



12-31-2018

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(2018) "Full Issue," *Issues in Religion and Psychotherapy*: Vol. 39 : No. 1 , Article 12.

Available at: <https://scholarsarchive.byu.edu/irp/vol39/iss1/12>

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Contributors need not be members of the Association of Mormon Counselors and Psychotherapists. All manuscripts, books for review, and other editorial matter should be submitted online at <http://scholarsarchive.byu.edu/irp/>. Questions regarding the journal can be sent by email to Kristin Lang Hansen, PhD, IRP Editor, scholarsarchive@byu.edu, or by mail to 1086 KMBL, Brigham Young University, Provo, UT 84602. Manuscripts should be submitted in accordance with the Instructions for Contributors in this Journal.

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Letter from the Editor

KRISTIN LANG HANSEN
CLINICAL PSYCHOLOGIST IN PRIVATE PRACTICE
BOUNTIFUL, UTAH

As Properzi (this issue) notes, our society is increasingly swinging from a rationalist culture to an emotivist one. As psychological professionals teach individuals how to become more authentic and “in touch” with their feelings, new concerns arise when individuals become overidentified with emotion rather than seeking to find truth outside their own feelings and ground their identity in Christ. Grounding our identity in Christ allows Him to remake our emotions (see Properzi; Reber; and Givens, in this issue). On the other hand, Latter-day Saint culture seems to emphasize a “schooling of the emotions” that we often see interpreted by clients as a need to suppress emotion. We know, however, that suppressing emotion is not healthy (see Darowski, Hansen, Jackson, Flint, & Lindford, this issue) and can lead to many problematic and unhealthy ways of relating. Some of the unhealthy misuses of emotion, such as flattery, which uses emotion to deceive others, and shaming, which silences rather than opens up dialogue, can commonly be found in Church and family cultures.

Given the potential for abuse and mental health concerns that can arise out of unhealthy emotion regulation, it is important for Latter-day Saint mental health counselors to more explicitly and reflectively address the relational dynamics that lead to healthy interpersonal emotion regulation (see both Reber’s discussion of the relationality of emotional life and Morris’s discussion of the use of defenses and containment in interpersonal dynamics in this issue). Latter-day Saint mental health counselors should also strive to equip themselves to faithfully address what constitutes true Christlike emotion (see in this issue Darowski et al.; Givens; and Properzi), how the attribute of patience facilitates emotion regulation (see Worthen, this issue), the role perfectionism plays in emotion (see Adams, this issue), and how scripture addresses emotional experiences such as anger (see in this issue Darowski et al.; and Properzi).

I am personally grateful for the therapeutic knowledge that has been developed over the past several decades that helps therapists explore how to work with emotion. However, concerning emotion-focused therapies, as mental health professionals, Latter-day Saint counselors and psychotherapists must make a greater effort to place important clinical, theoretical, and research knowledge on a gospel foundation. Ed and I hope this special issue—with its focus on Christianity, mental health, and emotion—prompts readers to seek ways to delve deeper into these important concerns.

Over the past three years, I have had the privilege of serving first as associate editor with Lane Fischer’s excellent example and then as editor with Ed Gantt’s invaluable assistance. I will now pass the reins on to Jeffrey Reber starting in 2019. I am grateful to leave the journal in Jeff’s capable hands with Ed Gantt’s continued assistance. I have learned how important this journal is to provide a place for Latter-day Saint mental health professionals to dialogue about our professional knowledge, ministering skills, and the Gospel of Jesus Christ. We do and can continue to make valuable contributions to our understanding as we build bridges between scholarship and clinical knowledge, something that was an important project of this current issue. We hope IRP readers will continue to both contribute to and use this scholarly journal as a resource and springboard to inform Christ-centered clinical practice, thought, and research.

Kristin Lang Hansen
 Editor, *Issues in Religion and Psychotherapy*

Between Identity and Truth: A Christ-Centered Perspective on Emotion

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Emotions are receiving a lot of attention in both academic and popular circles. In fact, our culture is increasingly characterized by emotionality in thought, expression, and personal interaction, with some positive but also many negative consequences. How should Christians respond to these developments in the secular culture? A Christ-centered approach to the emotions is the general theological foundation on which we need to ground our reflections and decisions about their nature and significance. Specifically, by deepening our understanding of Jesus's teachings on His identity, telos, life-giving reality, and sanctifying power, as aptly described in John 14:6, we may experience a transforming communion with Christ, which will then play a central role in emotional coping, regulation, and flourishing.

Keywords: emotion, John 14:6, Jesus Christ, way, truth, Christ-centered, psychotherapy

Princeton scholar Robert P. George (2016; cited in The Wheatley Institution, 2016) has characterized our era as “the age of feeling.” Whatever other label we choose to identify this particular period of Western history (modern, late modern, postmodern, post-Christian, etc.), it is clear that an ethos of increased emotionality is what distinguishes the present day from the past, even our most recent past. Not only are we more interested, even obsessed, with the definition, examination, categorization, and contextualization of emotional phenomena, as witnessed by the proliferation of academic literature on the subject, we have also given the emotions more existential, epistemic, ethical, and communicative authority in personal interactions and cultural expressions of different kinds (Barrett, Lewis, & Haviland-Jones, 2018). In other words, emotions have taken center stage in much of what we see, hear, and do. They increasingly define life as we know it and shape its 21st-century protagonists, both individually and collectively, for better or for worse.

This growth of emotionality is not new in its popular manifestations since public displays of human emotions have characterized most historical periods. Emotions are inherent to being human, so there are no emotionless eras in the human experience. However, the proliferation of an emotional ethos in cultural dimensions that have traditionally been critical or suspicious of the emotions is quite novel. Throughout history, philosophers, theologians, and intellectuals of different stripes have tended to emphasize a separation between the rational superior self (or soul) and the brute animallike side of the individual as manifested in the “unenlightened” emotional life. With

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some notable exceptions, David Hume being one of them, reason has traditionally been given the primary spot in juxtaposition to affective phenomena, thus enjoying a mostly uncontested role as the ideal foundation for epistemology, ethics, and social organizations of different kinds (Dixon, 2003; Plamper, 2017). Today, this separation and hierarchy is being questioned and reversed.

In many ways, the present challenge to the deep-seated antiemotion bias among the intellectuals of both past and present is a needed corrective to what clearly appears to be a simplistic picture of affective reality. The stark separation between rationality and emotionality proposed by many a philosopher is not real because emotions represent complex interactions of feelings and cognitions characterized by recurrent feedback loops among perceptions, values, objectives, memories, etc. In short, emotions are more important, more valuable, and not inherently “irrational” as some may have made them to be (Power & Dalglish, 2016). Yet, the pendulum may have swung in the opposite direction if emotions are now treated as preeminent over reason and independent in value and existence from rationality. Perhaps few would be willing to bluntly affirm this conclusion, but in practice we are witnessing a move in this direction in realms as varied as higher education, social policy, law, mass communication, etc. (Longenecker, 2014).

The current growth of emotionalism in society, and the ethical emotivism that accompanies it, is certainly complex in origin and manifestation (Stets & Turner, 2014). It intersects with a number of cultural and intellectual movements, patterns, and worldview developments that are hard to disentangle and evaluate in terms of their relative weight to the emergence of greater emotionalism. Some of these perspectives may provide insights on causation, but others simply offer descriptions of the present emotional ethos from a particular angle. For example, Charles Taylor (1992) points to “authenticity” (p. 16) and Bellah, Madsen, Sullivan, Swindler, and Tipton (2007) to “expressive individualism” (p. 27) as foundations of the emotion-based morality that we regularly encounter among “radically autonomous” (p. 80) individuals in our society. Christian Smith (2009) identifies “moralistic therapeutic deism” (p. 162) as the overall flavor of the popular emotivist religiosity of this generation,

whereas *identity politics* underlines the power that emerges from the bonding glue of shared characteristics, including feelings, in forming and polarizing emotion-based groups (Wiarda, 2014, pp. 150–151). In all, it appears we are facing a phenomenon that is more rooted in diverse, though related, reactions to the tensions of our age than in a specific trajectory of internal philosophical coherence (see also MacIntyre, 2007).

To be fair, if greater emotionality resulted in increased empathy and more compassionate individuals, we would have reasons to celebrate. When emotionality leads to these interpersonal realities, we should recognize its positive effects. However, current emotional dynamics also highlight much that is worrisome, potentially destructive, and in need of correction. Indeed, greater prominence of the emotions does not generally equate to increased kindness, unselfishness, and sacrifice for the community. In outlining the rise of expression for most recognized emotions, historian of emotion Peter Stearns (2018) recognizes that “emotions that transcend the self, in harmony with others, have not experienced the same wide popularity” (para. 18). Increased polarization, isolation, verbal aggression, and shaming in our society are some of the byproducts of this triumph of emotionality. Mental health problems are also on the rise and have been for several years (Twenge et al., 2010). While the relationship between mental illness and emotionology (the standards of a society toward emotions and their expressions) is complex, it seems evident that the current climate of emotionality does not facilitate emotional health, at least in some respects.

I see fundamental problems in current secular approaches to the emotions, particularly as manifested in the growing distance between the existential assumptions that underlie these methods and Christian perspectives on life, reality, human nature, and humanity’s destiny. My objective is to propose an alternative, namely a general Christ-centered conceptualization of the emotions that is based on the unique existential background and *telos* provided by Christianity as an ontological system that promises joyful salvation. To think *Christianly* about the emotions is undoubtedly the objective of Christian scholars, therapists, and intellectuals of faith; yet, the challenge in achieving this lofty goal is not only practical, but also intellectual.

Books have been devoted to this topic, and more will certainly be written, to describe theologies of emotion with particular areas of emphasis and from different denominational perspectives (Borgman, 2009; Ravasi, 2014; Roberts, 2007; Williams, 2011). Some of my own work has focused on the emotions in the specific theological context of Mormonism (Properzi 2018, in press).

My present focus is much broader and briefer. I aim to contrast key perspectives on the emotions rooted in secular humanism with one of the most well-known New Testament statements attributed to Jesus. In John 14:6 (King James Version), the Savior describes Himself as “the way, the truth, and the life.” This messianic statement, while not directly related to the emotions, has implications for how humans choose to interpret them, particularly in the contexts of epistemology, identity, and teleology. At the very least, this scripture reminds Christians what emotions are *not*: They are not independent measures of truth, identity, or destiny. In other words, emotions cannot transcend or be separated from Christ, they can only be integrated into a wider system of reality that centers on Him.

IDENTITY

“I am the way, the truth, and the life” is one of the seven “I am” statements contained in the book of John. In other circumstances and sermons, Jesus also identifies Himself as the *bread of life*, the *light of the world*, the *door*, the *good shepherd*, the *resurrection and the life*, and the *vine*. Each of these identifications has been subjected to extensive interpretation and commentary throughout history, given the significance of all these images and labels in highlighting distinct aspects of Jesus’s life, identity, and messianic mission (Martin & Wright, 2015; Ridderbos, 1997). At the same time, the predicates are not necessarily the exclusive or primary features of these declarations. The Savior’s claim to divinity is suggested repeatedly in the subject and copula, which clearly echo Old Testament expressions of the divine name. Indeed, “God said unto Moses, I AM THAT I AM: and he said, Thus shalt thou say unto the children of Israel, I AM hath sent me unto you” (Exodus 3:14). Jesus’s identification with God may not be as intentional in the seven statements as it

is when Jesus uses the “I AM” expression in an absolute sense (John 8:24, 28, 58; 13:19). Still, the gospels as a whole affirm both His divinity and the meaning of that divinity for us.

Jesus’s claim that He is the Son of God has powerful and radical implications for all who desire to follow Him. The “I am” statements point to or allude to some of these implications. A key message that emerges from all their descriptive images is the centrality of Christ’s identity over our identities. While in some New Testament passages the Savior teaches His disciples to be individuals of a certain character (the Sermon on the Mount is one such setting), He does not seem to be concerned with the issue of identity as a source of personal comfort, stability, pride, or continuity. To the contrary, Jesus repeatedly emphasizes the need to shift our focus from our own identity to His. He does so by providing several descriptions of His divine identity, as found in the “I am” statements, so that we may know in whom we are placing our trust. Indeed, He makes it clear that our own identity, which includes our will, must die or be “swallowed up” in His in order for our lives to be truly free, meaningful, and eternal (Mosiah 15:7).

“If any man will come after me, let him deny himself, and take up his cross, and follow me” (Matt. 16:24; also Luke 9:23). This ideal of self-denial, one of the core teachings of Christianity, has been discussed and variously applied in a number of spiritual or theological directions throughout history. Certainly, asceticism, whether in terms of poverty, celibacy, or fasting, has been one such interpretative direction. However, the religious or consecrated life continues to be the vocation of only a minority of Christians while also being limited to the Catholic and Orthodox branches of Christianity. A broader principle exists, which lay Christians can apply daily and in different historical and cultural settings: the rejection of a life of hedonism and the embracing of a service-oriented existence (Bonhoeffer, 2017). Disagreement and differences may exist on the exact boundary between acceptable self-care and unacceptable self-indulgence, but most would agree that self-denial is not a palatable message for the modern world. Christians need to recognize this philosophical and moral conflict and be wary of the tendency to accommodate to the new secular orthodoxy of the ruling self (Reno, 2017).

A world that rejects identity “in Christ” is likely to naturally develop two parallel obsessions: first, the “discovery” or “creation” of a unique personal identity, and second, the removal of any obstacle, whether biological, cultural, or legal, that could hamper the expression of that same identity (Esolen, 2016; Tollefson, 2015). Clearly, the process of “identity formation” is natural and necessary to human development since it is rooted in key relationships and attachments with family members, communities, religious groups, nations, and God. Yet, when negative experiences, mistrust, and cultural deconstruction challenge one or more of these relationships, the individual may turn inward and attach inordinate importance to the life of emotions in order to find himself or herself. In a post-modern context where all “external” truths are deconstructed and rejected, emotions become authoritative because they are viewed as expressions of a personal identity, which is to be defended as the one good and the one truth that prevents existential loss and despair. Thus, emotions that are valued and singled out as “definers” of a personal story or identity are strengthened and given the power to reemerge repeatedly to shape individual perceptions of reality.

These cultural patterns will influence individuals to different extents as a result of various levels of emotional health and other factors. Psychologists are aware of these dynamics as they recognize that focusing on particular thoughts and emotions, even when attempting to eliminate them, can strengthen the presence and influence of these very thoughts and emotions. Indeed, rumination and identification with emotions can further imprison the individual in negative emotional patterns of anxiety and depression (Papageorgiou & Wells, 2003). Steven Hayes’s Acceptance and Commitment Therapy (ACT), for example, is built on the core principles of separation from and observation of the emotions in order to better experience and regulate them. ACT proposes nonidentification with a particular emotional experience through mindfulness (to remove personal attachment) as the solution to negative affective patterns. By teaching clients that they are not their emotions and thoughts, ACT is resonant of Buddhist philosophical foundations that broadly reject cravings and attachments of all kinds, including possessive desires for a permanent identity (Gordon & Borushok, 2017; Hayes, Strosahl & Wilson, 2016).

Two questions emerge from this discussion. First, if our emotions and thoughts do not define who we are, then *who* and *what* are we? And second, why should an approach that negates identification with the emotions be applied only to negative distressing emotions and thoughts as opposed to all emotions (as ACT seems to suggest)? This latter question finds an answer in the overall secular humanist objective of psychotherapy, which aims to ameliorate mental pathology, as manifested in clients’ perceived life dysfunctions, as opposed to pursuing absolute truth, philosophical coherence, spiritual growth, etc. as necessary means or ends of the process (Gantt, 2005). Hence, emotions with negative valence will usually be the focus of prevailing deficit-oriented approaches in psychotherapy vis-à-vis interventions that spring out of positive psychology. To the first question on the core of personal identity, ACT responds by replacing emotions and thoughts with personal values, so as to facilitate coherence between a person’s declared priorities and objectives and his/her choices, actions, and emotional experiences. This is a valuable objective in the client-centered practice of humanistic psychotherapy, but is it sufficient?

When the development of the therapeutic relationship warrants it, a counseling experience firmly rooted in a Christian worldview can expand beyond these initial considerations. For the Christian, at least two additional questions emerge if values are placed at the center of personal identity. First, are personal values in line with Christ’s values, as embodied in His life and teachings? And second, does identification with Christian values correspond to self-emptying and the taking of Jesus’s identity upon oneself, or does it lead to the inflation of the ego and personal pride? The answer to the first question may vary based on level of conversion, experience, and devotion. It is important to remember that “values” do not simply express intellectual beliefs; they represent what individuals love deeply and pursue holistically in different dimensions of their lives. Given the high demands of a truly Christian life, it is then difficult for any Christian to envision full consistency between personal actions and Christian values as a realistic possibility.

This is where the answer to the second question is significant and where Christianity stops short of claiming that individual coherence represents the ultimate goal. While different theological perspectives stress unique areas of emphasis, all claim that the absorbing of Christ’s identity involves more than first

possessing the right values and then expressing them in action. To become Christlike is to experience the deeply transforming power of Christ, also known as sanctification, as comprehensively as possible. Values thus cease functioning as objects to possess and defend as components of our egos; instead, they function as expressions of a sanctified identity, which is welcomed rather than attained. By viewing our identity as both desired and gifted, we then see our emotions differently. Emotions cease to be markers of our own valued self to cling to or defend against; instead, they become observable responses, whether desirable or not, to the all-consuming reality of Christ's love (Rolheiser, 2003, 2015). For Christians, the core message is that emotions should not be self-referential but Christ-referential, markers of a self in transformation and in union with its Source rather than as ultimate sources of a distinctive identity to affirm.

