-2 is a combined rating of an individual’s insight and understanding of his or her own role in friendship and boyfriend/girlfriend relationships as well as marriage. This confound makes it impossible to compare insight into marriage directly across samples, but the qualitative analysis of the verbatim responses about each of these relationships showed the majority of responses (11/16) to have moderate or high levels of insight into marriage relationships.

Our conclusion is that the slightly more typical scores found within our sample may be reflecting a common understanding of marriage within an LDS population of individuals with ASD. Responses from the study sample to questions about friendship and boyfriend/girlfriend relationships were quite consistent with the clinician’s experience in other populations over nine years of administering the ADOS in research and clinical practice. However, only the responses about marriage stood out as being distinctly different from ADOS assessments in other diverse populations.

The mean score in the study sample in Insight was 1.44, falling slightly closer to a score of 1, representing insight into only one relationship, or insight into several relationships, but not his or her own role. The participants’ mean score was not as close to the score of 2 indicating increasingly limited insight (only one type

Table 3. Responses to Questions about Marriage, Study Sample, Highest Level of Insight

<u>Age</u>	<u>M/F</u>	<u>Example of Insight into Marriage, Including Own Role</u>	<u>Desire to Get Married?</u>
16+	M	It is the cultural norm in Utah to marry very young eternally in the temple. I could finally have someone to work with a friend to understand and support me. I would support her as well. [It would be difficult] giving up self interests, blending with hers.	Yes, my friends are married.
16+	M	Down at BYU, culturally a big deal [marriage], norm expected. Social reasons (for marriage), obligations. In other cases, people meet each other, want to be together. I prefer having private space. Kids are a huge commitment, you have to make sure of their basic needs, food, water, sleep, school, extra curricular.	I want to develop socially, develop close relationships, hard to see that in the current state I am in. I don’t see myself . . . Pretty content living alone. Not a living pattern I am dying to pursue.
14-15	M	[People want to get married because of] religious stuff, not sure how I’d word it. [I want to] have a family, someone you love always [would] be with you. Raising children would be hard--finance, I need a good financial plan for when I grow up.	[I want to] marry someone, obviously, then hang out with my dorm buddies
12-13	F	[People] want to have children, have someone who would pay the bills, someone who might get a job, someone to wake up with. [It would be difficult] paying attention to the other one’s needs.	I want an eternal family, when I am way, way older.

Table 4. Responses to Questions about Marriage, Study Sample, Intermediate Level of Insight

<u>Age</u>	<u>M/F</u>	<u>Example of Some Insight into Marriage, Not Including Own Role</u>	<u>Desire to Get Married?</u>
16+	F	[People want to] be together.	Hmm. (Yes.)
12-13	F	Because they want to have someone with them the rest of their life. [I] want a very nice guy to live with, be together with him.	Yes.
12-13	M	[People want] to reproduce, they like each other, want to stay together forever. Getting to see your spouse every day [would be nice]. [Some difficulties would be] my problems her problems, our problems. She would try to stick her nose into my business.	At varying times, yes.
12-13	M	[People get married] so I could get some money for the kids, to have an heir, people looking for love (like my mom). [It would be nice to] play with the kids. [It would be hard] – the baby diapers, feeding, naps.	Slight chance I might actually find someone to marry and have children
12-13	M	In my religion, it's because that's how you get to see- it's the right thing to do, what the scriptures say, start a family. [It would be nice to] have a companion, [but it might be] difficult to have a companion.	Yes.
12-13	M	I want to live with my family if I get one. [People get married] because they love each other [There would be] lots of things [that are nice about being married].	Yes.
5-6	F	[People get married] so they can be parents. [It would be nice], you get to live with someone forever. [It would be difficult, you] would have to find a ring, I don't know what [gem] to choose.	Yes.

Table 5. Responses to Questions about Marriage, Study Sample, Limited or No Insight

<u>Age</u>	<u>M/F</u>	<u>Example of Insight into Marriage, Not Including Own Role</u>	<u>Desire to Get Married?</u>
14-15	M	Because of religion, some just want to, I guess. You get to raise a family, get to control little minions, [but it would be difficult] disciplining my children, having a job.	Should wait until I am of age.
14-15	M	[People get married] because they feel alone, need someone around to talk to. [It would be nice to have] someone to talk to. [It would be difficult to] get in fights.	Not really. Staying single.
14-15	M	Because religion mandates it, arranged marriages. [It would be nice to have someone] hug you when you are down. Having kids is the worst part.	A lot, then not
14-15	M	I don't know [why people get married]. [It would be nice to have] someone to talk to (like a roommate) and someone to help you with your stuff.	I hope so.
7-9	M	[People get married] because they want to be an eternal member of the Church of Jesus Christ of Latter Day Saints. [It would be nice to] have a child, probably like 1 girl & 2 boys [The difficult] part [is] when the babies are going to come out.	Yeah.

of relationship without understanding of own role). Insights may not translate directly into establishment of successful marriage relationships in the future, but suggest that in individuals with ASD, a more typical understanding of why people get married and what marriage relationships might be like is an advantage of being exposed to LDS doctrines about marriage as a child and adolescent. Participants frequently cited

the importance of marriage within the LDS culture as part of their desire to be married, suggesting an awareness of social convention and expectation related to their own lives.

These findings are consistent with other research regarding the protective factors and relatively favorable outcomes that may exist within individuals with autism who also participate in LDS faith activities, in-

struction, culture, and community. Farley, et al. (2009) found that adult outcomes were better than expected in a longitudinal follow up of individuals with autism in Utah, perhaps due to predominant involvement of the sample participants in LDS religion, communities, and culture. Another longitudinal study of protective factors in risk for eating disorders among female students at BYU found similarly favorable outcomes that may be associated with the support found in LDS communities (Fischer, et al., 2013).

Finally, we believe that the foundational understanding of marriage relationships found in this study sample may give these children, adolescents, and young adults with autism a “headstart” or advantage in intervention and therapy to develop satisfying involvement in typical social relationships in adulthood. Directions for future study include longitudinal follow up of the sample into adulthood to monitor marriage outcomes. Further exploration of insights into marriage and other romantic relationships using in-depth interviews may clarify the level of internalization of LDS teachings about marriage in individuals with autism and what effects these insights have on dating, romantic behavior, and marriage relationships.

Limitations on the study include the small size of the study sample and the lack of verbatim responses within the NDAR sample for comparison. Also, demographic information is not generally available in NDAR records to determine if the comparison was appropriate. The size of the NDAR sample was intended to mitigate the influence of demographic differences. Further, comments about marriage are not scored separately from other social relationships, so the Insight scores are merely an approximation of the possible differences in marriage understanding that make up part of the Insight item score.

The influences of LDS culture and beliefs about marriage are evident in the comments made within this small sample of youth with autism spectrum disorder during autism assessment. It is possible that this influence has resulted in a higher level understanding of social relationships (including marriage), when compared to a national sample. If this is actually the case, LDS individuals with autism may be more responsive to interventions to increase the quality of social relationships that lead to marriage. The desire to be married is highly prevalent within the study sam-

ple, which is further indication of potential for benefit from social relationship intervention.

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Intuitive Eating and the Gospel: An Exercise in Determining Compatibility

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Because psychotherapy is a “worldly healing art” (Oaks, 2010; Gleave, 2012), Gantt has strongly cautioned LDS therapists to be on their philosophical guards:

Should we commit ourselves (however inadvertently or unintentionally) to psychological theories or practices rooted in (and expressive 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 us... 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,” (Kimball, 1967)... 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. (Gantt, 2012, p. 12–13).

It is in this spirit of constant and critical vigilance that I will attempt to determine if there is any philosophical inconsistency between the gospel and Intuitive Eating (IE), a theory that has some popularity in psychology. IE has inspired many studies investigating, among other things, its effectiveness as a health improvement intervention (Bacon, Stern, Van Loan, & Keim, 2005), its validity as a positive psychology construct (Tylka & Wilcox, 2006), and even two versions of a psychometric instrument attempting measure it (Tylka, 2006; Tylka & Kroon Van Diest, 2013). Furthermore, after enjoying several years of success,

authors Tribole and Resch released a second edition containing a chapter with a title that declares IE to be “the ultimate path towards healing from eating disorders” (Tribole & Resch, 2003, p. 214), a decidedly bold claim. Given its prevalence, is likely that many LDS therapists are using it to understand disordered eating behaviors as well as recommending it to clients. For this reason, I believe IE is worthy of a thoughtful examination of its underlying values and assumptions.

The thesis of IE is that hunger, satiety cues, and cravings can be relied upon to produce generally healthy habits, meaning the eating of appropriate serving sizes of a variety of nutritious foods while also allowing space for eating less healthy foods for pleasure in moderation. Negative patterns of health behavior occur when inner cues are obscured by a damaged relationship with food or body. Originally written by dietitians for laypeople, the 10 stated principles of IE are outlined as follows: (1) Reject the Diet Mentality; (2) Honor Your Hunger; (3) Make Peace with Food; (4) Challenge the Food Police; (5) Feel Your Fullness; (6) Discover the Satisfaction Factor; (7) Cope with Your Emotions Without Using Food; (8) Respect Your Body; (9) Exercise – Feel the Difference; and (10) Honor Your Health – Gentle Nutrition (2003).