THE WAY . . . AND THE LIFE

To say that we should not identify with our emotions is not to say that emotions are irrelevant to the Christian life or that we need not be conscious of them. It is, instead, to recognize them as means rather than as ends in themselves. A number of problems we witness in our society are deepened by the perception of emotions as ultimate objectives to pursue or as experiences to obsess about. Addictions, attritions, and aggressions often feed on frustrations that result from the absence or interruption of desirable emotions and the emergence of undesirable ones. To feel safe, good, happy, and without suffering *now* has become the priority over reason, biology, wisdom, and divine morality or commands. Indeed, personal emotional well-being, whatever the means, has become the new morality. In this context, tolerance is the greatest virtue and intolerance the greatest vice because the former facilitates this objective and the latter hampers it (Crenshaw, 2015). Unfortunately, for the many who suffer from emotional disorders, this state of affairs means that they will experience the added pressure of failed emotional expectations, being anxious about being anxious or depressed about being depressed.

Christianity does not reject peace, happiness, and even pleasure as worthwhile experiences of life, neither does it elevate suffering as an experience to pursue. However, nowhere in Jesus's message is the production

and enjoyment of a particular emotional experience the goal, either in the present or in the eternities. Christ promises peace and the "abundant" life, but He also warns about the reality of persecution, reviling, family strife, "the sword," and even martyrdom for those who choose to follow Him (Matt. 5:11; 10:34–38; John 10:10; 15:18–21). Indeed, the Savior points to being and becoming rather than experiencing as the core of the Christian way. To put it differently, feeling a particular way or having certain experiences represent byproducts of the journey, not the destination proper. This is a message that even Christians may fail to notice given the cultural reality that surrounds us where Christianity can easily be conceptualized as the means to happiness rather than the other way around. But Christ will not be used as an instrument to personal satisfaction, just like He did not allow Himself to be used as a means to political ends by some of His first-century compatriots.

When Jesus said that He is the way and the life, He affirmed that both the destination and the journey, the end and the means, are to be found in Him. The *telos* is made clear enough by the addendum that follows the "I am" statement: "no man cometh unto the Father, but by me" (John 14:6). Eternal life, or existence in the presence of God the Father, will come only through the instrumentality of the Son's mediation as fully accepted by its human beneficiaries. To be sure, this is not and cannot be a legal, objectifying, utilitarian instrumentality that exists purely to be used and discarded once the goal is achieved. The mediation is an existential, transformative, and identity-shaping process that culminates eschatologically in the presence (with everything else that may be associated with it) of *both* the Father and the Son. Hence, Christ is truly not only the means, but also Himself, the end of the process of salvation.

Given the highly dynamic nature of this salvific journey and the unique nature of Jesus's mediation, the development of Christian soteriology is deeply centered in the present. The Savior is not only the *way* to eternal life but also the *way* to true abundant life in the here and now (Clayton, 2016). Furthermore, not only can He be the defining characteristic of a life lived in the eternities but also of our lives and identities in mortality. If Christians truly approach life in this way, their emotional lives, as well as emotional evaluations and regulation, will be clearly affected by these realities.

Since emotions are “concern-based construals” that integrate a number of cognitive-affective realities in the individual (memories, sensory perceptions, appraisals, genetic predispositions, etc.), emotions, as a whole, emerge from the *totality* of the person (Roberts, 2007, pp. 11–31). Similarly, Christ invites the *totality* of the person into Himself, and the emotions resulting from this transformation are molded accordingly.

One of the reasons why the Christian message underlies detachment from distinctive forms of personal identity that need defending is that these identities give rise to certain emotions. Even very positive and functional identities trigger pride, anger, and selfishness when clung to as personal possessions. However, truly taking Christ’s identity upon ourselves, as a loving sharable gift rather than as a personal possession, opens our eyes to the real us, whose origin and destiny is with God. This view will shape our perceptions of all reality, thus giving rise to “truer” emotions, namely emotions rooted in deeper eternal realities. Margaret Silf, a British writer, presents this concept with an effective image in stating that we see our shadow when we face away from a source of light, but our perception is not as impeded when we face the light’s source (2007, pp. 67–69). Similarly, if we pursue our identities and kingdoms rather than His kingdom, we will not find peace because we will not be our real selves. In Jesus’s words, “I am the vine, ye are the branches: He that abideth in me, and I in him, the same bringeth forth much fruit: for without me ye can do nothing. If a man abide not in me, he is cast forth as a branch, and is withered” (John 15:5–6).

Then, spiritual discernment rather than the glorification of or identification with the emotions is the truly liberating approach to emotional phenomena. Do our emotions lead us toward God or away from Him? Ignatius of Loyola, the 16th-century Spanish founder of the Society of Jesus, provided much direction in this regard through his *Spiritual Exercises*, which continue to be practiced today by Catholics and non-Catholics alike (Tetlow, 2009). Ignatius used the terms *consolation* and *desolation* to describe individuals’ orientations toward and away from God respectively. His starting point was a recognition of the coexistence of two conflicting dimensions within the human being where a desire for God is counterbalanced by sinful pride that pushes us away from Him. Good and bad

spirits, or we could say emotions, enter this picture to attach themselves to our existing moods, or emotional states, and either facilitate or push against consolation and desolation. A key objective of the exercises is to discern these spiritual or emotional movements and to act toward them in freedom rather than react to them in slavery (Tetlow, 2016).

To put it differently, the *Spiritual Exercises* aim to align the emotions that emerge within us with our deep desire for God, manifested in love, as opposed to the isolating fear that sins against Him and our fellow beings. Rather than using an emotion’s affective quality as the ultimate measuring standard, the objective is to facilitate an enduring state of consolation against which the emotions are then to be discerned. It is a matter of focus rather than feeling. Silf (2007) explains it thus:

Consolation is not the same as happiness. It is possible to be in consolation, and very close to God, at times of real objective pain . . . The feel-good factor, as cultivated by politicians in particular, and its counterpart of feeling low, is intrinsically focused on ourselves. Things happen in our own kingdoms that trigger these ups and downs . . . And the difference seems to lie in the focus of the experience. Spiritual consolation is experienced when our hearts are drawn toward God, even if, as we have seen, this happens in circumstances that the world would regard as negative . . . Consolation is the experience of this deep connectedness to God, and it fills our being with a sense of peace and joy. (pp. 86–88)

While consolation will usually be accompanied by feelings of peace and joy, the affective experience itself cannot function as the objective because it would then operate as a manifestation of the self-focus typical of desolation. In other words, since the Savior is the only end, emotion, even a state of peace and joy, should be only a means in reaching the true objective of connection with Him.

At the root of the *Spiritual Exercises* lies a recognition that the default condition of human beings is one of internal division and fragmentation between the divine image of our creation and the fallen sinfulness that results from post-Fall mortality. Emotions, in this context, are neutral manifestations of deeper realities, namely our core desires and fears, rather than markers of enduring individualities. It follows that the individual who is properly oriented toward

God, namely the one who regularly communes with the spiritual source of life, will act through and on the emotions rather than succumbing to their rule. This endeavor will certainly be accompanied by moments of discouragement and defeat since fears often emerge in our internal hierarchies as predominant over our desire for God. Yet, if emotions and their energies can be so directed as to be “infused” by our core longing for communion with God, the root desires and fears that shape emotions are eventually going to be transformed to give rise to more positive emotions. As Paul reminds us, when the Spirit guides, its emotional fruits are “love, joy, peace, longsuffering, gentleness, goodness, faith, meekness, temperance” (Gal. 5:22–23).

The message of Christianity is very hopeful in this regard because no matter how deeply a person may have fallen into chronic desolation or how strongly he may have “quenched” the spirit within, the “Spirit” that links us with God will make “intercession for us with groanings which cannot be uttered” (Rom. 8:26). By drawing us toward God subtly in ways that may not always be understood, even with deep disappointments in experiencing the “prize” of fears and attachments, consolation beckons us with its radical message that true peace and joy are found only in death of self and rebirth in Christ. Perhaps to increase the magnetic power of our longing for Him, God also ensures that while we may find rest in the consoling effects of His Spirit, we are also unable to ever completely satisfy our desire for Him (Simpson, 2018). Yet, mystics and saints for generations have recognized that this is not an enervating desire, but a deeply fulfilling and satisfying one.

With no expectation of having all our emotional needs fulfilled in this life, we then look to Christ as the source of our most enduring positive emotions, a perspective that in turn orders and focuses all the other moods and emotions. These emotions are “spiritual” because their cognitive and affective contents emerge in the context of an ongoing personal relationship with a saving Christ, as manifested through the presence of the Holy Spirit. Virtues thus grow and negative emotions are bathed in the light of the eternal paradigm of love, which emanates through the Incarnation and Resurrection of Jesus. Christ is the way to the abundant emotional life; He is also that same life through the power of the Spirit. A Catholic mystic summarized

this comprehensive effect of the life in Christ in the following words:

To the man who gives himself up to the guidance of the Holy Ghost, there seems to be no world; to the world there seems to be no God . . . We must therefore find out by whom we are led. If it is not by the Holy Ghost, we labor in vain; there is no substance nor savour in anything we do. If it is by the Holy Ghost, we taste a delicious sweetness . . . it is enough to make us die of pleasure! (Vianney, n.d., para. 4; also see Pratt, 1978, pp. 96–97)

Hence, while a solid Christian spirituality is not the answer to every emotional problem, the sanctification of the emotions is the Christian counterpart of their modern glorification.

THE TRUTH

The culture in which we now live has been labeled “post-Christian” and “post-truth,” a term that was selected in 2016 as the Oxford Dictionary’s Word of the Year (“Word of the year,” 2016; Murray, 2018). Particularly in the realm of morality, we see an increase of relativistic perspectives that underlie an ethical epistemology of radical autonomy and feeling-based truth. In commenting on Christian Smith’s *Lost in Transition*, a study on the moral decision-making of emerging adults, New York Times opinionist David Brooks (2011) stated that, for many of the interviewed youth,

moral thinking didn’t enter the picture, even when considering things like drunken driving, cheating in school or cheating on a partner. ‘I don’t really deal with right and wrong that often,’ is how one interviewee put it. The default position, which most of them came back to again and again, is that moral choices are just a matter of individual taste. ‘It’s personal,’ the respondents typically said. ‘It’s up to the individual. Who am I to say?’ Rejecting blind deference to authority, many of the young people have gone off to the other extreme: ‘I would do what I thought made me happy or how I felt. I have no other way of knowing what to do but how I internally feel.’ . . . As one put it, ‘I mean, I guess what makes something right is how I feel about it. But different people feel different ways, so I couldn’t speak on behalf of anyone else as to what’s right and wrong.’ (para. 5; see also Smith, Christoffersen, Davidson, & Herzog, 2011)

The moral dimension is not the only one affected by the triumph of radical autonomy. An existentialist approach to life's meaning has even been inscribed in Supreme Court legal decisions, including the idea that liberty is "the right to define one's own concept of existence, of meaning, of the universe, and of the mystery of human life" (*Planned Parenthood of Southeastern Pa. v. Casey*, 1992).

Canadian philosopher Charles Taylor (1992) sees the malaise of our age as deriving at least in part from a "culture of authenticity" that can easily deviate into narcissism. While authenticity as such is not the core problem, it becomes so if rooted in self-determining freedom *from* outside influences, particularly from such important social contexts as family, tradition, religion, and community (See Smith, 2014). This "self-making" individual is the philosophical progeny of a number of different thinkers, including Descartes, Hobbes, Locke, Nietzsche, and others, as well as the product of the ideology of liberalism, particularly in its most recent excesses. Books continue to debate the extent to which modern liberalism or Enlightenment philosophies are the cause of the problem, but for Christians the decline of religious faith has also precipitated Western society's sickness (Deneen, 2018a; Gregory, 2015). Alexis de Tocqueville had presciently predicted some of these developments almost two centuries ago when he warned that individualism is a sickness peculiar to the human heart in democratic times (de Tocqueville, 2004, pp. 585–595; Burtka, 2017).

De Tocqueville saw religion in America as an important counterbalance to the threats of individualism and materialism in liberal societies. Indeed, when Christianity and liberalism coexisted in balanced strength, a social contract that valued both differences and unity was possible. In the words of Notre Dame professor Patrick Deneen (2018b),

For Christianity, difference is ordered toward unity. For liberalism, unity is valued insofar as it promotes difference . . . Today our unity is understood almost entirely in the light of our differences. We come together—to celebrate diversity. And today, the celebration of diversity ends up serving as a mask for power and inequality. (p. 32)

If the public sphere is "freed" from the influence and voice of Christian values and virtues and if God ceases

to exist as a plausible source of truth, then the truth that will be created will be in our own image and according to our own will. Ultimately, it will be an illusion based on a false idea of freedom. "A false view of freedom as unimpeded choice and self-definition has led to a deregulation of culture more consequential than market deregulation. . . . It's not for me to make myself into whatever I wish. God, not my sovereign will, is the Supreme Being" (Reno, 2016, pp. 3, 7; see also Payne, 2017).

Christianity, then, sees freedom differently. It is certainly freedom *from* something, specifically sin and death, but it is also freedom *for* or *to* something, namely God. Saint Thomas Aquinas reflected extensively on this subject, ultimately seeing freedom as *freedom for excellence*. As George Weigel (2002) observes,

Freedom, for St. Thomas, is a means to human excellence, to human happiness, to the fulfillment of human destiny. Freedom is the capacity to choose wisely and to act well as a matter of habit—or, to use the old-fashioned term, as an outgrowth of virtue . . . That is, freedom is the human capacity that unifies all our other capacities into an orderly whole, and directs our actions toward the pursuit of happiness and goodness understood in the noblest sense: the union of the human person with the absolute good, who is God. (para. 11)

Michael Polanyi (1974), the philosopher of science, put it in these terms: "The freedom of the subjective person to do as he pleases is overruled by the freedom of the responsible person to act as he must" (p. 309). Christ expressed it best in the Gospel of John: "You will know the truth, and the truth will make you free" (John 8:32). True freedom can be found only in the truth, and Jesus declares Himself to be the truth. Outside of this truth, there is no real safety or freedom (Gantt & Thayne, 2017).

In what sense is Jesus the truth and how does this reality relate to our understanding of human emotions? Commonly, we associate truth with statements or propositions that are descriptive of reality as opposed to associating truth with specific individuals. Yet, the Savior declares Himself to be the truth, which is more than affirming the truth of His own teachings. While the latter is included in this comprehensive view, Christ points to a more personal way in

which He embodies the truth. He taught it, lived it, expressed it, and exemplified it through all that He said, did, thought, and was, as well as through all that He continues to be and do. David O. McKay (2011), a past president of the Church of Jesus Christ of Latter-day Saints, put it thus:

Members of the Church of Christ are under obligation to make the sinless Son of Man their ideal. He is the one Perfect Being who ever walked the earth; the sublimest example of nobility; Godlike in nature; perfect in his love; our Redeemer; our Savior; the immaculate Son of our Eternal Father; the Light, the Life, the Way. . . . I accept Jesus Christ as the personification of human perfection. (para. 28)

Since no other individual on earth has ever fully aligned himself with truth and truthful living, Jesus is the only one who can be identified with the truth. And those who desire to follow Him are invited to accept Him as the full truth, embrace Him in their full beings, intellectually and affectively, and be fully converted and transformed as a result. Nowhere in scripture does the Savior speak about the benefits of partial or half-hearted Christianity!

Different terms have been used throughout history to label this process of full acceptance, including “surrender,” “consecration,” “self-denial,” “conversion,” etc. The objective is a single focus, or “an eye single” to God through a dedicated life of self-giving, which is true self-actualization. The late Latter-day Saint apostle Neal A. Maxwell (1995) described it as

the submission of one’s will [which] is really the only uniquely personal thing we have to place on God’s altar. The many other things we “give” . . . are actually the things He has already given or loaned to us. However, when you and I finally submit ourselves, by letting our individual wills be swallowed up in God’s will, then we are really giving something to Him! It is the only possession which is truly ours to give! Consecration thus constitutes the only unconditional surrender which is also a total victory! (para. 29)

It does not sound like freedom, it does not sound like palatable truth, and it does not appear to be what we really desire—unless we experience even a little taste of God’s love and power, which then kindles and rekindles our desire for Him. But other inward-facing desires come into conflict with desires for God, and many of the emotional conflicts we experience

originate in this internal turmoil. Like Paul, then, we are led to think that “I do not understand my own actions. For I do not do what I want, but I do the very thing I hate” (Rom. 7:15, New Revised Standard Version).

Since emotions as a whole manifest our deepest desires, the sorting out of our desires through surrender to God’s will facilitates emotional peace, at least in those cases where the emotional discomfort originates in internal fragmentation. When the truth of Christ is truly internalized, when His promises, love, and grace reach deeply into the human heart to transform our deepest desires and to expand our perspectives in an eternal direction, a certain degree of emotional peace will ultimately be achieved (Kramer-Holmes, 2017). Conversely, attachment to our own objectives, as determined by the ego and its demands, will cause us to be emotionally “tossed to and fro” (Eph. 4:14, King James Version) in a world that is ever seeking but “never able to come to the knowledge of the truth” (2 Tim. 3:7). When emotions function as signs of our slavery to narrow perspectives, concerns, and desires, we can turn to Christ to find true freedom and peace. This embracing of our light source is rooted in deep faith and continuous transformations that are made possible by the Spirit as we experience the Savior’s love in our lives. This is a decisive truth about the emotions!

CONCLUSION

A Christ-centered approach to the emotions does not suggest that every emotional difficulty is caused by insufficient faith or that emotion regulation is only to be carried out through spiritual means. It does remind us, however, that many of our emotional difficulties are ultimately rooted in a faulty general “orientation” toward life, which may only touch upon or intersect with Christianity rather than being fully infused by it. This radically comprehensive dimension of the Christian faith may be uncomfortable and even intimidating. Yet, it is central to Jesus’s message as when He claimed: “unless a grain of wheat falls into the earth and dies, it remains alone; but if it dies, it bears much fruit” (John 12:24). Christian therapists that have an established relationship of safety and trust with their Christian clients could explore the status of this particular spiritual orientation and emphasize its importance

for overall emotional well-being. Where drifting has occurred, as it does for all of us, a gentle reminder can be offered that we can always turn to Christ anew and that every day can be a new beginning for Jesus's friends. This is the first important reality of a Christ-centered perspective: It ultimately requires a singleness of focus, but it is issued as a repeated invitation rather than as an unforgiving demand.

The second important reality is that we cannot demand this spiritual connection. Because communion with Christ is inherently unforced, demanding it or seeking it for reward, whether emotional or not, will preclude having it. True, we need to desire this union and be open to it, but it is finally a gift of God, and as such, we can only respond to it with welcoming gratitude, even as it is accompanied by increased awareness of our own imperfect, faulty selves. Indeed, God gives "unto men weakness that they may be humble," but His "grace is sufficient for all men that humble themselves before [Him]; for if they humble themselves before [Him], and have faith in [Him], then will [He] make weak things become strong unto them" (Ether 12:27). In this process, when God pours out His love through the Spirit, we can come to participate in the pinnacle of human emotional experience, a sublime connection that pierces the soul and transforms its desires. This love, the truest and most freely given emotion we can think of, can heal all other emotions and set them in their proper order. Indeed, as Paul says, "I am persuaded, that neither death, nor life, nor angels, nor principalities, nor powers, nor things present, nor things to come, nor height, nor depth, nor any other creature," nor any negative emotion "shall be able to separate us from the love of God, which is in Christ Jesus our Lord" (Rom. 8:38–39). That is when Christ is "the way, the truth, and the life" of our emotions.

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A Brief Response to “Between Identity and Truth”

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Keywords: emotion, Christ-centered, epistemology, identity, teleology

The Catholic figure most associated with Mauro Properzi’s important project of dignifying the affective realm vis-à-vis the rational and making it the subject of a rigorous phenomenological investigation is Dietrich von Hildebrand. Von Hildebrand’s (2012) thesis is that “the heart [by the heart, he means, as did Pascal, the seat of intuitive knowledge] has not been given a real place in philosophy” (p. 135). “Whereas the intellect and the will have been made the object of searching analysis,” he continues, “the phenomenon of the heart has been largely neglected. And whenever it has been analyzed, the heart has never been given a standing comparable to that of the intellect and the will.” This is both ironic and illogical, Hildebrand points out, for the following reason. The very roots of the Western philosophical tradition esteem human happiness as the highest good. But human happiness is the domain of the heart, not the rational faculty. We explicitly place the highest valuation upon a desired outcome—an affect-laden condition—that is

beyond the grasp or the achievement of logic or intellect alone. And yet along the path that leads there, we place far more confidence in cool rationality than in that same human heart with its moral intuitions, its world-transforming compassion and kindness, its intimations of the sacred, and what the poet John Keats (1848) called its heroic “straining at particles of light in the midst of a great darkness” (pp. 176–177).

Properzi’s noting of this as the “age of feeling” implicitly foregrounds the same irony observed by Hildebrand, one of particular interest to Latter-day Saints caught as either participants in or bystanders to the great realignments of faith commitments occurring at this particular moment in the Church’s history. Properzi notes that increased emotionalism betokens no accompanying increase of what the

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apostle Paul called “natural affection” in our communal existence. And he—rightly I think—posits ill-founded, secular conceptualizations of emotion as preconditioning the contemporary trends we could characterize as a facile and sterile confounding of Christian charity (and kindred affects) with simple emotional self-indulgence.

Properzi urges that a fruitful theology of emotion would attend to inspired frames pertaining to epistemology, identity, and teleology. These are apt correctives. I will add just a few of my own observations and personal concerns to second and to expand his thesis.

EPISTEMOLOGY

The strength of personal emotion is not an index of truth value, or as he puts it, “emotions are not independent measures of truth” (p. 5). That seems like a mundane enough observation, except that we are at a cultural moment when that seems to be an implicit assumption behind heated discourse over vexed issues in and outside the Church of Jesus Christ of Latter-day Saints. When emotional truth becomes a *substitute* for objective realities, we are all in danger. As von Hildebrand (2012) wrote with provocative insight: “what matters is not the question, ‘Do we feel happiness?’ but rather ‘Is the objective situation such that we have reason to be happy?’” (p. 47).

At the same time, error can lie in the opposite direction as well. This is also a generation steeped in scientism, prey to the delusion that science or logic or rationality can be self-authenticating foundations. Emotionality itself is not a secure foundation for a moral or religious life either. But if by “the heart” we mean, as Pascal did, the seat of intuitive knowledge, then it is crucial that we validate and dignify those intimations that as Latter-day Saints we associate with heavenly modes of communication.

IDENTITY

The mania for identity formation and self-empowerment is rife with fallacious reasoning and perilous paths. The theology of human identity is not yet fully and perfectly developed in Latter-day Saint thought, and we do not know as much as we seem to think we do in this regard. The question that should give more pause in our discourse is this: what “I” is the I that will

pass through the veil when we have shuffled off this mortal coil? We know that “the same spirit” possessing our bodies at our death will “possess [our] body in that eternal world” (Alma 34:34, The Book of Mormon). But what will that “spirit” entail? Our brain chemistry? Our genetic inheritance? Our hormones and nervous system? What elements of our bodily incarnation constitute our eternal identity? Once again, I turn to Hildebrand for some rich suggestions of a way forward. The hot-tempered flare-up we experience in traffic is not an emotion of the same class as the emotion I feel when I listen to St. Matthew’s Passion on the way to a temple session. Not because one is bad and one good but because one seems to pertain to a more bodily self than the other. And yet, that way too has its dangers, since we believe bodily incarnation is a step toward godhood, not away. I have more questions that urge caution than knowledge that gives direction when I ponder the constituting of my own identity and the role emotion has there.

TELEOLOGY

I am happy to see Properzi raise the question of human teleology. It is common to aver that an “is” can never be made into an “ought,” especially regarding matters of human morality. Alisdair MacIntyre (2007) challenges conventional wisdom, declaring that “to say what someone ought to do is at one and the same time to say what course of action will in these circumstances as a matter of fact lead toward a man’s true end” (pp. 52–53). MacIntyre points out that consensus about such a “true end” was not historically a religious question, but a matter of philosophical concord. We are unlikely to find such a consensus today, philosophical or otherwise. But if we could at least inject into current controversies the question “what is most conducive to human thriving?” we would have elevated the conversation.

In sum, Properzi’s gesture toward “a Christ-centered approach to the emotions” is a sophisticated attempt to think through the intersections of Restoration-truth therapeutic understanding of a most contentious and mysterious realm of human nature. This is precisely the integrative type of disciple-scholarship that can enrich our own faith commitments while we strive to be leaven in the world.

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How Radical Are the Implications of Properzi's Christ-Centered Perspective on Emotion for Psychology and Psychotherapy?

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Properzi offers a perspective on emotion that is radically different from traditional secular theories of emotion and the psychotherapy approaches associated with those theories, but perhaps his Christ-centered perspective is even more radical than he perceives it. If it is strongly theistic and strongly relational, as it appears to be, then its implications would significantly alter the psychology of emotion and psychotherapy. These implications need to be explicated so it is clear what a Christ-centered perspective on emotion would mean to the discipline. I have fleshed out three radical implications regarding scope, relational ontology, and mastery discourse to demonstrate how significantly Properzi's perspective would alter the psychology of emotion and emotion-focused psychotherapies if it is as theistic and relational as it seems to be.

Keywords: theism, relationality, emotions, Christ-centered

Having focused much of my professional career on the relationship between faith, religion, and psychology, I am grateful for the opportunity to write a response to Properzi's very intriguing article. Properzi's work is timely, and his corrective to a growing emotionalism in Western society is critically needed. He rightly implicates, I believe, several problematic ontological assumptions in the secular psychological theories of emotion, including a long-standing mastery discourse that presumes a dichotomy between the rational and the emotional—and a necessary ascendancy of one over the other; an individualistic conception of identity that locates emotion (and reason) within the unique, bounded self; and a postmodern penchant for relativism that centers truth in the radically autonomous self and—more precisely—in one's personal feelings. His challenge of these assumptions offers a genuine and much-needed alternative understanding of emotion through a Christ-centered perspective on emotions, identity, and truth. Locating

emotions, identity, and truth in our relationship with a living, embodied being who is “the way, the truth, and the life” (Properzi, 2018, p. 5) has radical, altering implications for the psychology of emotions and psychotherapy. I greatly appreciate the way in which Properzi critically compares and contrasts the secular and Christ-centered approaches to emotion in this very thoughtful paper particularly because his analysis shows how drastically different naturalistic and theistic conceptions of psychological phenomena can be.

In my own work I have examined the extent to which a theistic approach to psychology might contribute to the advancement of knowledge within a

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discipline that has predominately treated God as being at most an add-on assumption to naturalistic explanations (Slife & Reber, 2009; Slife, Reber, & Lefevor, 2012). By centering emotions, identity, and truth in Christ, Dr. Properzi's (2018) paper clearly does not treat God as merely added-on. On the contrary, his perspective asserts that "emotions cannot transcend or be separated from Christ" (p. 5) and, as such, appears to fit comfortably within a theistic worldview, which, in contrast to a naturalistic worldview, assumes that the current activity of God is a necessary condition for psychological phenomena (Reber & Slife, 2013b). I use the verb "appears" here because, although in Properzi's perspective on emotions God is clearly important and may even be essential, the full scope of God's necessity is unclear and the radical implications that would follow from this idea that God currently takes an active role in emotions are not fully fleshed out. My intention in this response is to explicate for consideration by Properzi and the broader audience of his paper a few of the radical implications that would follow from the inclusion of God as a necessary condition of emotion.

RADICAL IMPLICATION I:
THE CHRIST-CENTERED PERSPECTIVE WOULD APPLY
TO THE EMOTIONS OF ALL PEOPLE

The worldviews of naturalism and theism assume very different ontologies. Naturalism assumes that only natural entities, events, and causes are necessary for explanation (Papineau, 2007). Consequently, naturalistic theories of emotion tend to posit a material-causal process or mechanism that operates according to natural laws, as in Darwin's assertion that emotions, like other traits, evolve according to the law of natural selection through the mechanism of inheritance (later to become genetics). Some naturalists would allow for the added assumption that God originally created or put in place the natural laws and mechanisms that now govern the evolution and expression of emotions, as in some forms of deistic theology (Slife & Reber, 2009). However, allowing God's inclusion in this way gives God no bearing on the explanation, prediction, or control of emotions presently because God is not currently involved. Thus, the naturalistic explanation is taken to be sufficient (De Caro & Macarthur, 2010).

Dr. Properzi's (2018) paper appears to assert something quite different. From Properzi's perspective, "emotions cannot transcend or be separated from Christ, they can only be integrated into a wider system of reality that centers on Him" (p. 5). On this account, naturalistic explanations of emotion are not only inadequate, but they are also ultimately wrong—and not just for Christians, but apparently for all people. I write "apparently" again in quotation marks here because Properzi leaves the scope of his Christ-centered perspective unclear. Throughout the paper, as in the previous quote, he makes broad ontological claims about Christ and emotions, identity and God (e.g., p. 5), and truth and Christ (e.g., p. 9) without any qualification unique to Christians. Yet at other points in the paper Properzi seems to delimit the applicability of the Christ-centered perspective to Christians. He states, for example, that "*Christian therapists* that have an established relationship of safety and trust with *Christian clients* [emphasis added] . . . could explore the status of this particular spiritual orientation and emphasize its importance for overall emotional well-being" (p. 11). He also asserts that "Jesus' claim to be the Son of God has powerful and radical implications *for all who desire to follow Him* [emphasis added]" (p. 5; see also p. 7 and 10).

It is unclear whether this ambiguity concerning the scope of Properzi's Christ-centered perspective reflects any hesitation with asserting its universal necessity. Perhaps Properzi is aware of the divisiveness stereotypically associated with theistic religions, and he wants to avoid the appearance of proselytizing or claiming Christianity's superiority to other faith traditions. If so, such a concern would not be unique to Properzi. Many psychologists omit discussion of their personal faith and its relevant precepts in their scholarship to avoid any hint of religious bias. Some editors of journals on psychology and religion disallow any inclusion of theistic approaches to psychology in the articles they publish because they have "strong feelings about theistic psychology" (Park, 2017, sect. "Values of the Journal," para. 1) compromising the objectivity of empirical science. As a result, they deem papers that employ "theological constructs" in explaining psychological phenomena "inappropriate" (Piedmont, 2009, p. 1) for their journals. Similarly, some critics of theistic approaches to psychology, foremost among

them Daniel Helminiak (2010, 2017), assert that theistic approaches to psychology are based on personal religious beliefs, biases, and agendas that threaten to undermine objective science.

Given these concerns, Properzi could reasonably expect that his article would raise a number of questions about his seemingly universal claims that Christ plays a necessary role in emotions, identity, and truth. Readers may wonder: "If emotions are inseparable from God, why must God be the Christian God?" Or they might query, "If, as Properzi asserts, the Christian God is the necessary God of emotions, then does that mean psychologists must convert to Christianity or at least act as if Christianity is true for the sake of theorizing, conducting research, and practicing psychotherapy in relation to emotions?" They could also ask, "Would this Christ-centered perspective exclude and potentially discriminate against other theistic perspectives, such as Islamic or Jewish theistic conceptions of emotions, identity, and truth?"

These are reasonable questions, and it is completely fair and necessary to ask them of Properzi or of any advocate of a theistic approach. What is not fair, however, is assuming that these kinds of questions apply only or primarily to the theistic approach. Quite the contrary, questions like these apply to all worldviews, including scientists' vaunted naturalism. In naturalism's, case many laypeople and some scientists mistakenly take for granted the idea that naturalists have a common and agreed-upon understanding of laws of nature. In fact, there are many competing conceptions of natural laws within naturalism, from metaphysical realities that act upon the world to mathematical descriptions of regularly occurring events to linguistic constructs that have achieved a high level of social consensus among scientists (Dixon, 2008). Different naturalistic thinkers take different positions on these conceptions, and they promote, debate, and test these positions against each other all the time. Indeed, it is a hallmark of science that proponents of these different concepts conduct experiments, publish articles, and give presentations in an effort to persuade their peers to accept their competing theories.

Why would we not expect and encourage the same thing of the various approaches arising out of a theistic worldview? Just as natural scientists take their conceptions of natural law to be true and promote

them in the marketplace of ideas, so too can theistic psychologists take different faith positions seriously and advocate for them strongly in their scholarship. As a matter of good scientific practice, these competing positions should be debated and tested against each other as to their capacity to advance knowledge within the discipline. A monolithic position and wholesale conversion to it would be unlikely, just as has been the case within naturalism. However, an enriched, rigorously evaluated, and pluralistically informed theistic understanding of emotion could emerge that could in turn be compared, contrasted, and tested against the various conceptions emerging from a naturalistic ontology—or from other ontologies—all in pursuit of furthering productive dialog and the advancement of the knowledge of emotions within psychology. To claim that there is something unique to theism that makes this impossible would be tantamount to an antitheistic prejudice (Slife & Reber, 2009).

If, as it appears, Properzi's theistic approach assumes that Christ is a necessary condition of emotion for all people, then Properzi ought to take that stand definitively and own its radical implications. Other researchers with different theistic perspectives on emotion, as well as those with different naturalistic perspectives, can and should do likewise. Each of these scholars can and should challenge and critically evaluate these competing views rigorously in a shared endeavor to understand this complex psychological phenomenon, similar to Properzi's critical analysis of secular and Christian perspectives on emotion in this paper. If, on the other hand, Properzi's perspective is not theistic or if it is weakly theistic, as in deism, then Christ is not currently necessary to the explanation of emotions for anyone, including Christians—though Christians might add Christ onto the naturalistic explanation in some inconsequential way. This weakly theistic approach would take the teeth out of Properzi's argument that emotions are inseparable from Christ and that our identities must be swallowed up in His identity. Finally, if Christ for Properzi is a currently necessary condition for only Christians' emotions, then a number of theological concerns come to bear (e.g., as to whether Christ is the life and the light of the world, the Alpha and Omega, etc.), and Properzi needs to revise the broader claims he has made in this paper to reflect this limitation. Moreover,

such a position would suggest that Christians need a different psychology to explain their emotions than those of people of other faiths and naturalists. Perhaps Properzi has considered these implications, but it would be clarifying and helpful if he would share his position in relation to them more explicitly.

RADICAL IMPLICATION 2: EMOTIONS ARE RELATIONAL PHENOMENA

By locating the way, the truth, and the life of emotion in Christ, Properzi's article implicates a seismic shift from what has been a long history of atomistic conceptions of emotion to a relational conception of emotion. Atomism is an ancient concept developed originally by the Greek philosophers Leucippus and Democritus, who postulated that the universe consists of tiny bits of matter and empty space. They named the tiny bits of matter "atoms" and asserted that atoms contain within themselves the properties that are needed to explain them. Empty space has no substance and no properties and therefore cannot contribute to the makeup of the material world or to explanations of reality.

In psychology, the chief atom of concern has traditionally been the individual. Individuals are thought to contain within themselves the substances and properties needed for their explanation as well as for the explanation of any larger social groups they compose. The space between individuals, because it is empty of any material, is assumed to have no qualities in itself and is therefore incapable of contributing to psychological explanation. Given this perspective, it is not surprising that psychologists locate emotions within individuals, emerging from the material that makes them up. Emotions are regulated and expressed by the self. This self-containment perspective is at the heart of the issues Properzi discusses throughout his paper. Concepts of expressive individualism, identity politics, radical autonomy, narcissism, authenticity, subjectivity, self-determination, personal truth, and so on can exist and have currency in psychology and the public marketplace of ideas only if an underlying atomism is assumed.