In this paper, I will provide pertinent background information about the theories and cultural context that have shaped IE, analyze some of its hidden assumptions and values, provide a review of relevant

LDS teachings, and evaluate its compatibility with a gospel perspective.

Influences on IE

The nondiet movement and nutritional science

As acknowledged by Tribole and Resch, IE is a “bridge between the growing antidiets movement and the health community”, written because even though “the antidiets movement shuns dieting and hails body acceptance (thankfully), it often fails to address the health risks of obesity and eating” (p. xix).

Broadly speaking, the nondiet movement is a rejection of dieting asceticism, a value with a philosophical heritage that stretches back to ancient Greece. Plato, an idealist firmly committed to the superiority of the immaterial over the material, saw the appetite as something that was “bound... down like a wild animal which was chained up to man, and must be nourished if man was to exist” (Plato, trans. 1892, p. 492). He believed it would inevitably cause overindulgence in the absence of temperance as a counteracting virtue (Korsmeyer, 1999, p. 21). His immaterialism influenced later movements, including Neoplatonism and, ultimately, asceticism in Christianity (Gerson, 1996, p. 390). Certain aspects and practices of this Christian tradition of asceticism echo in modern Western culture in the form of dieting for a slim body (Twigg, p. 228–231; Bordo, 1993, p. 144).

For most of its history, nutritional science – the branch of the health community that Tribole and Resch are concerned with – was essentially chemistry applied to the body, an approach that more or less necessitated the body to be viewed as a biological machine. It was a discipline preoccupied with identifying components of food that were vital for life and the prevention of disease in the face of scarcity (Carpenter 2003a; Carpenter 2003b; Carpenter 2003c; Carpenter 2003d). Today, nutritional science is especially concerned with making food intake recommendations designed to prevent chronic disease (Gifford, 2002). Though the cultural context is different (i.e., scarcity is no longer the major problem in developed countries), the recommendations are still the product of a view that takes into account only the physical aspects of food and eating.

It is noteworthy in an examination of the philosophical underpinnings of IE that the fundamental objectives of its parent theories, the nondiet movement and nutritional science, coexist in a kind of dialectical tension. One seeks to reject control, and the other to gain it. One is a reaction to the distress caused by a culturally deep-rooted dieting asceticism, and the other is a biological science of mechanistic explanations and recommendations. They are ontologically and epistemologically dissimilar: the concerns of the nondiet movement exist primarily in the realm of individual and shared intangible feelings and meanings known experientially and relationally, and the concerns of nutritional science arise from tangible scientific materialism known through an empirical and rational scientific method. Without further theoretical framework, components of these theories cannot really meaningfully interact, consistent with the dualism of Rene Descartes. However, IE rejects mind and body dualism by borrowing a view of human nature from psychology which does allow for a more coherent integration.

Psychology

Although the transactional analysis of Berne is used to conceptualize the inner forces driving maladaptive eating behaviors and the rational emotive behavior therapy (REBT) of Ellis is eclectically used as a means to change those forces (Ellis & Dryden, 1997; Berne, 1961, p. 29–37; Tribole & Resch, 2003, p. 95–105), neither theory really describes what makes IE “revolutionary,” as the book’s subtitle proclaims. What makes IE revolutionary in the context of a culture that values a thin body and scientifically determined nutrition recommendations is the idea that a person can look within, rather than to external sources, to find out what will lead to optimum health.

Thus, despite the overt usage of transactional analysis and REBT and though unmentioned by Tribole and Resch, it is not difficult to make a case that the most important theoretical framework of IE actually belongs to Carl Rogers. In fact, in explaining the organismic valuing process concept of his theory, Rogers himself said that “the simplest example is the infant who at one moment values food, and when satiated, is disgusted with it” (Rogers, 1959, p. 210). To explain IE in a Rogerian nutshell, if a person has

self-experiences perceiving that significant others and society consider thinness and dieting behavior as more worthy of positive regard than eating behaviors resulting from his or her organismic valuing process, those expressions of positive regard make that person's self-regard contingent on body weight and eating behaviors, thereby compelling him or her to not follow the organismic valuing process and thus ultimately impairing the actualizing tendency to be physically and emotionally healthy.

All of the principles of IE are easily construed to reflect Rogerian concepts: (1) Reject the Diet Mentality, (4) Challenge the Food Police, and (8) Respect Your Body are principles designed to increase positive self-regard so that the organismic valuing process can function; and (2) Honor Your Hunger, (3) Make Peace with Food, (5) Feel Your Fullness, (6) Rediscover the Satisfaction Factor, (7) Cope with Your Emotions without Using Food, and (9) Exercise—Feel the Difference are principles that explain how to take direction from the organismic valuing process. Finally, (10) Honor Your Health—Gentle Nutrition largely explains the outcome of the actualizing tendency that is uncovered when the organismic valuing process is used.