Therapy, too, is suffused with atomism. Therapists often teach clients to reframe their emotional expressions in ways that implicate self-containment. When a

client says, "My wife makes me so mad," for example, many therapists train the client to rephrase that statement more atomistically, as in "I feel angry when I observe my wife behaving in x, y, or z way." Outside of the therapy office, it has become quite commonplace for people to use similarly atomistic language regarding emotions (as well as thoughts and behaviors). When a sibling teases another child and the child loses his temper, for example, parents often chasten the child with these words: "You may not be responsible for your sibling teasing you, but you are responsible for your emotional reaction." The message is clear: "Your emotions are contained within you, and as a result you alone are accountable for them."

Properzi's (2018) Christ-centered perspective seems to suggest something radically alternative to atomism, but here again there is some ambiguity. At some points in his paper Properzi treats emotions and identity atomistically. He defines emotions as "concern-based construals' . . . that integrate a number of cognitive-affective realities *in the individual* [emphasis added]" (p. 8). This integrative concept may suggest a less materialistic perspective, but it still appears to be one that is self-contained "in the individual." Further on he writes of "emotions that emerge within us" (p. 6), which idea is wholly consistent with secular atomistic psychological theories of emotion. Finally, when he speaks of aligning personal identity, values, and actions with Christ's values and identity (p. 6), it is reminiscent of correspondence ontologies in which the alignment of two separate self-contained realities is the goal, such as the objective world and one's subjective representation of it.

Yet, at other points in the paper, Properzi speaks of emotions as transcendent of the self (p. 4) and "markers of a self in transformation and in union with its Source" (p. 7). Concepts of "self-emptying" (p. 6) and of our identity being "swallowed up" (p. 11) in Christ's identity clearly intimate a dissolution of any presumed hard boundaries of separation. Instead of self-containment, we contain Christ, and Christ contains us. As Properzi puts it using Christ's own words, we abide in Him and He abides in us, like the vine and its branches (p. 8). This makes the location of emotion harder to pin down as the boundaries of identity are fluid and permeable, and emotions appear to be more shared or between us than within us. These statements, in

contrast with those connoting self-containment, make it difficult to discern just how relational Properzi's concepts of emotion, identity, and truth are. Certainly, if the truth is a person, if emotions are inseparable from that person, and if our identity can be swallowed up in the identity of the person, then all these things are more relational than atomistic. However, there are weak conceptions of relationality that assume atomism (Slife & Wiggins, 2009). Properzi leaves the question open as to the strength of the relationality in his Christ-centered approach.

If Properzi intends a strongly relational theism, then the implications for the psychology of emotion would be significant. First, a strongly relational Christian theism assumes that we are always and already in a relationship with Christ and therefore are never self-contained separate beings (Reber & Slife, 2013a). Our identity, then, is at least in part dependent upon Christ. The statement from Neal Maxwell quoted by Properzi (p. 11) demonstrates this point clearly. Maxwell states that the only thing that is uniquely our own possession is our will. Everything else comes from God. So who we are has everything to do with our relationship with Christ, and consequently our emotions cannot be understood apart from that relationship. Our very capacity to feel, express, and understand emotion depends upon Christ.

Second, emotions are relational phenomena that happen between us as much as they do within us. I am reminded of Martin Buber's statement that "spirit is not like the blood that circulates within you but like the air in which you breathe" (1958, p. 39). This simile resonates with us when we think of moments of deep empathy in which we have taken into ourselves other people's emotions—sometimes when we do not even want to—and we experience a degree of merging of self and other (Cuff, Brown, Taylor, & Howat, 2016). Many Christian scriptures reinforce this relational notion of emotions being like the air in which we breathe. "We love Him because He first loved us" (1 John 4:19) connotes a breathing in of His love that allows us to exhale His love back. In Matthew 6:22, we learn that His light can enter the eye and fill the whole body. Self-emptying and taking into us "the bread of life" (John 6:35) and "the fountain of living water" (Jeremiah 2:13) suggests an exhalation of the air of the natural man and an inhalation of the Spirit. Similarly,

when we breathe out the emotions of a fallen world and breathe in the emotions of Christ, His emotions become for those moments of inhalation a part of our being and identity.

Third, emotions ensue from the way in which we relate to each other, just as the fruits of the Spirit that Properzi mentions (p. 9) follow from our will being swallowed up in Christ's will. In this sense, statements like "my wife makes me angry" and "I feel angry when my wife does x, y, or z" are both problematic. Anger between husband and wife is not a product of a billiard ball causality between the atoms of individual selves, but it also is not a wholly independent agentic act of the individuals involved. Instead, it is the fruit that will most likely grow out of a relationship that is contextually constrained in a particular way. That is, the way in which husband and wife are presently and historically positioned in relation to each other and the broader culture discloses or illuminates anger as a "specially favored mode of resolution" (Merleau-Ponty, 2002, pp. 441–442), or a way of being and relating to each other around sensitive topics, like the handling of family finances. This is not unlike the way in which a door has become the specially favored way of exiting a room in our society as opposed to a window or a wall, or how a knife and fork are specially favored utensils for eating steak and potatoes in American culture as opposed to eating with one's hands or chopsticks.

It is important to note that we are not compelled to exit rooms by the door, or to eat meat and potatoes with forks and knives, or to get angry with our spouse. We could do otherwise. However, given the constraints of the context, we are highly inclined toward doing and feeling what is physically, societally, and relationally favored. This is particularly true in cases of trauma. The former world heavyweight champion boxer Mike Tyson once said that "everyone has a plan until they get punched in the mouth" (as cited in Berardino, 2012), meaning that the experience of a trauma can narrow the constraints of a context so strongly that all other possibilities than the one most favored (e.g., fight or flight) will fade away. Indeed, when traumas like physical and sexual assault, abuse, violence, and combat occur and/or are recalled, the only emotional air available to breathe in within that context is often that of fear, anger, shame, and sorrow.

The Book of Mormon prophet Nephi, who on several occasions was traumatized by his brothers Laman and Lemuel, could not help but breathe in his brothers' anger. As a result, he found himself feeling similarly angry toward them. As he describes the constraints of his context and the air in which he was forced to breathe at that time, he notes that "I am encompassed about, because of the temptations and the sins which do so easily beset me" (2 Nephi 4:18, *The Book of Mormon*). Nephi's words, "*do so easily beset me*," and Merleau-Ponty's words, "*specially favored modes of resolution*," can be taken as synonyms here. They both show how powerfully context can influence our feelings. Later in that same chapter, Nephi utters a prayer in which he begs his Father in Heaven to "encircle me around in the robe of thy righteousness" (2 Nephi 4:33). This request is in direct contrast with being "encompassed about," because of temptations and sins. In Buber's terms Nephi is crying out for the Lord's context—for His merciful and redeeming air to breathe in—so he can exhale the anger he holds within him and inhale the love of God. Similarly, from a Christ-centered perspective on emotion, disciples of Christ, recognizing how easily emotions do beset us in the relational contexts of our everyday lives, would desire a close redeeming relationship with Christ as often as possible. In those moments in which intimate connection with our Savior is achieved—when we are encircled by His air—then, as Nephi's prayer illustrates, emotions like charity will be specially favored over other emotions, like anger, and are most likely to ensue.

RADICAL IMPLICATION 3: NEITHER REASON NOR EMOTIONS ARE OUR MASTER

If Properzi's Christ-centered approach to emotions is strongly relational and strongly theistic, then it suggests a radical alternative to the mastery discourse of modernism in which the rational mind is supposed to reign in the passions. It also runs counter to the rising mastery discourse Properzi describes so well, in which one's personal feelings—and the expression of those feelings—reign supreme over all else. Both of these mastery discourses are really just different sides of the same atomistic coin. A relational ontology of emotions, on the other hand, displaces reason and emotion from

the self-contained individual and locates them in the relational air in which we breathe or in what Einstein and Infeld (1938) referred to as "the field in the space between" (p. 244). Physicists of the 20th century discovered that the "space between" physical matter is not empty of properties, as atomists had long supposed. It is full of qualities that contribute to phenomena and are necessary for scientific explanation.

When, as Properzi describes, we abide in Christ and He abides in us, "the field in the space between" us is filled with His spirit and with His divine emotions. As we submit our will to His and breathe in His spirit and His emotions, then it is Christ and His emotions that master us, guide our thoughts and actions, and suffuse our relationships. At the same time, Christ breathes in whatever feelings we exhale in repentance and faith. Through His atoning mercy He can redeem our emotions, sanctify them as only a God can, and breathe them back to us anew. Then like the disciples on the road to Emmaus, our hearts will burn within us, and we can love with His love. In this way neither reason nor personal emotions hold the reins. It is not an intrapersonal mastery dynamic at all. It is interpersonal. Christ's emotions, like His spirit and His reason, guide and direct us under His yoke and His burden, which is light.

This theistic relational mastery discourse has significant implications for psychology and especially for therapy. Rather than endeavor to help clients gain control of their emotions by training them to think more rationally or by accepting and expressing their emotions as personal, inviolable truths, therapists would seek to support and strengthen a closer relationship between their clients and Christ. Therapists would assist their clients in self-emptying and submitting their will to the will of the Savior. They would help their clients walk a path of discipleship in which they share the air with Christ and can breathe in His emotions and yield to His will.

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The Spirituality of Psychodynamic Psychotherapy: A Case Study

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Although psychodynamic psychotherapy is effective and can be done briefly, it has fallen out of favor, especially with religiously oriented psychotherapists—including Latter-day Saint psychotherapists. The client in this case study is a 50-year-old, middle-class, Caucasian member of the Church. Using the case study as a framework, this paper describes and illustrates how psychodynamic psychotherapy can be seen as a spiritual endeavor that is compatible with both a traditional Christian orientation and a Latter-day Saint orientation. To the author's knowledge, this is the first case report of psychodynamic psychotherapy with a Latter-day Saint client. This report may form part of the basis for future group studies examining the effectiveness of psychodynamic psychotherapy with Latter-day Saints, and for process studies examining the effects of specific psychodynamic interventions on psychotherapy outcomes with this population.

Keywords: psychodynamic psychotherapy, gospel-centered therapy

Psychodynamic psychotherapy is often poorly understood (Shedler, 2010). Many psychotherapists assume that psychoanalytic psychotherapy is outdated and ineffective compared to newer forms of psychotherapy. The reality is much different. Psychodynamic psychotherapy is a robust form of treatment that is evidence based and empirically supported by studies that include thousands of patients (Abbass, Hancock, Henderson, & Kisely, 2006; Bateman & Fonagy, 2013; Clarkin, Levy, Lenzenweger, & Kernberg, 2007; Fonagy, 2015; Høglend et al., 2006; Shedler, 2010; Wallerstein, 2005). For example, Shedler (2010) provided a comprehensive review of eight meta-analyses of psychodynamic psychotherapy outcomes comprising 74 studies. Effect sizes in these meta-analyses ranged from 0.69 to 1.8 (median = 0.97). The 0.97 effect size comes from a meta-analysis by Abbass et al. (2006), who included 23 randomized controlled trials (RCTs) that included 1,431 patients.¹ For a comparison with other treatments, Lipsey and Wilson (1993) reported

a median effect size of 0.75 for general psychotherapy across 18 meta-analyses; 0.62 for cognitive-behavior therapy (CBT) across 23 meta-analyses; and 0.17 (nine studies) and 0.31 (74 studies) for antidepressant medication. From reviewing these analyses, Shedler concluded that “blanket assertions that psychodynamic approaches lack scientific support . . . are no longer defensible” (p. 106).

Furthermore, Shedler (2010) reported meta-analytic data showing that the benefits of psychodynamic psychotherapy tend to increase over time after therapy is over, while the benefits of other (nonpsychodynamic) empirically supported therapies tend to decay over time.

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As an example of this in a more recent study, British researchers Fonagy et al. (2015) reported an RCT of 129 patients with treatment-resistant depression. Patients were randomly assigned to treatment as usual (TAU) according to UK national guidelines or TAU with adjunctive long-term psychoanalytic psychotherapy (LTPP). Although outcomes were equivalent at termination, the LTPP patients were significantly better at follow-up (24 months: 38.8% vs. 19.2%, $p = 0.03$; 30 months: 34.7% vs. 12.2%, $p = .008$; 42 months: 30.0% vs. 4.4%, $p = 0.001$).

In spite of this substantial and growing body of research supporting the efficacy of psychodynamic psychotherapy, and even though it can be done briefly as well as longer-term (Lemma, Fonagy, & Target, 2011; Stadter, 2004; Strupp & Binder, 1984), this form of treatment remains out of favor. There are many reasons why this has occurred (see Lemma, 2016; and Shedler, 2010, for an overview). These reasons include the historic reluctance on the part of psychoanalysts to engage in nomothetic outcome research, the arcane nature of much of the psychodynamic literature, the historic inaccessibility of psychodynamic training and its isolation from research universities, and skepticism on the part of traditional academic researchers about the basic concepts of psychoanalysis and its methods. Shedler (2010) asserts that these factors have led to institutionalized antipathy toward psychoanalytic psychotherapy in which “everyone knows” (p. 98) these treatments do not work and there is little reason to question or revisit this belief.

This situation is exacerbated by the current reimbursement climate, in which brief, symptom-focused therapies are often covered by insurance and longer-term, depth-focused therapies are not covered or are only partially covered (McWilliams, 2004). This situation is also exacerbated by the naive but common view of consumers that every problem has a rapid solution if only one can find an expert advisor who can give one the right “tools.”

In addition to falling out of favor in the mental health world, psychodynamic concepts have historically fared poorly in the Christian world. As Bland and Strawn (2014) point out, psychoanalysis challenged Christian ideas about the nature of man, the purpose and causes of human behavior, “the purpose and meaning of human life, the causes of psychological

problems, and what it takes to cure these problems” (p. 14). Although Freud came from a Jewish background, his ideas conflicted directly with religion, which he assumed was a remnant of primitive societies and represented an obsessional neurosis driven by the need to resolve guilt and defend against existential anxiety (Jones, 1991).

In addition to faring poorly in the wider Christian world, psychodynamic ideas have fared particularly poorly in the Latter-day Saint world.² To many members of the Church, personality is part of one’s eternal spirit, all behavior is under conscious control because people have moral agency, meaningful dreams come from God, guilt is always a signal that one has done something wrong, thoughts or ideas that apparently arise out of nowhere represent divine inspiration, and if one tries hard enough to be good he will be able to eliminate the natural man and find favor with God. By contrast, psychoanalysis says that personality is formed by the interaction of instinctual forces and early relational experiences, behavior often stems from unconscious conflicts, meaningful dreams are the mind’s attempt to resolve those conflicts, guilt can be a neurotic artifact of those same conflicts, insight can arise from the unconscious mind, creativity represents the sublimation of libidinal forces, and the conflict between instinctual impulses and societal proscriptions never entirely goes away. Because of the apparent conflict between these sets of concepts, Latter-day Saint psychotherapy clients may tend to be more comfortable with cognitive-behavioral and solution-oriented approaches that lend themselves to a practical, straightforward, and conscious effort rather than psychodynamic approaches that focus on unconscious forces working in the transference. Furthermore, as strong believers in self-reliance, Latter-day Saint clients tend to be almost phobic about anything that smacks of dependency, such as a longer-term therapy in which therapists become significant figures in their patients’ lives and significant fixtures in their minds. In addition, Church leaders have historically been wary of so-called secular psychotherapy and have been reluctant to refer members to practitioners who are not members of the Church.

Similarly, psychodynamic ideas have traditionally fared poorly among Latter-day Saint psychotherapists. In my own personal experience, Latter-day Saint

therapists rarely attend psychodynamically oriented trainings or continuing-education events. Psychodynamic concepts have not received favorable attention, or in some cases any attention, in Latter-day Saint publications of which I am aware. At Latter-day Saint mental health conferences, most educational presentations rely heavily on cognitive behavioral approaches. During my master's program at BYU, psychodynamic ideas were not mentioned even once by the professors. To be fair, the same was true during my doctoral program at the University of Utah, where only one of my professors was a member of the Church.

Although it is true that some of the assumptions of psychology, psychotherapy in general, and psychodynamic psychotherapy in particular do run counter to gospel principles, there is much in the psychodynamic world that can be valuable for psychotherapists who are members of the Church. In the balance of this paper, I will suggest ways that important psychodynamic concepts can perhaps be part of a gospel-centered therapy and how their implementation can actually be a spiritual practice, a manifestation of the pure love of Christ (Moro. 7:47, *The Book of Mormon*). However, in the meantime it is worth mentioning that many of the concepts and techniques that all therapists, including Latter-day Saint therapists, use every day originated with Freud and the psychoanalysts who came after him. These include the existence of the unconscious mind, the power of unconscious motivations, the nature of internal conflict, the importance of psychological defenses, the effects of early life experience on the developing personality, the technique of careful listening, and the ubiquity of transference and countertransference. Indeed, Freud (along with his colleague Josef Breuer) essentially invented our profession, whether we see ourselves as psychodynamically oriented or not. As the esteemed and internationally influential Latter-day Saint psychologist Allen Bergin (1973) once said of Freud, "He was a great man and one not to be ignored by LDS [*sic*] scholars" (p. 15).

OUTLINE OF THE PAPER

As a framework for the paper, I will first introduce the case of "Jeff," a patient whose story and therapy lend themselves to illustrating the psychodynamic

concepts I will discuss. I have disguised or removed any information that would allow him to be recognized. In addition, Jeff has read this paper and given permission for me to use his story. In order to establish a basis of understanding, I will describe the object-relations perspective in psychodynamic thought and its relevance for Latter-day Saint counselors and clients. I will also discuss some core psychodynamic concepts from the object-relations perspective using illustrations from Jeff's case and elsewhere. These concepts include projection, introjection, projective identification, containment, transference, and countertransference. Although these concepts may be familiar to some readers and a discussion of them may be found in any basic text on psychodynamic psychotherapy (e.g., Gabbard, 1990; Lemma, 2016; McWilliams, 2004), I review these ideas here through a Latter-day Saint lens, which, to my knowledge, has not been done before. For each concept, I will give an example that illustrates the concept in a Latter-day Saint light and show how the concept might be useful for Latter-day Saint therapists. Next, I will explain how I think the stance and activity of the psychodynamic psychotherapist is a spiritual endeavor. Finally, I will provide some material from a session with Jeff to illustrate some of these principles in action.

THE CASE OF JEFF

Jeff is a 50-year-old, Latter-day Saint man whose internal dynamics interfere with success at work. Although he is talented, well educated, and extremely bright, he has not achieved a great deal professionally. He has had several professional jobs, but for various reasons these have not lasted. In an attempt to improve his situation, he has enrolled in several professional development courses but has stalled out. He is a talented artist, but he has trouble finishing his projects. When he finds the motivation to work on one of them, he becomes highly self-critical and cannot continue. He is very ashamed of his level of achievement. In self-critical moments he sees himself as a failure.

Jeff is often depressed. He has a very strong internal critic (i.e., an internal rejecting object) that flogs him relentlessly. He gets so discouraged at times that he thinks about dying. However, he loves his family, and his love deters him from self-harm.

Because he is so hard on himself and fears failing, he often has panic attacks at work. (These have decreased somewhat over the course of treatment.) He imagines others are critical of him, and he fears displeasing or disappointing them, especially his boss. At times he is so anxious and irritable that he has to leave work to calm down. At other times he titrates these emotions by arriving late, avoiding important projects, or spending time on nonessential tasks.

Similar patterns arise in his relationship with the Church. He loves the Church and has a temple recommend, but he often feels anxious or irritable in meetings. He has ambivalent feelings toward his bishop, and he copes with his internal conflict about Church authority by occasionally breaking the rules in small ways, such as having a cup of coffee on the way to work or using colorful language. He believes in God, but he is exasperated by what he sees as God's failure to bless him in the ways he needs.

Jeff grew up in a very troubled family. His father was an unhappy alcoholic who drank himself into a stupor every night after work. He was very hard on Jeff, questioning his masculinity, ridiculing his interests, and being impossible to please. Jeff had a close relationship with his mother, but she was lonely and depressed. She relied on Jeff for emotional support. He enjoyed the closeness but hated feeling responsible for her emotional stability.

I have been working with Jeff for about two and a half years. Some years prior to seeing me, he received standard CBT/supportive therapy but didn't like it. Hence, he was ambivalent about returning to therapy. However, he decided to try working with me because of my theoretical and spiritual orientations and because I was helpful to someone he knows and trusts.

I found Jeff to be bright, psychologically minded, and open to exploring his issues. He is also very well read and familiar with some psychodynamic concepts, which gave us a basis for understanding. However, he was also guarded at times as well as pessimistic about treatment. In many early sessions, he wanted to talk about how therapy was supposed to help. He was easily irritated with me if he sensed misattunement. In the countertransference, I felt pressure to be a helpful source for solving Jeff's problems. However, at the same time I felt afraid of his anger. I experienced a strong pull to offer solutions, but he would become

quiet or angry if I suggested something. Sometimes he would unconsciously cast me as his critic and would hear my comments as devaluing. For a long time, there was a feeling of strong anxiety in the room at the start of every session as he settled into his seat, organized his belongings, and began to focus his attention. Initially I responded to the anxiety by taking the lead, often asking a question to get things going. Eventually I learned that my questions distracted and irritated him. Now I sit in silence and wait for him to begin.

His ambivalence about therapy, his hopelessness, and, I think, his fear of being vulnerable have led him several times to consider stopping treatment. Initially we met weekly, but this proved to be too difficult logistically. We cut back to meeting every other week. When he becomes discouraged, he again considers stopping altogether.

Although we have had some difficult moments, we have also had some very good ones: moments of true connection and powerful insight. We like each other. We are both metaphorical thinkers and have created some vivid metaphors to understand his inner world. At times we are both in tears. At the end of some sessions there is a feeling of hope and oneness. Sometimes this feeling fades between sessions, and sometimes it persists.

COMPATIBILITY OF OBJECT RELATIONS WITH A LATTER-DAY SAINT PERSPECTIVE

Freud and his "orthodox" followers understood human nature in terms of basic drives, primarily sexuality and aggression, with the biologically based goals of pleasure and tension reduction. By contrast, object-relations theorists, especially Melanie Klein and R. W. D. Fairbairn, departed from traditional Freudian thought by positing that the primary drive is not to obtain pleasure, but to form secure relationships with other people. These people are referred to, somewhat infelicitously, as "objects," i.e., the objects of the attachment drive. There are two types of objects: (a) actual people in the real external world and (b) the internalized representations or aspects of them. Experience with objects, i.e., relational experiences, become internalized and form the basic structure of personality. Each of us has many internalized experiences. Our unconscious mind organizes them according to

the emotional tone of each experience. Internal object relationships that are too anxiety provoking or need exciting are usually kept out of conscious awareness through repression. (See Kernberg, 2005; McWilliams, 2011; and Scharff & Scharff, 2005 for excellent summaries of object-relations theory.) In Jeff's case, we could say that he internalized his difficult relationship with his father in such a way that a part of his mind, which we might call his "internal critical father" and which object-relations theorists would call a "rejecting object," continues to persecute another part of his mind, which we might call his "internal angry or frightened child" and which object-relations theorists would call the "anti-libidinal ego." Some aspects of this internal persecution are kept out of consciousness, such as how Jeff is mystified by the cause of his panic attacks at work. He understands that they occur when he fears he might displease his boss, but until the underlying dynamic was made conscious in therapy, he didn't realize he was projecting the critical father role onto his boss. Parts of his relationship with his critical father had been repressed because they were too anxiety provoking. The repressed parts seemed to include both Jeff's terror and his rage.

From a Latter-day Saint perspective, the traditional Freudian view that man is governed primarily by biological instincts and unconscious forces seems incompatible with the Latter-day Saint doctrine that man's spirit is the offspring of deity and has agency. Hence, the object-relations view, in which people are "wired" to form relationships and are profoundly influenced by them, seems more consistent with gospel ideas about relationships, namely that developing our relationship with God and learning to relate to others in a Christlike way is a main purpose of life and a way of growth and development. The object-relations view also coincides with the fact that relationships are part and parcel of human existence, experience, and eternal progression. The idea that some object relationships might need to be repressed should not be foreign to any therapist who has treated a victim of childhood abuse or authoritarian parenting. For Latter-day Saint therapists, the object-relations idea (see below) that the therapeutic relationship is a laboratory for exploring clients' current and past relationships and the structure of their minds can be seen as an extension of

the belief that Christlike relationships with significant others can heal psychological wounds.

Another important development in psychoanalysis and psychodynamic psychotherapy is an orientation called *intersubjectivity*. Intersubjectivity has its roots in object-relations theory and self psychology (Kohut, 1971, 1977). Its central idea is that patient and therapist cocreate something that is unique, relational, and greater than the sum of its parts. According to Stolorow and Atwood (1992), intersubjectivists believe that there is no "isolated mind" (as cited in Hicks, 2014, p. 137) but that the mind of the child is created and developed within a relational matrix that influences what flourishes and what is repressed. In the relational form of psychodynamic treatment (Hoffman, 2014) that grows partly from an intersubjective orientation, therapist and patient create and inhabit a unique relational matrix. The intersubjective/relational therapist seeks to avoid any preconceived notions about who the patient is or what might be going on at depth and "simply" allows the unfolding of a unique relationship in which arrested or derailed development can get back on track. Although therapists' theoretical concepts can be part of their mindsets, these concepts are to be loosely held, taking a back seat to what is actually cocreated and coexperienced in the session. In this approach, transference and countertransference are understood as an outgrowth of the relational matrix, not just an artifact of a past relationship that is being projected onto the therapist, and the therapist and the patient are understood to be feeling *with* each other. (For a more detailed overview, see Hicks, 2014.)

Intersubjectivity and relational psychodynamic therapy seem potentially compatible with Latter-day Saint theology, in which the Atonement is ontologically relational. In Latter-day Saint theology, exaltation is an endeavor shared by the individual and the Savior, who are friends (D&C 88: 62–63, The Doctrine and Covenants). In this deep, loving friendship, the Lord's justice, love, and mercy combine with the person's broken heart, contrite spirit, and willingness to abide by sacred covenants. This combining produces a shared result that neither entity could produce without the other. Although beyond the scope of the present paper, further exploration of the kinship between intersubjectivity and Latter-day Saint theology may yield a fuller rapprochement between psychoanalytic thinking and

the gospel. This work is already being done in regard to traditional Christianity (Hicks, 2014; Meissner, 2009; Strawn & Bland, 2014).

APPLICATIONS OF CORE PSYCHODYNAMIC CONCEPTS TO PSYCHOTHERAPY WITH LATTER-DAY SAINTS

Introjection in Jeff's Treatment and in the Culture of the Church

According to McWilliams (2011), "introjection is the process whereby what is outside is misunderstood as coming from inside" (p. 112). It is the act of importing something and experiencing it as though it were part of the self. *Identification* is a form of this. For example, children routinely and unconsciously internalize the feelings of the adults around them and experience them as their own. Most of us have seen an infant start to whimper or cry in the presence of a parent who is crying. Children may unconsciously acquire the mannerisms of their parents such that years later their relatives may say, "Your way of walking reminds me of your father." On a more conscious level, a child may adopt the nickname, team jersey, and jargon of an admired sports figure. In less benign circumstances children (or any person) might internalize the idea that they are ugly or unlovable, that they are to blame for the feelings or behavior of others, and so on.

Various kinds of mental contents, attitudes (especially toward the self), and relational experiences can be introjected, including warm and positive experiences with others. In the case of Jeff, however, he introjected a great deal of negative material, primarily from his father. In our work we have come to understand that Jeff's father felt like a failure and suffered from intense internal criticism, having himself been reared by a cold, harsh father. Jeff's father, in turn, without conscious awareness, projected his feelings about himself onto (and into) Jeff. He did this by treating Jeff harshly (though not as harshly as his own father had treated him) and belittling Jeff. This began happening at a very early age when Jeff had no ability to defend against it. These paternal introjects, as they are called, became lodged in Jeff's mind in such a way that he identified with them; they felt (and still feel, at this stage of the therapy) like part of his true self. Furthermore, they prey upon any good feelings he has

about himself and upon any movement toward success, leading to chronic self-criticism, self-doubt, and self-defeating avoidance.

It is important for therapists who are members of the Church to recognize how introjection and identification happen in group contexts as well, including our clients' church contexts. Understanding this can also help therapists who are not members of the Church increase their multicultural awareness. For example, Latter-day Saint bishops often call adult leaders who are in their 20s and 30s and are devout and charismatic to serve in the Young Men's and Young Women's programs. The hope is that the youth will come to love these adults and desire to be like them. A personal example was my teacher in the Language Training Mission (now called the Missionary Training Center). Elder Taylor was a charismatic young returned missionary who was confident, expert in Portuguese, and a sharp dresser. He knotted his tie in a simple but dapper-looking four-in-hand knot, much different from the boringly symmetrical full Windsor knot I had learned from my father. I started tying my ties like Elder Taylor and do so to this day. I was not just copying him; I wanted to be like him. I had identified with him in the unconscious hope that I could incorporate his traits into my own personality.

Another unconscious process, *idealization*, can be associated with identification. Idealization is both a normal developmental process and a defense. From a psychoanalytic perspective one reason we idealize others is so we can identify with them and thus feel as though we are incorporating their positive traits into our own identity. Idealization can also be a feature of defensive *splitting* (full name: *splitting of the ego*), which is the process whereby "good" and "bad" self and object pairings are kept apart to protect a positive sense of self. Mild versions of splitting are seen in the common "cognitive distortion" that CBT therapists call "all or nothing thinking" (Burns, 1980, p. 40).

Idealization is inevitably temporary when a person is faced with the nuances of the idealized figure's actual personality. Some degree of disillusionment is a common experience that is usually a part of ordinary maturation. For example, we see disillusionment in children who recognize that their parents are not perfect, in teenagers who recognize that their teachers do not know all the answers, and in young couples who

have progressed past the honeymoon stage of their relationship. At times we see disillusionment in people who become distressed upon learning certain aspects of Church history. In the clinical context, we see it to some degree in many patients and to a high degree in some borderline patients. Borderline patients are famous for rapidly alternating between idealizing and devaluing their therapists (American Psychiatric Association, 2013). When idealization collapses, disillusionment and anger can set in. This is made more powerful by identifications: The person may feel that an important part of himself has been lost. The pain of disillusionment and the resulting anger depend, in part, upon the degree of the idealization, the extent to which it has served as a defensive function, and the patient's general level of disturbance.

In my personal clinical experience, helping angry, disillusioned patients understand the role of idealization and identification in personality formation can (in cases where the underlying pathology is mild to moderate) help them become more able to tolerate the discrepancy between the idealization and the reality. (In more severe cases the therapist is called upon primarily to tolerate the patient's oscillations using primarily supportive interventions until the patient becomes able to tolerate and make use of more interpretive interventions.) By contrast, challenging the logic of the patient's conclusions using a cognitive approach may only convey defensiveness and lack of empathy on the part of the therapist. Of course, the therapist's ability to hold and metabolize the patient's outrage will depend partly on the therapist's own ability to tolerate discrepancies and disillusionment, something psychodynamically oriented therapists are specifically trained to do.

Projection in Jeff's Treatment and in the Culture of the Church

Quoting McWilliams (2011) again, "projection is the process whereby what is inside is misunderstood as coming from the outside" (p. 111). It is the act of exporting something from inside one's own mind onto another person and experiencing it as though it were part of the other person. In its mature forms, projection is the basis for empathy. However, projection in its problematic forms can create dangerous misunderstandings and contribute to traumatic experiences.

For example, a father might say to a child who wants to eat candy before dinner, "You do not want that now!" In this case, it is the father, not the child, who does not want the child to have candy at that moment. However, the father essentially disavows his own feeling and locates it in the child, perhaps in an attempt to justify the feeling and to relieve his guilt about denying the child something she wants. This example is relatively benign; however, many such experiences accumulated over the course of childhood could contribute to great difficulties for that person as an adult. In less benign circumstances, a person who relies heavily on projection—i.e., a paranoid person—might imagine that his neighbor wants to cheat him or harm him in some way when in reality the paranoid person has intolerable, aggressive feelings toward the neighbor, feelings from which he protects himself by locating them in the neighbor and then reacting defensively or aggressively. Clients can learn to better function in their families and Latter-day Saint communities once they understand how they, and others, are projecting.

As with introjection, various kinds of mental contents can be projected, including warm and positive feelings, parts of internal objects, parts of the self, and so on. Projection is also involved in transference.

In the case of Jeff, projection occurs a lot at work. He "exports" his critical paternal object onto his bosses and others, experiencing them as critics even though they do not have critical feelings toward him. He imagines they are like his father and feels anxious, panicky, and rebellious, just like he did toward his father.

Jesus talked about projection. Knowing that we are prone to see the faults of others and not our own, he counseled us to "first cast the beam out of thine own eye" before calling attention to the speck of dust in the eye of another (Matt. 7:3–5, King James Version). Partly because of the pervasive influence of Christian teachings in traditional Western culture, the concept of projection is well understood by most people both outside and inside the Church. However, we do not often talk about the way desirable parts of the self can be projected and disavowed in the self. For example, sometimes members of the Church sell themselves short when they see the virtues of others all around them but cannot see the virtues in themselves, leading to shame and discouragement.

Projective Identification in Jeff's Treatment and in the Culture of the Church

Projective identification (PI) is a complex concept that can be very difficult to understand (Scharff, 1992). However, for our purposes, we can think of PI as what happens when projection on the part of one person and introjection on the part of another person work in tandem such that the person who is the target of the projection is subtly induced to think, feel, or behave in accordance with the projection. PI is the reason why feelings are contagious. For example, borderline patients in the throes of painful anxiety may feel like they, the world, other people, and especially their newly minted therapists are bad and that people do not care enough and will continually disappoint them. They burst out with angry accusations that the therapists do not care, projecting their feelings of badness, unlovability, and disappointment (or, stated differently, their "bad selves") onto the therapists. The therapists, who try hard to care about people and like this about themselves, but also have doubts about themselves—due to newness or other issues—immediately take in the badness and experience it painfully as their own. The feeling of badness gets into therapists because it finds a ready docking point in their own self-doubts. Stated differently, individual parts of therapists identify with the feeling, and it plays upon one of their deeper anxieties: the fear of not being good enough. Furthermore, therapists may feel the impulse to defend themselves or even fire patients, thus "confirming" patients' beliefs that they themselves are bad people, that they are unlovable, and that others will always disappoint or reject them. Thus the patients have induced their therapists into behaving according to their (the patients') projections.

In the case of Jeff, we could say that his father's feelings of failure and self-loathing may have been projectively identified into Jeff such that Jeff came to believe deeply that he himself was the failure and deserved the internal criticism he was receiving. This may have led to repeated enactments of failure wherein Jeff unconsciously behaved in ways that led to problems at work, not finishing things he started, and so forth.

Some projections do not get inside the target person and can be brushed off easily. For example, if someone called me a Christmas tree, even in a derisive tone, nothing much would happen inside me because the premise is absurd. However, if someone accused me of

being "one of those Mormon hypocrites," I might take this in and feel anxious, quickly reviewing past mistakes and thinking that perhaps the accuser is right. I would probably also feel defensive and have the impulse to argue. The point here is that projections can get into the target person by the process of identification when the target person has a *valency* (Bion, 1952) for the projections.³ For Jeff, his father's constant belittling probably created a valency for taking in anything that could conceivably be construed as devaluing, such as constructive criticism at work, and experiencing it as an attack upon the self.

PI happens all the time in everyday relationships, not just troubled ones, and can include the sharing of positive feelings as well as painful ones. For example, when two people like each other, they can both sense it and they may become friends. If these feelings are intense enough and are accompanied by sexual attraction, the parties may fall in love because each can accept the other's projections (Scharff & Scharff, 1991). In close relationships, PI can serve as a communication, a method of bonding, and/or a source of conflict (as when a couple becomes locked in a cycle of mutual blaming). PI is also the basis of the transference-countertransference dynamic between patient and therapist.