This exercise in understanding theoretical origins illuminates IE's most fundamental assumption about human beings. For Rogers, the most basic and irreducible aspect of a human being was the actualizing tendency that drives a person to reach their potential on every level up to the point of self-actualization and transcendence. Tribble and Resch adopt this Rogerian view, though they focus only on the biological need for food (and, occasionally, for exercise). This assumption about the existence of the actualizing tendency – the “intuition” alluded to by the name *Intuitive Eating* – conserves the anti-dieting asceticism without requiring the sacrifice of health that would, according to conventional wisdom, result from following desire. In fact, beyond eliminating the dilemma, it actually ties pleasure and health together. This is the theoretical point where hedonism leads to health, and it is on this foundation that IE rests.

Relevant LDS Teachings

Human nature and the physical body

In LDS theology, the most basic and fundamental characteristic of a human being is moral agency. The prophet Lehi taught:

For it must needs be, that there is an opposition in all things. If not... righteousness could not be brought to pass, neither wickedness, neither holiness nor misery, neither good nor bad... if it should be one body it must needs remain as dead, having no life neither death, nor corruption nor incorruption, happiness nor misery, neither sense nor insensibility.

Wherefore, it must needs have been created for a thing of naught: wherefore there would have been no purpose in the end of its creation. (2 Nephi 2:11–12).

According to Williams, agency is an irreducible and inherent aspect of a human being and therefore a key issue of ontology. He said, “the position we take on the issue of whether we are moral agents determines to a great extent the positions we must take on most other questions of psychological and therapeutic importance” (Williams, 2005, p. 117). Debates in psychology about agency largely focus on the issue of whether or not people have genuine freedom to choose because “we often deal with questions pertaining to the degree to which our clients are free to exercise their moral agency.” For instance, “those... with explosive tempers, feelings of inferiority, mania, depression, eating disorders, or anxiety—do [they] have the capacity to think, feel, and act differently?” (Judd, 2005, 99).

Elder D. Todd Christofferson explained that the conditions for agency to exist are (1) alternative choices to choose between – good and evil and their respective consequences as defined by the laws of God, (2) understanding of these possible choices, and (3) the freedom to actually make these choices (2009, p. 47–49).

To elaborate on this third condition, while a purely deterministic view is incompatible with the gospel, it is also true that “genes, circumstances, and environments matter very much, and they shape us significantly. Yet there remains an inner zone in which we are sovereign, unless we abdicate. In this zone lies the essence of our individuality and our personal accountability” (Maxwell, 1996b, p. 21). In other words, agency is not the opposite of indeterminism because human actions

do have meaningful antecedents in that the context for choice is often externally determined (Williams, 2005, 125–126). However, though freedom to choose has real constraints, to be an agent means to have the capacity to do things that are not externally determined. These choices are then put into a purposeful moral context by the doctrine that “the natural man is an enemy to God, and has been from the fall of Adam [separation from God and receiving mortal bodies], and will be, forever and ever, unless he yields to the enticings of the Holy Spirit, and putteth off the natural man” (Mosiah 3:19). Thus, humankind exists in a fallen state and people desire things that they are supposed to – and are able to – actively resist.

The doctrine of the soul also addresses what human beings fundamentally are. That “the spirit and the body are the soul of man” (D&C 88:15) affirms the reality and necessity of both the body and spirit in LDS theology. This conception runs contrary to naturalistic secular views which hold that the spirit doesn’t exist, that the body is a biological machine, and that the subjective experience of mind is epiphenomenal. They also bear little resemblance to any philosophies derived from Plato-derived immaterialism that hold that the body is evil or less important than the spirit or mind (Madsen, p. 31–33).

Rather, the LDS view is a distinctive brand of materialism in which the body and the spirit are both types of matter. Though the spirit is often thought of as being opposite in nature to the body, “there is no such thing as immaterial matter. All spirit is matter, but it is more fine or pure” (D&C 131:7). In other words, Cartesian dualism—a philosophy that has historically exerted a considerable influence in Western thought, including on psychology, and which arguably half-survives in the form of a naturalistic assumption that completely cannot deal with the possible existence of anything “immaterial” or unobservable—is a false dichotomy (Madsen, p. 4, 33). Though to my knowledge there is no doctrinal explanation of how spiritual matter produces mind, the facts of spirit being matter and Joseph Smith equating spirit with mind (Larson, 1978, p. 203) do seem to imply that there is a kind of matter not presently observable that has the necessary properties to produce a genuine, non-epiphenomenal mind, thus bridging the gap between things traditionally thought of as material or immaterial.