As an example of how PI can happen in a Latter-day Saint context, suppose there is a ward member who is somewhat rigid and sees things in a polarized way. One Sunday he gives a sacrament meeting talk on covenants. He says that people need to do a better job of keeping them with exactness. In the congregation, there is a conscientious and guilt-prone woman who begins to feel guilty even though she knows intellectually that she has done nothing wrong. She might go home feeling vaguely uneasy or bad about herself, having taken in (identified with) the unconscious guilt of the speaker. In effect, the speaker "exported" his own unconscious guilt and feeling of inferiority, and the woman "imported" it without recognizing it as coming mostly from the speaker. If this woman goes to therapy with a Latter-day Saint therapist who understands PI, an interpretation about this could greatly relieve her by helping her to locate the feeling where it belongs, i.e., mostly in the speaker, not so much in herself.

As another example, I remember a time while serving as bishop when a young visitor couple wanted to talk with me after sacrament meeting. For reasons that

are not relevant to this discussion, they asked me to make an exception to established Church policy and move one of their membership records into our ward even though that person did not intend to reside there. When I refused, the woman accused me of being rigid, unreasonable, unwilling to extend the Christlike help to which she was entitled, and no different from the “bad” bishop who had previously refused. I held firm but felt so bad after the interview that I had to consult with my counselors to get a reality check about my decision. In this situation, unconscious bad feelings that resided in one person became located in another through projective identification.

Transference and Countertransference in Jeff's Treatment and in the Culture of the Church

For object-relations theorists and practitioners, transference starts with projection. The patient unconsciously imagines that the therapist is similar to someone from the patient's past and then reacts as though this were true. Stated differently, the patient projects an internal object onto the therapist, in effect, pasting a picture of someone else's face onto the therapist and reacting as if the therapist were that person. In the case of Jeff, sometimes I sense that he is experiencing me as though I were his critical father. On many occasions, he has avoided eye contact, hemmed and hawed about something he could not quite say, but finally disclosed it cautiously as though he assumed I would criticize him.

Just as transference starts with projection, in a complementary way, countertransference starts with introjection. Therapists internalize material coming from their patients and notice that patients are reacting toward them as though they were, say, a father or mother. In addition, patients' projections might induce thoughts or feelings in therapists that are similar to what the father or mother might have felt. This is projective identification at work. Going further, therapists might even find themselves behaving as though they were the father or mother. Ideally, therapists will have been trained to notice the way projective identification is playing out in the therapy, understand it, and interpret it for their patients rather than enact it. If therapists can contain their reactions, reflecting instead of acting, they will have learned something important about the early life and internal dynamics of each patient. If,

based on countertransference, therapists offer an interpretation about how their patients might be feeling and how this might be influencing patient perceptions and behavior, therapists will have enlarged their patients' self-awareness and agency to choose something other than enactment.

In the case of Jeff, he has often worried that I would be critical of him, as though I were the critical father and he were the frightened child. At other times he has been irritated with me. In some of those situations, I have felt as though he was enacting the role of the frustrated child who is angry at the neglectful parent, as represented by me. In those cases I may feel guilty that I have neglected or misunderstood him or angry that he does not appreciate my earnest efforts to help him. I may have the urge to defend myself. At other times I may feel critical of him and have the urge to confront him sternly about something, as though I were the critical parent and he were the bad child. My countertransference reactions and the urge to act upon them reflect my identification with the father “object” Jeff has temporarily installed in me by way of projective identification. My awareness of these dynamics has helped me stay reflective and resist the urge to act out my countertransferential feelings. My awareness has also allowed me to understand what Jeff's internal world is like: He is routinely persecuted by an internal critical father “object” and has the urge to act out. When I say things that signal my awareness and describe his internal experience accurately, he feels understood and connected to me. In those moments I feel the connection as well.

Freud and many of his followers thought of countertransference as evidence that the therapists themselves had not received enough personal treatment and that countertransference should be minimized or eradicated. Today, however, we understand that both transference and countertransference are inevitable, vital elements of the treatment process that can be used to understand the patient and formulate interventions (Wishnie, 2005).

Therapists who pay attention to transference and countertransference recognize that these processes actually happen in all close relationships. Every close relationship exists in a field consisting of mutual projective and introjective identification. In this dyadic field, the partners are constantly and simultaneously

“exporting” and “importing” unconscious material. In healthy relationships this contributes to understanding, empathy, and intimacy. In pathological relationships this contributes to blaming, defensiveness, and escalating conflict. For example, distressed marriage partners may unconsciously locate their bad internal objects in each other in two ways. They may see them in each other but not in themselves (projection). Going further, they also may project them onto each other and then behave in ways that cause the recipient to “import” them, that is, experience them as originating in the self (projective identification). At the same time, both partners are resisting or defending against what is incoming. Each blames the other and neither accepts anything in what amounts to a game of emotional tennis with a ticking time bomb.

As I have discussed elsewhere (Morris, 2011), interesting—and sometimes problematic—manifestations of transference and countertransference can occur in the religious realm. For example, most Latter-day Saint therapists have had clients who had a malevolent or indifferent father and therefore have trouble believing in a benevolent, involved Heavenly Father. As another example, many of us as therapists have been transferential stand-ins for someone’s insensitive bishop or pushy “Mormon” neighbor. These sorts of transferences are usually easy to spot and work with. However, perhaps because religion is so central to a Latter-day Saint identity, countertransference enactments based on religion can easily arise and be difficult to manage. For example, suppose a 16-year-old, inactive Latter-day Saint female client is in a sexual relationship with her boyfriend. The therapist, an active Latter-day Saint woman, has warm maternal feelings for the client but is aware of them and works to avoid acting like a worried mother. She also keeps in check her impulse to sermonize about the spiritual dangers of violating the law of chastity. However, one day the therapist is taken aback upon learning that the client is pregnant and intends to have an abortion. The therapist’s maternal feelings and religious values may compromise her ability to preserve a neutral space where the client can think through her options without having also to cope with the therapist’s anxiety.

As another example of a religiously based countertransference situation, let us say a young Latter-day Saint returned missionary who grew up active in the

Church has decided to leave it, citing concerns about Latter-day Saint history and policies. He is starting to realize that he has felt stifled by his well-meaning but anxiety-ridden parents, whose happiness seems to depend upon his conformity. One day in a therapy session he angrily states, “Mormons stifle their kids! The Church says it believes in free agency, but it does not act that way!” The Latter-day Saint therapist, a devout man whose own children have not all stayed in the Church, is triggered by the client’s unfair generalizations. He feels a strong impulse to defend the Church, its members, and (unconsciously) himself. If he makes the mistake of saying something defensive, he may scuttle the therapeutic relationship. On the other hand, if he refrains from reacting defensively and instead says something like, “Given your experience with your parents I can see how you would be angry at the Church,” he may preserve the therapeutic relationship and move the therapy forward.

Coping with religiously based countertransference can present a particular difficulty for the Latter-day Saint therapist. Membership in the Church, like membership in some other faiths, is far more than just a set of beliefs; as stated above, it becomes part of one’s identity. It constitutes a committed Latter-day Saint individual’s worldview, occupies much of that individual’s time and energy, and requires a considerable financial commitment. It immerses members in a rich social network. Committed Latter-day Saint therapists who are heavily invested in the Church emotionally, spiritually, philosophically, temporally, and socially may have to work a bit harder than a secular humanistic therapist to manage their reactions to client behavior when it deviates from their cherished norms or to tolerate with kindness a client’s verbal challenges to their religious views. Understanding psychodynamic concepts and attending to unconscious relational dynamics can help therapists be more attuned to their clients, more able to set clear relational boundaries, more able to model Christlike ways of relating to others, more able to respect client agency, and more able to avoid unconscious countertransference enactments that can potentially harm clients.

From early in my career, I remember an inactive Latter-day Saint man in his 30s with schizoid traits whose only meaningful contact with other people was when he used the internet to find married couples who

wanted to engage in sexual threesomes. In some of these encounters, he received a measure of tenderness and affection without the “danger” of emotional intimacy or commitment. When with enormous embarrassment he finally disclosed this, I was shocked and did not know what to say. I did, however, manage to keep my cool during the rest of the session. After it was over, I thought long and hard about how to handle this material. I did not want to appear to condone the behavior, but neither did I want to shame the client or shut down his halting narrative. I finally decided that I needed to meet him where he was, think of the behavior as a poignant attempt to have a “safe” form of loving human contact, and appreciate his trust in me. Even though I had found a way to think about the behavior, I still had to work with myself to avoid saying anything with words or actions that might scare him away. I had to be careful with my religiously based countertransference in order to protect the therapy.

Containment in Jeff's Treatment and in the Culture of the Church

Wilfred Bion, a British WWI hero and a brilliant psychoanalyst, contributed many vitally important concepts to our understanding of the mind (Bion, 1962a, 1962b, 1965; or see Brown, 2012, for a more accessible summary). He thought that the mind contains primitive anxieties and other proto-thoughts, which he called *beta elements*. To convert these into actual thinkable thoughts, which Bion called *alpha elements*, the mind uses a process called *alpha function*. Using the alpha function, the mind “digests” beta elements (unthinkable thoughts) into alpha elements (thinkable thoughts), which can then be reflected upon, considered, and acted upon in the way we ordinarily experience the workings of our conscious mind. Borrowing an analogy from Ferro (2007), consider what happens when raw vegetables, let us say tomatoes, are fed into the receiving end of a food grinder. As the operator turns the handle, the tomatoes become tomato puree, which comes out the other end. The puree is more digestible than the raw tomatoes and can be used as an ingredient in soups, sauces, and dressings.

Bion (1962a) also described a process he called containment, wherein one mind can serve as a container for the projections and primitive anxieties of another. The “owner” of the container uses alpha function to

process this material and return it to the originator (via PI) in modified, digestible form. Following Ferro, we can imagine a modern blender that has both holding capacity and a grinding or pulverizing mechanism at the bottom. After the raw material is put into the blender and ground up, it becomes a “smoothie” that is more palatable than the raw ingredients. Thus, containment is not just passive storage. It is active emotional and cognitive work, at least partly unconscious, that can help make something bearable, either for the owner or for someone else.

Mothers and fathers provide containment for babies, spouses do it for each other, families and groups do it for their members, mentors do it for students, therapists do it for patients, and so forth. For example, consider a parenting situation. Little Johnny runs screaming into the house, bleeding from a skinned knee. He hurts, and he is frightened. His father hugs him and says, “Oh. I bet that hurts. Let me have a look.” Father carefully and calmly examines the wound and says, “How about if we put some medicine and a Band-Aid on it. I promise it will not hurt too much.” Johnny is calmer by now and bravely endures the first aid. Father holds him for a few minutes. Johnny feels better and goes back out to play.

What happened here? First, this healthy father experienced an identification with Johnny's pain. He took in the pain and connected with it because he has experienced similar things. However, with his years of life experience and his developed alpha function, he was able to turn the raw pain into something that could be thought about and reflected upon. He realized that Johnny's injury was painful but not serious. Although the physical first aid happened when the disinfectant and Band-Aid were applied, the emotional first aid happened when Father uttered his very first empathic syllable (“Oh.”) with a certain inflection that conveyed the message: “I see that this hurts, I understand, and it is not as serious as it seems.” Father took Johnny's raw tomatoes, as it were, ran them through his own internal food processor, and gave them back to Johnny in a bearable, digestible form. Father became Johnny's auxiliary ego for a few moments. Johnny's physical pain persisted, but his emotional pain subsided. Over hundreds or thousands of iterations of this process during childhood, Johnny learns that (a) my feelings matter and are welcome; (b) my feelings are understandable

and manageable; and (c) I am secure and loved. In addition, and most importantly, Johnny internalizes his father's alpha function, which he can then use on his own. This is how children (and our patients) learn affect regulation and mentalization (Fonagy, Bergely, Jurist, & Target, 2002), which is the capacity to tolerate, reflect upon, and downregulate one's own emotional states and those of others.

By contrast, if Father's alpha function is impaired and he copes by repressing his feelings, he might try to induce Johnny to repress Johnny's feelings by saying, "Stop crying! You are making a big deal out of nothing! Big boys do not cry." This might help Father manage the distress he feels when Johnny is upset, but it would teach Johnny that feelings do not matter, are shameful, and must be repressed.

If Father's alpha function is impaired and he copes by exporting (projecting) his distress, he might overreact: "Oh my gosh! You are bleeding! We had better call the doctor!" This would escalate Johnny's distress by forcing him to take in Father's distress and manage it along with his own, thus being responsible for taking care of himself and his father. Johnny might grow up to be a therapist (Sussman, 1992).

In the case of Jeff, we have come to understand that his parents were not adequate containers for the distress he experienced growing up. Not only did they cause most of it, they were so full of distress themselves that they made Jeff into a container for their feelings rather than being there to help him contain his own. This is precisely the situation that Miller (1997) has described so eloquently: the child cannot develop normally because the parent cannot tolerate and accept the child's needs and feelings but instead requires the child to contain both the child's needs and feelings and those of the parent.

Containment is an important part of what happens in therapy. In the intersubjective field of the therapy relationship, patients and therapists are passing things back and forth via PI. Therapists, with their presumably better-developed alpha function and enlarged capacity for containment, receive the patients' projected bad internal objects and experience them as painful. However, they do not retaliate but simply observe, metabolize, and "feed" them back to patients in modified, detoxified forms as clarification or interpretation.

For example, let us imagine the following clinical situation. A therapist who is usually punctual arrives late for a session with her patient, a man in his 30s with borderline personality organization (Yeomans, Clarkin, & Kernberg, 2002). The patient, apparently caught in the throes of a painful negative transference, says vehemently, "I cannot believe you are so thoughtless! You know that my whole life I have been let down by people who were supposed to love me! You are just like all the rest of them! You are a terrible therapist and this will probably be our last session!" The therapist, a skillful, conscientious person who thought the therapy had been going well, feels a stab of excruciating guilt. For a moment she wonders whether the patient is right. However, because she knows that she does in fact care about the patient, understands how to work in the transference, and has a well-developed alpha function, she can with some effort metabolize the incoming feeling of badness. She does so by (a) recognizing her own feelings, (b) calming herself down by trying not to take the accusations personally and by reassuring herself that she is not a bad person or a bad therapist, and (c) reflecting on what the patient is feeling and why. This processing would be partly conscious, partly unconscious, and it would happen in just a couple of seconds. Having metabolized and detoxified the feeling of badness that was put into her, the therapist might then say, "I was indeed late and I am sorry. That was a mistake. You are so angry and disappointed that you feel like firing me. Maybe I deserve it and maybe you will decide to leave. Is there more you would like to say?"

Psychodynamic therapists might disagree about the specific wording or the level of self-disclosure in the above intervention, but we can see the three key elements: (a) the therapist takes in the badness that is being projectively identified into her, (b) uses her alpha function to process and detoxify it, and (c) returns it to the patient in more palatable form. In the process the patient learns that the therapist is emotionally engaged, has feelings, and is robust enough to contain the patient's feeling of badness. The patient also learns that he can be cared about in spite of feeling defective, that ambivalence can be tolerated, that therapy is a safe space where he can fully be himself, and so on. This experience is qualitatively different from what the patient likely experienced growing up

where the emotional environment may have been invalidating (Linehan, 1993), shaming, or even abusive. Over many iterations of this process, something shifts inside the patient. He recognizes that the therapist is both caring and sturdy, flexible and firm. He gradually internalizes the therapist as a good-enough (Winnicott, 1953) object who can be carried with him internally for support in times of distress. He borrows and then internalizes the therapist's alpha function, that is, her capacity to mentalize, regulate affect, tolerate ambivalence and ambiguity, and respond nondefensively to the ordinary imperfections and misattunements involved in close relationships. He is able to get on with his psychological development.

In the case of Jeff, I have been called upon many times to internalize and contain his painful states of mind. These include despair, frustration, anger, confusion, and hopelessness. Although I am not trying to "reparent" him, I am seeking to give him the experience of having someone understand him and sit with his distress rather than try to dismiss it, minimize it, or fix it. This can be difficult at times because there is a strong pull to fix it. By not trying to fix it, but instead trying to understand it, I am seeking to help him learn that his feelings are bearable, less dangerous than he imagined, understandable, and survivable. Ultimately, he may internalize something of my alpha function and be able to use it at both a conscious and an unconscious level in coping with distress.

Of course psychodynamic psychotherapy, like any effective psychotherapy, contains many more ingredients than just containment. Other important ingredients include respect, careful listening, the frame of therapy, clarification, confrontation, interpretation, evenly suspended attention, the space for the transference to develop, positive identification, and so on (see Gabbard, 1990; Lemma, 2016; McWilliams, 2004; and Scharff & Scharff, 1998). I have focused heavily on the process of containment because, as elaborated below, containment in particular can be seen as having a strong spiritual component.

In the Latter-day Saint faith, we covenant to "mourn with those who mourn" (Mosiah 18:9). Truly helping another grieve requires containment. Bringing treats, telling someone who is in distress over a loss to "cheer up," offering reassurance by saying "you'll feel better soon," or even shaming someone for continued

mourning are very different from containing another's grief through listening, having empathy, and helping him sit with and metabolize his pain. Many clients who are mourning but cannot find containment in their community or church culture may be relieved to realize that others have not been "mourning with" them in a way that is truly helpful. They might find relief in a therapist who understands this and immediately provides this type of relief through containment.

Lest readers infer that psychoanalytic psychotherapists are always warm, tolerant, patient, and accepting, I add that they can at times be respectfully confrontive, insistent, limit-setting, and tough (Yeomans, Clarkin, & Kernberg, 2002). Especially with more disturbed patients, at times it is necessary to firmly confront words or behaviors that threaten the safety of the patient, the safety of the therapist, or the frame of treatment. While this can be done in the context of acceptance and caring, sometimes patients must know in no uncertain terms that certain behavior cannot be tolerated if the therapy is to continue. In addition, psychoanalytic psychotherapists may also confront patients about patterns of behavior that violate the patient's stated values and goals or which may constitute an unconscious repetition of a toxic pattern. Such an assertive and firm stance is also part of effective containment. Parents know this when they say to an angry child, "I understand you are angry, but I cannot let you hit your sister." Effective containment is both tender and tough, just as Jesus was both tender (e.g., John 8:11) and tough (e.g., Matthew 23:13).

A Side Note from Neurobiology

Recent research in the field of interpersonal neurobiology has given us a way to think about some of these psychodynamic processes on a neurological level. A full review of this material is far beyond the scope of the present paper. (See Scharff & Scharff, 2011, pp. 12–14, for a concise summary; see Lemma, 2016, pp. 22–24 and pp. 75–82, for brief discussions of the interface between psychodynamic psychotherapy and neuroscience.) Briefly, however, research is suggesting that humans have mirror neurons that cause pathways in the brain of an observer to fire in much the same way as those of a participant. Unconscious communications such as projection, introjection, projective identification, and empathy may be

happening neurologically through the action of these mirror neurons. Furthermore, it appears that partners in close relationships, such as psychotherapy, parenting, friendship, and mature love, are actually regulating each other's affect and changing the structure of each other's brains (Arden & Linford, 2010). In other words, psychodynamic processes may be more "real" in the neurological sense than previously thought.

SPIRITUALITY IN PSYCHODYNAMIC PSYCHOTHERAPY

President David O. McKay once said, "Spirituality, our true aim, is the consciousness of victory over self and of communion with the Infinite" (McKay, 1969, p. 8, as cited in McKay, 2011, p.16). Apart from the Atonement itself, the core Christian doctrine is that we overcome selfishness and seek to love our neighbors as ourselves (D&C 59:6; Lev. 19:18; Mark 12:31; Rom. 13:9). We seek to treat others the way we would like to be treated and metaphorically turn the other cheek when offended (Matt. 5:39; 7:12). We are invited, even required, to sacrifice our pride and selfishness (3 Ne. 9:20) as we seek to develop charity, the pure love of Christ (Moro. 7:47). We covenant to mourn with those who mourn, comfort those who stand in need of comfort, and bear one another's burdens (Mosiah 18:8–9). Learning to do these things well requires a lifetime of practice and is a deeply spiritual endeavor.⁴

Few activities require the kind of victory over self that psychotherapy does. Practicing psychotherapy, perhaps especially psychodynamic psychotherapy, requires a special kind of victory over self. It requires us to sit with people in distress and feel their pain without seeking to make ourselves feel better by defending or otherwise enacting something. We do this even in the face of being attacked, criticized, and otherwise used as a container for the painful emotional states our patients are learning to manage on their own (Winnicott, 1945). Furthermore, psychodynamic psychotherapists are taught to behave in such a way as to specifically elicit transferences, even painful ones. They are taught to notice the countertransference pull to behave in accordance with the transference (Racker, 1968), e.g., to soothe, reassure, defend, retaliate, or otherwise engage in an enactment, but instead contain the feeling, detoxify it, and return something helpful in the form of clarification or interpretation.

Seen another way, evil dwells in patients' hearts: evil that was installed there before the patients had any way of protecting themselves (D&C 93:39), evil that patients unconsciously install, or try to install, in the heart of the therapist so as to relieve themselves of it. By accepting the projection, observing it, feeling it, trying to understand it, sitting with it but not trying to fix it or defend against it, the therapist contains and detoxifies by reacting benevolently, returns beauty for ashes (Isa. 61:3). This way of relating to patients is an act of Christian charity and a manifestation of the pure love of Christ (Moro. 7:47), a truly spiritual endeavor.⁵

In order for containment on the part of the therapist to be healing it must also be sincere. That is, it must be based on respect and represent a genuine effort to understand and be helpful. A similar effort without respect and sincerity, e.g., one tinged with the therapist's defensiveness, would not be containing at all and in fact would likely amplify the patient's distress and defensiveness. This is one reason why it is hard, maybe impossible, to help clients we do not fundamentally like.

I hasten to add that I am not recommending therapist masochism, grandiosity, or a savior complex. I am not talking about untreated or unaware therapists enacting their childhood roles as therapists for and "saviors" of, say, their alcoholic fathers or mothers. I am talking about the mature, intentional, realistic, mindful responses of therapists who have become comfortable with their own limitations, who can tolerate and work through their own distress, and who can use this mature capacity to sit near the fire and take the heat, as it were, in service of promoting healing.

Psychodynamic psychotherapists do not have a monopoly on techniques that can be seen as spiritual or the capacity to tolerate patients' distress; I believe that ethical therapists of all theoretical persuasions share these techniques and do a vast amount of good in the world. Several things may set psychodynamic therapists apart, however, including their awareness of the unconscious processes occurring between patient and therapist in the session, their understanding of containment, and their willingness to sit with and metabolize the distress rather than try to fix it, trusting that the process of containment is itself part of the healing.⁶

A SESSION WITH JEFF

Some material from a session with Jeff may serve to illustrate some of the principles described above. By way of background, the day before the session he emailed me to cancel, stating that he had developed persistent transportation problems. Also, he questioned whether he wanted to continue in therapy and wanted to talk about this in our next session two weeks thence. We confirmed that appointment. Later that day he emailed again and asked if the canceled appointment had been filled because he wanted to come in after all. I had not filled the appointment, so we confirmed for the next day.

At the start of the session, Jeff said he felt deep despair the previous day due to a job situation. The feeling was so dark that he wanted to disengage from everything except his family and he had decided to withdraw from therapy. However, the despair receded a bit after he went for a walk, had lunch, and shared his feelings with his boss. He developed a plan to cope with the situation and felt well enough to arrange transportation and reschedule his appointment with me. However, as he talked about the despair, his mood dropped and he had trouble formulating his thoughts into words.

In the countertransference, I was feeling his despair and had impulses to say things to cheer him up. However, recognizing from past experience that this represents my internal defense against taking in and holding his feelings and that it tends to upset him, I stayed quiet and tried to reflect, allowing silence to prevail at times. I was trying to contain and metabolize the despair he was putting into me, and I was feeling quite anxious. Eventually I made a couple of clarifying comments. The words were barely out of my mouth when I sensed that they were inadequate, too small to encompass his pain. Evidently, they seemed inadequate to him as well.

With exasperation in his voice, he said he was having a hard time finding words to describe what he was feeling. I said I also felt my words were inadequate.

I sensed that he was exasperated with me as well as himself, but I did not say anything about this as yet. We were both having trouble finding the right words. I wondered whether we were both struggling to name

something or if one of us was projecting the confusion into the other.

He compared himself to Hamlet, stating that the feeling was one of unrelenting darkness and irreparable badness.

As I allowed myself to associate to this evocative metaphor, an image came to me. I saw a patch of darkness sitting in the midst of a matrix of some sort. The edges of the darkness seemed to be moving, gradually encroaching on the surrounding area. I began thinking of this as an alien object, that is, an introject, that Jeff took in very early, perhaps from his father.

Using the image in my mind, I said it was as though his mind had been infected by an evil alien entity that punishes him if he does anything libidinal, i.e., assertive, creative, or energizing. With excitement in his voice, he said, "Yeah! That's it!"

At this point I felt almost instant relief from my anxiety, and I could see that he did also. I felt us reconnect, and I sensed the Spirit was working with us.

When interpretations hit the mark, the patient will often go on to elaborate. As if to corroborate my interpretation, he offered the example of trying to finish something he was making for his daughter. When he started working on it, he could only see the flaws. He found himself getting very angry, so angry that he had to set the project aside for fear he would irreparably harm his relationship with her.

As we chatted further, he thanked me several times, stated he felt understood, and then asked a question he identified as very important: "Do you think 'it' is genetic or is it an introject?" (He understands the term). I emphatically stated I thought it was an introject. That is, he was not born with it; he took it in from the environment. He seemed very relieved and thanked me profusely. When he left, he seemed moved and somewhat more hopeful. I was feeling deeply moved as well.

At the next session, he reported that the interpretation and my confidence that "it" was an introject helped him greatly. As we reflected on what happened, I told him that I experienced the previous session as a spiritual process. He thanked me for saying so and said that this meant a lot to him because he had come to trust me to tell him the truth.

REFLECTIONS ON THE SESSION

I believe my psychodynamic perspective helped me understand Jeff in a way I could not have without it. Maybe others could have, and certainly therapists of all orientations do effective work. However, with certain patients I find this perspective to be invaluable. Jeff is turned off by cognitive-behavioral interventions and even by some supportive interventions. They make him feel patronized and misunderstood. These interventions seem to elicit a father transference; he hears them as oversimplifications, as criticism, and as a discounting of all the efforts he has already made. If I had not had other skills, I think Jeff would have fired me in the early stages when we were still trying to figure out how to work together.

A purely secular therapist might say that the image of an alien invader arose from my unconscious mind because I introjected Jeff's internal experience and identified with it (that is, projective identification occurred), and my awareness of it helped me formulate the interpretation. While I do not discount this interpretation of my experience, I also believe that the Spirit was working with us in the session. Jeff and I both felt it when my interpretation hit the mark. After the session, I felt grateful: grateful to have been helpful; grateful for the psychodynamic training, which allowed me to work with my countertransference and to formulate the problem in terms of introjection; grateful to the Lord for helping me in the session and for giving me the opportunity to do this work; and grateful for the love of God I felt for Jeff.

CONCLUSION

In summary, psychodynamic psychotherapy has fallen out of favor for a variety of reasons, especially with religiously oriented therapists. In this paper I have explained some of the core concepts and processes of psychodynamic psychotherapy as currently practiced and attempted to show how they can be part of a spiritually oriented approach. Containment, in particular, can be seen as an act of Christian charity that requires therapists to bear the burdens of others in ways that call upon their spiritual capacity to love in a Christlike way. Although all forms of psychotherapy ask the practitioner to sit with the emotional pain of

others, psychodynamic psychotherapists are specifically trained to notice, understand, and bear the unconscious processes happening in therapy sessions, thereby helping patients acquire the capacity to do so for themselves. Psychodynamic psychotherapists use these processes to understand patients' suffering more deeply and to intervene at the level of personality structure. Although psychodynamic theory and the treatment based upon it originated in the mind of an avowed atheist, these concepts nonetheless reflected his honest attempt to understand the human mind and to relieve human suffering. Since Freud's time, psychodynamic psychotherapy has evolved beyond its origins and can now be seen as a spiritual activity that calls upon us to exercise Christlike love. Furthermore, the development of intersubjectivity and the relational orientation within psychoanalysis and psychodynamic psychotherapy may offer a way to strengthen the connections between psychoanalytic thinking and the gospel. In the words of Strawn and Bland (2014), "for the Christian in psychoanalytic treatment, something much deeper [than the promotion of self-fulfillment and psychological health] is occurring. Both therapist and patient are participating eschatologically in the redemptive and reconciling work of Christ" (p. 262).

Working with patients psychodynamically can deepen and enrich their experiences and lead to spiritual moments when they feel deeply understood. In the case of Jeff, I have learned that standard supportive and/or CBT interventions invariably elicit a father transference and defensiveness. I have learned to contain my reaction so as to avoid being seen as critical and disappointing and to focus on pure analytic listening, trusting that my countertransference will lead me to understand and intervene in ways that help him. Doing so has opened a space where the Spirit helps me understand him and helps us create a deeper and more healing connection.

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NOTES

1. The 2014 update of this study (Abbass et al., 2014) showed similar results across an additional 10 studies (for a total of 33) and an additional 742 patients (for a total of 2173). The authors state:

This meta-analysis of 33 RCTs of STPP comprised of 2173 participants found it to have modest to large effects relative to controls across a broad range of CMDs [common mental disorders]. Benefits were observed across a broad range of outcome measures including general measures and somatic symptoms, as well as depression, anxiety, interpersonal and social adjustment. (p. 18)
2. For purposes of simplicity, for the duration of this paper I will refer to “the Church of Jesus Christ of Latter-day Saints” as “the Church.”
3. Bion (1952) borrowed the term *valency* from physics to describe “a capacity for instantaneous involuntary combination of one individual with another for sharing and acting on a basic assumption” (p. 235).
4. Christianity is not alone in this, of course; many religions and ethical systems espouse something akin to the Golden Rule (“Golden Rule,” n.d.).
5. See McWilliams (2004) for a discussion of the role of love in psychotherapy.
6. Other aspects of psychodynamic psychotherapy can also be seen as spiritual. For example, interpretation, especially the version of interpretation that therapists of other orientations may call reframing (Alexander & Parsons, 1982), can be seen under certain circumstances as an act of grace that may allow

patients to stop flagellating themselves and use the truth to set them free (John 8:32). In the session with Jeff, an interpretation appeared to help set Jeff free from hopelessness and self-blame. Similarly, working in the laboratory of the transference can illuminate the dynamics of patients' families and allow them to work toward forgiving themselves and others.

Patience as a Development Virtue and Common Therapeutic Factor

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This article provides an overview of patience and its associated constructs by examining its role in five domains: (a) confidence and control; (b) distress tolerance; (c) relationship development, maintenance, and repair; (d) character development; and (e) spiritual maturation. It highlights initial evidence that patience contributes to increased self-regulation and impulse control, distress tolerance, self-compassion, mindfulness, empathy in relationships, perspective taking, use of cognitive reappraisals, prosocial orientation, character development, and spiritual maturation. Patience helps with coping with anxiety and depression, aids with handling uncertainty, facilitates relationship maintenance and repair, and sustains the ability to manage the ambiguities present during faith crises. It promotes persistence and long-suffering, and it facilitates humility, wisdom, forgiveness, benevolence, faith, hope, and charity. It also supports primary control efforts and activates secondary control strategies when situations are outside of a client's control. Patience enhances the possibility of benefit finding during periods of adversity. Patience may qualify as a common factor (Wampold, 2015) operating across theoretical models and contexts, and it manifests both as a client characteristic and as a therapeutic change process. Eleven potential interventions for cultivating patience are outlined in this article.

Keywords: patience, self-control, emotion regulation, distress, persistence, development, equanimity, religious, self-compassion, goal, adversity

Patience is essential for the development and refinement of all other virtues and is a key variable related to the change process. Elder Joseph B. Wirthlin (1987), a leader in the Church of Jesus Christ of Latter-day Saints, asserted, "I believe that a lack of patience is a major cause of the difficulties and unhappiness in the world today" (p. 30). If this statement is true, then patience may be a crucial factor in ameliorating suffering and unhappiness since it mediates attitudes towards circumstance and sustains intentional efforts. Yet, patience as a therapeutic focus has received little to no attention in promoting beneficial therapy outcomes. Research related to patience, such as self- and emotion regulation, provides compelling evidence for its effect on facilitating well-being (Gross, 2014; Quoidbach, Berry, Hansenne, & Mikolajczak, 2010;

Ryan & Deci, 2000; Simon & Durand-Bush, 2015; Vohs & Baumeister, 2004).

It promotes persistence and long-suffering, and it facilitates humility, wisdom, forgiveness, benevolence, faith, hope, and charity. It also supports primary control efforts and activates secondary control strategies when situations are outside of a client's control. Patience enhances the possibility of benefit finding during periods of adversity, and it manifests both as a client characteristic and as a therapeutic change process.

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The Latin root for patience is *pati* meaning “to suffer,” and the French word *patient* means “enduring without complaint.” A contemporary definition is “bearing provocation, annoyance, misfortune, delay, hardship, pain, etc. with fortitude and calm and without complaint, anger or the like,” and a second usage speaks of perseverance and diligence (Patient, n.d.). Patience has been called the “ability to dwell gladly in the present moment” (Roberts, 1984, p. 53), which Robert Emmons (2003) qualified with “when one would rather be doing something else” (p. 121). Operationally, Schnitker (2012) defines patience as consisting of “both behavioral (i.e., waiting) and emotional (i.e., low arousal positive affect and notable absence of high arousal negative affect) components” (p. 263). Based on this definition, intense negative affect (i.e., anger, anxiety, fear) obstructs patience more than low-arousal negative affect (i.e., disappointment, melancholy, sadness), and high-arousal positive affect (i.e., excitement, anticipation, enthusiasm) is less likely to facilitate patience, while low-arousal positive affect (i.e., contentment, awe, gratitude) will. Patience is activated situationally, but at its core, patience is more than a strategy: it is an orientation to life.

Patience requires both capacity and commitment. These include developmental capabilities such as the evolution of the prefrontal cortex’s executive processing abilities, effective self-regulation, and the ability to evaluate future versus present rewards. Patience necessitates valuing long-term outcomes, considering others, understanding life processes, dwelling with discomfort, and accepting and accommodating to circumstance. This article will demonstrate that patience is associated with a host of character and spiritual virtues, well-being indicators, goal pursuit and attainment, development, a strong relational orientation, effective coping mechanisms, and a general state of equanimity. This article highlights five domains where patience plays a significant role:

1. Confidence and control;
2. Distress tolerance;
3. Relationship development, maintenance, and repair;
4. Character development, and;
5. Spiritual maturation.

PATIENCE DOMAINS (SPHERES OF INFLUENCE)

Confidence and Control

Clients often present with poor self-efficacy, lack self-regulation skills, or have trouble with emotion regulation. Developing confidence in one’s sense of control over self and environment helps address these concerns. Self-efficacy is a person’s belief that they possess the ability to set and achieve goals and attain desired outcomes (Bandura, 1977). Greater persistence in goal pursuit is tied to increased self-efficacy (Schunk, 1991). The inability to achieve desired outcomes is hampered by a variety of factors, but one of the more important reasons is underdeveloped self- and emotion-regulation abilities. Patience is an emotion-regulation mechanism. Harned’s (1997) definition of patience highlights patience’s role as an emotion regulator: (a) suffering with calmness or composure, (b) forbearance and tolerance of others, (c) willingness to wait without resentment, and (d) constancy and consistency in effort. Each of these elements suggests patience regulates emotion (inhibits impulses) in the service of desired outcomes that are generally deferred and prosocial. In regard to self-efficacy, committed and sustained effort is essential for successful performance, which is viewed as the single most important contributor to an individual’s self-efficacy (Bandura, 1977).