Although they are not completely dissimilar, the spirit and the body do have different roles and capacities. The body, unable to operate independently of the spirit, is “the instrument of [the] mind” (Packer, 2003). However, without a body, the spirit is limited in its capacities and cannot receive a fullness of joy (D&C 93:33–34) because “the great principle of happiness consists in having a body” (Smith, 1976, p. 181). According to Elder David A. Bednar:

Our physical bodies make possible a breadth, a depth, and an intensity of experience that simply could not be obtained in our premortal estate... Our relationships with other people, our capacity to recognize and act in accordance with truth, and our ability to obey... the gospel of Jesus Christ are amplified through our physical bodies. (2010)

Morality and values

From an LDS perspective, the use and treatment of the body is a moral issue. In his first epistle to the Corinthians, Paul wrote, “Know ye not that your body is the temple of the Holy Ghost which is in you, which ye have of God, and ye are not your own? For ye are bought with a price” (1 Corinthians 6:19). How this moral should affect eating behaviors in modern times, however, is more difficult to ascertain. The most modern scriptural instruction comes from the Word of Wisdom. While it is better known for cautioning against the use of coffee, tea, tobacco, and alcohol, a large portion of it addresses what people should eat:

All wholesome herbs God hath ordained for the constitution, nature, and use of man –

Every herb in the season thereof, and every fruit in the season thereof; all these to be used with prudence and thanksgiving.

Yea, flesh also of beasts and of the fowls of the air, I, the Lord, have ordained for the use of man with thanksgiving; nevertheless they are to be used sparingly;

And it is pleasing unto me that they should not be used, only in times of winter, or of cold, or of famine.

All grain is ordained for the use of man and of beasts, to be the staff of life, not only for man but for the beasts of the field, and the fowls of heaven, and all wild animals that run or creep on the earth;

And these hath God made for the use of man only in times of famine and excess of hunger.

All grain is good for the food of man; as also the fruit of the vine; that which yieldeth fruit, whether in the ground or above the ground –

...And all saints who remember to keep and do these sayings, walking in obedience to the commandments, shall receive health in their navel and marrow to their bones;

And shall find wisdom and great treasures of knowledge, even hidden treasures;

And shall run and not be weary, and shall walk and not faint.

And I, the Lord, give unto them a promise, that the destroying angel shall pass by them, as the children of Israel, and not slay them (D&C 89:10–21).

In this revelation the Lord gives some guidelines endorsing grains, herbs, fruits, and the sparing use of meat as food. By doing so, the spiritual and moral importance of eating habits into are assured, for “all things unto [the Lord] are spiritual, and not at any time [has he] given... a law which was temporal” (D&C 29:34).

It is true that He does not address every problematic health behavior in the Word of Wisdom, but that does not mean there are no other possible moral issues. The Lord also said, “it is not meet that I should command in all things; for he that is compelled in all things... is a slothful and not a wise servant... verily I say, men should be anxiously engaged in a good cause” (D&C 58:26–29). Furthermore, recent church leaders have given some general counsel relevant for people today. In reflecting in wonder about the body and the spirit, Elder Russell M. Nelson said that we should “control our diet and exercise for physical fitness” because the body is “a temple of our very own” (Nelson, 1998, p. 87). Elder Jörg Klebingat elaborated on Elder Nelson’s talk more recently:

Take responsibility for your own physical well-being... please use good judgment in what and especially how much you eat, and regularly give your body the exercise it needs and deserves. If you are physically able, decide today to be the master of your own house and begin a regular, long-term exercise program, suited to your abilities, combined with a healthier diet. (2014, p. 35).

Church leaders have also encouraged the exercise of moderation in behavior and ideals about what the body should look like. Elder Boyd K. Packer said,

“learn to use moderation and common sense in matters of health and nutrition... avoid being extreme or fanatical or becoming a faddist” (1996, p. 18), a statement consistent with King Benjamin’s counsel to act “in wisdom and order; for it is not requisite that a man should run faster than he has strength” (Mosiah 4:27). Elder Jeffrey R. Holland has also spoken on the issue as it pertains to body image:

We should all be as fit as we can be – that’s good Word of Wisdom doctrine. That means eating right and exercising and helping our bodies function at their optimum strength... But I speak here of optimum health; there is no universal optimum size (2005, p. 29).

While there are no specific commandments given, a general principle can be inferred. People have a moral duty to take care of their bodies, which “are God’s” (1 Corinthians 6:20). The values in this kind of pursuit of health are the body’s spiritual importance, stewardship, discipline, and moderation.

Compatibility of IE with LDS Teachings

Although I will argue that significant components of IE are incompatible with the gospel, it is important to note that they are compatible in at least one major way. Notably, mind and body dualism are rejected by both the gospel and IE. In IE, subjective experiences are just as real and as important as the physical body and they are very interconnected. Because this unity is not ignored, there is ample theoretical space for eating to affect both the body and the mind in meaningful ways. Though IE does not go as far as to affirm the existence of spirits, a person’s inner world is treated as being of paramount importance and legitimacy. Influence does not flow only unidirectionally from a biological need for energy to subjective experience of hunger or satiety. Because eating is more than responding to hunger and thirst—indeed, according to Tribble and Resch, it is “one of the most emotionally laden experiences” (p.146) to be had—influence can also flow in the opposite direction in a situation where eating is used to generate real feelings (p. 147) to fulfill an emotional need just as real as biological hunger. This is not incompatible with the gospel.

However, the assumption of the existence of the actualizing tendency (“intuition”), which implies that no one ever truly desires to eat unhealthily on a long-term

basis, has at least two major issues from an LDS perspective. First, it is deterministic because all unhealthy behavior is the result of outside negative influences that have been internalized as a damaged relationship with food or body. Second, it is hedonistic because it sets up pleasure as the ultimate good.

Human nature and the physical body

According to Tribble and Resch, “all [people] possess the natural intuitive eating ability” and longstanding unhealthy eating habits result when that ability has “been suppressed” (p. 16) by deprivation (p. 82–84), which is in turn the result of internalized values of thinness and self-control – or, to use Rogerian language, conditions of worth – from outside sources such as family and society in general (p.105–109). To reconcile a reliance on natural intuition with the recommendations of nutritional science necessitates that the intuition that guides a person to follow those recommendations really does exist and that it cannot guide a person to do anything else.

This assumption takes a very positive view of human nature. If the cause of maladaptive eating behavior is always the result of suppressed intuitive eating ability and deprivation, like an organismic valuing process floundering under the presence of conditions of worth, then there are no possible causes that are ultimately internal. It is strongly implied that agency is not an important cause, aside from its assumed involvement regarding the removal of intuition suppression. It is also subtly implied that a lack of suppression of intuition is the most important extrinsic cause of patterns of healthy eating behavior, which precludes the possibility that something else may be a more important factor, such as learning.

IE relies on two varieties of determinism to explain how intuition operates and malfunctions. The first determinism is that deprivation resulting from suppression of intuition causes unhealthy eating behaviors. The second determinism is that externally caused conditions of worth cause suppression of intuition and deprivation in the first place.

Reminiscent of Newton’s third law that every force has an equal and opposite force in terms of both magnitude and direction, “the more deprived you become from dieting and from specific foods, the greater the deprivation backlash” (p. 84). Therefore, “key to abol-

ishing the pattern of restraint and subsequent overeating is to give yourself *unconditional* permission to eat” (p. 85). Tribble and Resch support this idea by providing an overview of some of the biological mechanisms to increase food consumption that are triggered when the body is denied adequate food energy (p. 62–67). They also point towards a study in which men who cut their food intake in half for six months overate when they were allowed to eat according to their own will (p. 59–61). This provides a lot of support for the idea that long-term energy deficits trigger biological mechanisms to overeat. However, it is an extrapolation to extend this deprivation principle to situations where a person is not running an energy deficit or to specific foods.

Their explanation leaves no room in IE for any kind of beneficial deliberate action that goes against internal desire, and thus IE comes into conflict with agency because at no point does freedom to make choices exist other than following or not following the intuition. It would not be incompatible to suppose that overrestriction and energy deprivation could lead to reduced freedom to choose – as Elder Maxwell was referenced earlier as saying, biology and circumstance matter “very much.” However, the entire theorized chain of events leaves no space for what he called the “inner zone in which we are sovereign... the essence of our individuality and our personal accountability” (Maxwell, 1996b, p. 21). This hard determinism is incompatible with a gospel perspective.

The notion that values are externally determined also limit the compatibility of IE with an LDS view of agency. The primary suppressing influences discussed by Tribble and Resch are the internalized value placed on thinness (p. 165) and a self-control based on a kind of Puritanical denial (p. 134, 182, 196) originally held by society and family (p. 15, 107, 136). It is not problematic to assume that people are exposed to values from outside sources, but IE goes further than this. It seems to be taken for granted that dieting values are completely externally caused and that there is no active role played in internalization. Thus, this determinism also warrants exploration.

To approach this subject from a different angle, IE uses religious language on several occasions to describe the ways that people think about food and dieting. People describe food as “sinful” (p. 2) and feel “guilt”

(p. 4, 84–85) primarily because of the effects it has on appearance, as if appearance itself was a moral issue. Tribole and Resch note that people treat the scale as a “false idol” (p. 54) and food rules as commandments (“thou shall not eat past 6:00 pm” (p. 9)). This is insightful in that it describes the kind of devotion some people have for dieting. It also raises the question of whether or not people have any freedom to choose their values – particularly those that they uphold with religious zeal – in the first place. Similarly to the previous kind of determinism in which deprivation leads directly to backlash, this determinism concerning values is also incompatible with an LDS view of agency.

Morality and values

In IE, eating is taken out of a moral context altogether. This is not compatible with a gospel perspective because God has already set forth laws about what people should and should not consume (D&C 89:10–21) and modern leaders have specifically counseled members how people should take care of their “temples” (1 Corinthians 6:19), both of which imply that inner signals are insufficient to guide behavior. While IE absolutely does represent a rejection of dieting asceticism for the sake of thinness “idolatry” (p. 54), I would argue that it does so by turning to a different kind of questionable ultimate good: pleasure.

This basic underlying value of IE was largely borrowed from the nondiet movement’s rejection of asceticism surrounding food. Consequently, IE embraces pleasure and lack of pain as the ultimate good, a motif that appears throughout the text: “Intuitive Eating provides a new way of eating that is ultimately struggle-free” (p. xix); “your eating style [will] become a source of pleasure rather than an affliction... [and] you will experience nutrition and exercise in a different way” (p. 39); “you have a right to feel good – and that means not just feeling stuffed, but also satisfied with your food choices” (p. 163) are a small sample of such expressions.

Tribole and Resch are somewhat transparent about the hedonistic underpinnings of their theory – at one point, they call their approach to food an “enlightened hedonism, a balance between information and pleasure” (p. 195; Stacey, 1994, p. 214). That pleasure is the ultimate good is more implicit, but it does manifest itself at several points. For example, in describing

their initial reaction to the nondiet movement before developing their ideas about IE, Tribole and Resch said, “to disregard how the body feels in response to eating ‘whatever you want’ discounts the respect for one’s body that comes along with the gift of life” (p. xix). Though they convey a respect for the body, the central issue for them is a disregard for how the body feels. Hedonism may not be the first thing that comes to mind because IE clearly does not advocate eating only junk foods—“if you were to eat chocolate all day, there’s a very good chance you would experience [negative physical feelings]... if you listen to your body, it does not feel good eating this way” (p. 207)—but the rationale for not doing so is the discomfort that such behavior causes. Thus, IE is founded on a kind hedonism that casts moderation and lack of discomfort as the ultimate pleasure.

Because “hedonism has, in many ways, come to be identified with rational thinking” in psychology (including, interestingly, in Ellis’ REBT and Rogerian therapy (Gantt, 2005, p. 58–64)), it is not surprising that IE reflects a value of it. Even though it may be an “enlightened” (p. 195; Stacey 1994, p. 214)—or a somewhat Epicurean (Wiker, 2002, p. 31–33) rather than popularly envisioned—form of hedonism, it is not really possible to reconcile it with LDS values such as good stewardship, temperance, and especially discipline, all because the body is “God’s” (1 Corinthians 6:20). IE argues that respect for the body is manifested by being concerned with how it feels, that temperance is the byproduct of a type of hedonism that views the ultimate pleasure as necessitating moderation, and that discipline is therefore unnecessary. While the hypothetical ends may appear to be about the same, adopting the value of pleasure as the highest good philosophically dethrones virtue as the highest good, at least as far as eating is concerned. Thus, it is fundamentally philosophically incompatible with the gospel.

If it is true that eating behaviors have moral significance and that there are legitimate desires and potential habits that ought to be resisted, then the unpopular teaching of Jesus that “If any man will come after me, let him deny himself, and take up his cross daily” (Luke 9:23) must be more carefully considered, even though “self-denial is portrayed by many as too puritanical and too ascetic” (Maxwell, 1996a, p. 15).

According to Gantt, one thing that results from “commitment to hedonism in psychology is... that human emotional, psychological, and moral suffering are often regarded only as obstacles to our attainment of happiness and the good life” (Gantt, 2005, 54). Rephrased to fit IE specifically, one result of this commitment to hedonism in IE is that doing anything other than what a person desires is viewed as an obstacle to satisfaction, as if bodily satisfaction were the ultimate end. This could be what drives Tribole and Resch to adopt a Rogerian view of human nature in the first place. By arguing that the pursuit of pleasure is the ultimate guide to health, they effectively paint a picture of human nature where “willpower does not belong” (p. 51) at all.

Considerations and Modifications of IE for Compatibility with the Gospel

Though there are a variety of opinions about how the gospel should interact with psychological theories (Gleave, 2012; Gantt, 2012; Williams, 2012; Anderson, 2012; Richards & Hansen, 2012) and this section could possibly be accused of “summing up the gospel in psychological terms or summing up psychology in gospel terms” (Kimball, 1967), it seems that determining the compatibility of a theory with the gospel necessitates an attempt to distill parts that could potentially be compatible. Otherwise, if Gantt’s call for vigilance is to be taken seriously, almost all theories would be thrown out for some reason or another. Thus, though IE does clash at some points with the gospel, I would argue that are aspects that could be compatible with some theoretical reframing.

Human nature and the physical body

Earlier I showed that IE is deterministic because of the relationships it postulates between deprivation and eating behavior, as well as between external sources of values and internalized values leading to deprivation. Both of these domains—the origins of behavior and values—are vital from an LDS perspective, which holds that agency plays a central role in both. While hard determinism is incompatible with the gospel, it could be true that the body has some inner cues such as hunger, satiety, comfort, and discomfort that could be helpful in deciding what and when a person should eat. This possibility does not require the existence of a

single driving intuition that represents the totality of a person’s true desires with any unhealthy behavior resulting from some kind of originally external disruption. Compelling external desires to eat unhealthily (restrictions on freedom) and internal desires to eat healthily could coexist with equally internal desires to eat unhealthily that are not predicated on any kind of external influence. It could also be true that overrestriction and energy deprivation could restrict freedom to choose by triggering deprivation backlash. However, not all resistance to desire necessarily has to result in diminished freedom to choose. It could be possible that certain kinds of deprivation only result in reduced freedom under certain circumstances or that only certain kinds of deprivation result in diminished freedom to choose.

Similarly, the values of society and family could absolutely represent a constraint on freedom. People not exposed to any kinds of values other than those associated with dieting culture may have no other choice. Furthermore, it is probably reasonable to say that if people were never exposed to dieting values that they would never adopt them. However, this necessary antecedent is not sufficient to cause all dieting asceticism and thinness zealotry from an LDS perspective because internalization of values must be agency-driven to the degree that there are there are different values to meaningfully choose between. If it is not, then the implication would be that values are externally determined, and that would be wholly incompatible not only with the doctrine of agency, but also principles such as faith and hope. These subtle yet significant differences could preserve a space for agency and potentially illustrate more fully how it operates within its bounds.

Morality and Values

Though IE and the gospel both promote moderation and the enjoyment of life, they have little overlap in regards to the philosophical foundations of their values. While IE, like the gospel, rejects dieting asceticism and thinness for appearance’s sake as virtue, its turn to concern for how the body feels as the highest good is arguably just as problematic. However, it is true that IE and the gospel both do not view pleasure as evil. As said by John Taylor, “God designs that we should enjoy ourselves. I do not believe in a religion that makes

people gloomy, melancholy, miserable and ascetic...” However, “we want to do it correctly” (1873, p. 760).

It is probably safe to say that holding any kind of pleasure to be the ultimate good is incompatible with the gospel. However, the principles of IE do not all require a value of pleasure as the ultimate good to be useful. A value of pleasure as a good among other potentially greater goods may be sufficient. For example, there is a chapter (“Discover the Satisfaction Factor”) that gives advice about how to enjoy food instead of being afraid of it, and another (“Feel Your Fullness”) that explains how to be aware of sensations of satiety. Much of the specific advice found in IE on these and other similar topics can fit into other value systems because a lot of the values are conveyed through the rationales for the practices advocated rather than from the practices themselves. An actualizing tendency does not have to exist in order for pleasure to be a good if there are other means by which health can be achieved.

Conclusion

This evaluation of IE shows, above and beyond any finding specific to IE, that the underlying assumptions and values of theories matter, and that their implicitness can hide them very effectively. Consequently, Gantt’s caution to “maintain a constant and critical vigilance regarding the intellectual foundations of our theories and practices” (2005, p. 13) is of critical importance. Theories that may initially seem devoid of philosophical issues may, in fact, have many.

This discussion of IE brings two important lessons to the surface. First, while psychological theories may contain truth and contribute valuable insights, components may need to be substantially modified (such as with the deterministic aspects of IE) or may be irreconcilable with the gospel altogether (such as with the value of pleasure as the ultimate good embedded in IE). Second, the mechanisms described by the theory and its values can be tied up in each other. For example, the determinism in IE leads to amorality, and the value of hedonism precludes the desirability of leaving space for morality in the first place. This should inspire caution for LDS therapists in adopting certain parts of a theory without deeper analysis of the model in its entirety.

“It matters deeply what sort of therapeutic practices we endorse and what conceptions of personhood we entertain and encourage” (Gantt, 2012, p. 13) because they have the potential to influence the ways that clients think about themselves as human beings. Thus, it is crucial to rigorously scrutinize all practices and theories. Even if time is taken to analyze a theory and it somehow has no conflict with the gospel – an unlikely prospect, given psychology’s secularism – meticulous evaluations of theories used and materials recommended to clients can only improve the intellectual foundation informing psychotherapeutic practice.

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