Underlying any sustained effort is the capacity for self-control. It is the behavioral pathway for the development of patience, and patience correlates moderately with self-control ($r = .38$) (Schnitker & Emmons, 2007), indicating patience is similar to, but not synonymous with, self-control. Patience requires being able to assess and value long-term rewards over short-term gains, restrain impulses, and act intentionally. Self-control is orchestrated in the prefrontal cortex of the brain and is an element of the executive functioning process tied to decision-making. Self-control is necessary, but not sufficient, for the exercise of patience.

Schnitker (2012) found that patience plays a vital role in goal pursuit, concluding that it “is especially crucial for well-being when people are facing difficulties and obstacles” (p. 274). Researchers studying the construct of hope note that positive emotions are generated when goals are achieved, especially after

“overcoming impediments” (Snyder, Rand, & Sigmon, 2005, p. 258). Patience supports persistence in the face of “impediments” and adversity. It enhances goal attainment, providing a partial explanation for patience’s correlation with satisfaction with life, hope, and elevated self-esteem (Schnitker, 2012; Schnitker & Emmons, 2007), which contribute to a sense of well-being.

Patient people set goals that facilitate eudaimonic well-being, the kind of well-being based on developing human potential. Schnitker (2010) found that “patient people have less hedonic goals than less patient people” (p. 141), suggesting a greater focus on purpose over pleasure. In a related vein, McCullough and Willoughby (2009) provide evidence that “sanctified [nonhedonic] goals appear to generate more commitment, self-efficacy, and persistence than do nonsanctified goals” (p. 79). Sanctified goals are generally more eudaimonic than hedonic in nature, focus on transcending self-interest and immediate rewards, and frequently reflect a prosocial orientation. Prosocial goals provide extra incentive for exerting self-control (Burson, Crocker, & Mischkowski, 2012). Pursuing and achieving meaningful goals is mediated by patience, and goal achievement leads to feelings of control and improved self-efficacy.

Conceptualizing the role of patience through the lens of Regulatory Focus Theory (Higgins, 1997) demonstrates how patience plays a role in control efforts. This theory proposes that goals can be categorized as either promotion/approach/nurturance oriented or prevention/avoidance/security focused. A promotion approach focuses on aspiration and development, leading to gains (adding positives) and limiting nongains (the loss of positives). A prevention approach aims to keep one safe and secure and works to protect what one has (the absence of negatives/nonloss) and to prevent losing things deemed important (the presence of negatives/loss). Both promotion and loss-prevention orientations help develop and sustain a sense of self. Humans are generally wired for development and seek to meet needs that facilitate it. They also attempt to prevent loss. Patience is well suited to aid in promotion goals (adding positives/gains) by sustaining effort and persistence and may also help with handling the disappointment that arises from either a delay in achieving goals or failed attainment efforts (unattained positives/non-gains). For example, the goal of employment is aided by patience; patience sustains the effort in searching for, applying

for, and securing a job (gain). Patience helps when client job applications have not yet led to immediate employment by helping clients cope with feelings of distress and disappointment arising from failed promotion goals (unattained positives/nongains). Patience buffers negative affect and sustains effort—two essential elements of maintaining hope (Schnitker & Emmons, 2007). Prevention goals are also aided by patience by downregulating the negative affect arising from job loss, thus limiting the fuel for negative self-attributions (limiting the presence of negatives/nonloss). Patience also helps cope with loss (presence of negatives) by providing time and emotional space to shift efforts to new goals.

There is convincing evidence that self-control, a core component of patience, leads to a variety of positive personal and social benefits. These include academic achievement, improved ability to resist temptation, higher levels of frustration tolerance, confidence, resilience, greater ability to concentrate, persistence in the face of obstacles, responsiveness to reason, better health, increased happiness, reduced criminal activity, less substance abuse, career success, longevity, and elevated financial standing (Kern & Friedman, 2008; Mehrabian, 2000; Mischel, Shoda, & Rodriguez, 1989; Moffit et al., 2011; Tangney, Baumeister, & Boone, 2004). Csikszentmihalyi (1990) concludes, “People who learn to control inner experiences will be able to determine the quality of their lives, which is as close as any of us can come to being happy” (p. 2). Patience is the bridle for inner experience (Alma 38:12, The Book of Mormon). Teaching and encouraging the development of patience helps clients develop confidence and effective control.

Distress Tolerance

Distress drives clients to our doors. It is a motivational agent, but some clients focus more on feeling better than on getting better, choosing to reduce distress sometimes at the expense of solving problems. Therapists strive to help clients develop greater resilience, where reactivity is low and agency is high, where people feel capable of handling the pressures of life, maximize the good, and learn from their challenges. Building resilience, helping clients see new perspectives, teaching effective emotion-regulation strategies, and developing effective interpersonal skills are all methods for effectively managing distress. Engaging

in and developing these abilities requires patience. Reciprocally, patience is embedded within these skills. Clients learn to act and not just be acted upon as they find effective ways to assert control in their lives. This comes by both actively mastering self and environment and accepting what cannot be controlled by adapting self to situation. Clients who succeed in these efforts experience greater equanimity.

Patience fosters equanimity. It facilitates effective emotion regulation, reduces upset, increases compassion for self and others, and provides perspective that permits time for development. Too often, people become perturbed in seconds, which take minutes, hours, or even days to overcome. Distress intolerance, a form of impatience, exacerbates the tendency to think negatively and elevates the risk of experiencing anxiety (Dugas, Freeston, & Ladouceur, 1997). Safer, Telch, and Chen (2009) contend that “the heart of the Distress Tolerance skills is learning how to develop patience, tolerance, and equanimity (nonreaction) in the face of difficulty that cannot be changed right away” (p. 155).

Patience correlates with mindfulness (Schnitker & Emmons, 2007), and mindfulness is used to generate equanimity. Cawley, Martin, and Johnson (2000) fit patience under a “serenity” factor in their four-factor model of personality virtues, providing additional support for patience as a mechanism for facilitating equanimity. Schnitker and Emmons (2007) describe the buffering effect of patience: “It seems that high trait patience precludes individuals from getting upset and physiologically aroused by stressful situations. Thus, they experience less negative emotions” (p. 198). Patience correlates positively with certain types of positive affect and has an inverse association with negative affect, neuroticism, and depression (Schnitker & Emmons, 2007).

Patience is associated with using cognitive reappraisals that reduce distress. Schnitker (2010) found that “patience corresponds to increased use of proactive coping, which leads to decreased depression” (p. 32). Proactive coping is defined as striving for a desired future rather than trying to prevent a negative one (Sohl & Moyer, 2009)—promotion versus prevention—and involves gathering resources and setting realistic goals. Patience is generally deployed in the service of a future outcome. Restraint coping is another patience-

driven coping strategy (Carver, Scheier, & Weintraub, 1989) described as

waiting until an appropriate opportunity to act presents itself, holding oneself back, and not acting prematurely. This is an active coping strategy in the sense that the person's behavior is focused on dealing effectively with the stressor, but it is also a passive strategy in the sense that using restraint means not acting. (p. 269)

Patience facilitates acceptance, a form of secondary control, which can lead to a “subjective sense of coherence, cognitive satisfaction, or serenity” (Morling & Evered, 2006, p. 285). How clients respond to things they can and cannot control largely determines whether they experience distress or equanimity. Elder Dieter F. Uchtdorf (2010), a leader in the Church of Jesus Christ of Latter-day Saints, teaches, “Patience means accepting that which cannot be changed and facing it with courage, grace, and faith” (p. 59). Patience facilitates the shift from primary control, the direct effort to control a person's environment, to secondary control, which involves adapting self to the environment. Morling and Evered (2006) suggest that “secondary control can involve changing one's perspective on adversity, it may also be adaptive because it enhances people's sense of understanding and meaning in events (see Park & Folkman, 1997), which helps people to cope” (p. 288).

Baumeister and Vohs (2002) hypothesize that “giving meaning to the negative life event may constitute a form of control” (p. 612). Finding meaning in adversity is aided by patience. Making sense of challenging experiences requires time to integrate new ideas into existing beliefs or to alter beliefs to fit new realities. For example, patience provides a classroom for learning what trust and love mean after experiences of abuse. Patience is the art of bearing burdens, and meaning is the mule that packs them.

Schnitker and Emmons (2007) speculate that collectivist cultures, which emphasize equanimity, may use more secondary control strategies and embrace patience more. Supporting this assertion, Chen, Ng, and Rao (2005) posit that Asian cultures value the future more than the present and therefore may “be more patient than their American counterparts” (p. 292). Laran (2010) suggests that culture influences the target of goal striving: “Eastern cultures place high value on the concept of patience and calmness in important

pursuits" (p. 16). This cultural valuing of patience appears to coincide with a greater reliance on secondary control strategies.

Bryant's (1989) four-factor model of perceived control illuminates the role of patience in promoting primary and secondary control. This model "consists of self-evaluations of one's ability to (a) avoid negative events (primary-negative control), (b) cope with negative events (secondary-negative control), (c) obtain positive events (primary-positive control), and (d) savor positive events (secondary-positive control)" (p. 774). By holding his or her tongue, a client may prevent a negative event. Patience aids in coping with negative events by reducing the upset of negative affect. It facilitates obtaining positive events, such as enhancing goal attainment. Finally, patience enables people to slow down, savor achievements, and "smell the roses." Feeling some level of control is crucial to a sense of self; therefore, it is important to have the knowledge and ability to shift between primary and secondary control strategies as a way of sustaining identity. Baumeister and Alquist (2009) claim that

all organisms need to achieve some sort of harmony with their environment so that they can live in reasonable security and peace and can satisfy their needs. Changing the environment to suit the self is one way of achieving such harmony, but changing the self to fit the environment is also a viable strategy. (p. 117)

Patience helps create the synthesis between primary and secondary control strategies and increases distress tolerance.

Relationship Development, Maintenance, and Repair

Patience is essential in creating and maintaining healthy relationships with self (intrapersonal), others (interpersonal), and God (transcendental). Patience with oneself is frequently an issue for clients. Whether clients are addressing perceived failures, problematic habits and self-destructive behaviors, shame, maladaptive perfectionism, or an overly harsh critical inner voice, patience with oneself is essential. Change is often slow, difficult, hard to measure, and marked by episodes of success and failure. Patience permits the process of change to unfold. Elder Wirthlin (1987) suggests that patience may be a particularly challenging virtue in our age: "Perhaps the practice

of patience is more difficult, yet more necessary, now than at any previous time" (p. 30).

It is easy for clients to become harsh critics of themselves, demand perfection, and live with anxiety and discouragement. They forget that they are in the process of development. Elder Wirthlin (1987) stated, "we should be satisfied with our progress even though it may come slowly at times" (p. 32), and Elder Uchtdorf (2010) added "It's OK that you're not quite there yet. Keep working on it, but stop punishing yourself . . . Please remember also to be compassionate and patient with yourself" (p. 120). Clients struggle to strike the balance between developmental efforts and perfection. Progress is better measured in trends rather than in events. Life's journey might be described as the quest to close the gap between the actual and ideal self, transitioning from the natural man to the saint and reconciling the self to the will of God.

Patience promotes a healthy and adaptive view of the self and leads to self-compassion, or the ability to acknowledge the good-faith efforts of oneself. Neff (2003) states, "Recognition that the self, as a member of humankind, deserves to be treated with the same patience and respect as others is an important feature of self-compassion" (p. 235). Elder Uchtdorf (2010) pleads, "Never give up on anyone. And that includes not giving up on yourself" (p. 58).

Patience helps clients learn from their experience. And patience with self is enhanced when clients acknowledge that they are traveling in the same boat as their fellow life travelers, when they treat themselves kindly even in the face of their inadequacy, when they accept failure as an element of eventual success, and when they believe they can face (rather than avoid) whatever pain or darkness is lurking in their minds and hearts. Researchers have found that "those who experienced an increase in self-compassion also experienced increased social connectedness and decreased self-criticism, depression, rumination, thought suppression, and anxiety" (Neff, Rude, & Kirkpatrick, 2007, p. 149). Gilbert (2005) suggests that self-compassion "deactivates" the threat system related to insecurity, protectiveness, and the limbic system. It "activates" the self-soothing system associated with security, safety, and oxytocin. The available evidence indicates that patience is closely associated with self-soothing abilities and negatively related to anxiety. Thus, patience with

self is an important catalyst for growth and development. But the threat system plays an important role as well, warning clients when they should take action. Thus, a woman in a domestic abuse situation may need to take action to avoid physical violence. Patience will be necessary in the healing process—it will contribute to the development of self-compassion that comes as part of healing.

Patience with others is often a therapy focus. Whether it is patience in marriage or with children, coworkers, roommates, or people in general, much upset is experienced when the behavior or beliefs of others do not conform to what the client expects or desires. Too often clients want others to “ticktock” to their own clock. Schnitker and Emmons (2007) found correlations with those who rated themselves as *valuing patience* as a virtue and who also evaluated themselves as *possessing patience* with the following: (a) having a compassionate and nonjudgmental view of others, (b) feeling a sense of connectedness to humanity, (c) possessing a positive and benevolent view of people, (d) exhibiting an appreciation for others, (e) experiencing empathic concern, (f) adopting a new perspective, and (g) having an abundance mentality. These factors contribute to satisfying interpersonal relationships and social cohesion. Patience negatively correlates with avoidant attachment style, which diminishes intimacy strivings (Schnitker & Emmons, 2007). Other factors influence the development of patience. For example, trustworthy caregivers, meaningful experiences with waiting, and beliefs that delayed rewards are worth waiting for contribute to delayed gratification and patience. In one study, delay of gratification in children was significantly influenced by whether they trusted that delayed rewards would be available (Kidd, Palmeri, & Aslin, 2013). It can be difficult for clients if their childhood experiences have taught them that waiting has an unreliable payoff.

Patience correlates with social desirability, suggesting patient people care about what others think and feel. Elder Uchtdorf (2010) encouraged us to “understand that they [others], like us, are imperfect. They, like us, make mistakes. They, like us, want others to give them the benefit of the doubt” (p. 58). President Ezra Taft Benson (1986), a leader in the Church of Jesus Christ of Latter-day Saints, exclaimed, “A patient [person] is understanding of others’ faults” (p. 47).

Schnitker and Emmons (2007) claim that “patience may enable individuals to tolerate flaws in others therefore displaying more generosity, compassion, mercy, and forgiveness” (p. 201). They also found that patience correlates positively with forgiveness, one of the 24 character strengths identified by Peterson and Seligman (2004). Patience serves both as relationship maintenance and repair mechanism. It fosters forgiveness and forbearance. Others have found that patient people are more cooperative (Curry, Price, & Price, 2008, p. 783). Researchers have found that delaying gratification reduces “rejection sensitivity, the disposition to expect, perceive, and overreact to interpersonal rejection (Ayduk et al., 2000)” (Duckworth, 2009, p. 536). Elevated levels of self-control are negatively correlated with even the precursors of anger—malevolent intentions (Tangney et al., 2004). Self-control contributes to “the ability to step outside one’s own point of view and understand someone else’s concerns” (Tangney et al., 2004, p. 303). This helps explain why those with high self-control are “more inclined to make amends” when relationships are breached (Tangney et al., 2004, p. 311). Thus, by association, patience, self-control, and delay of gratification lead to more benevolent views of others. Schnitker (2012) postulates that

if patient people were willing to suffer for the sake of the other and for the sake of the relationship, we would predict that patience could transform those relationships . . . [by] remain[ing] calm and positively (or at least neutrally) engaged with people who are potentially frustrating. (pp. 163–164)

Although it is a virtue to learn to tolerate the weaknesses of others and forgive, no one should use patience as an excuse to allow behaviors that degrade themselves or others, permit violence, or condone abuse. If “patience” is used as a way to deny reality and give unwarranted “second chances,” then it can actually perpetuate harmful behaviors. When to draw the line between giving people a second chance (patience) and when to act to prevent further harm may sometimes be difficult to distinguish and is a personal decision. But any *pattern* of abuse should not be accepted because the perpetrator pleads for patience. In cases of abuse/violence, protecting oneself and loved ones becomes a higher priority than continuing in patience

with a perpetrator's behavior. Elder Jeffrey R. Holland (2018), a leader in the Church of Jesus Christ of Latter-day Saints, taught, speaking of forgiveness, "[Christ] did *not* say . . . In order to forgive fully, you have to reenter a toxic relationship or return to an abusive, destructive circumstance" (p. 79).

Schnitker and Emmons (2007) found that patience is related to experiencing a personal relationship and union with God. They speculate that a "patient individual may be more apt to experience a connection with God as he or she is willing to wait patiently for answers to prayers and for a feeling of intimacy with God" (p. 199). Patience with oneself and others is significantly aided if God is viewed as benevolent and patient with His children (Kirkpatrick & Shaver, 1992; Pargament, Smith, Koenig, & Perez, 1998). Clients are more forgiving of their own mistakes if they believe God is forgiving. Patience builds trust that God's timing is intentional.

Character Development

Patience is critical for character development. It is hard to conceive of anyone developing a trait (e.g., becoming more loving, improving self-control, or becoming less judgmental and more tolerant) without patience. Development requires sustained time and effort, and patience provides the persistence to stick with the process.

Patience correlated most highly with the following strengths in Peterson and Seligman's (2004) classification of 24 strengths: fairness, forgiveness, leadership, teamwork, and kindness (Schnitker & Emmons, 2007). Of the six core strengths comprising the 24 individual strengths, temperance (forgiveness, humility, prudence, self-regulation), justice (teamwork, fairness, leadership), and transcendence (appreciation of beauty and excellence, gratitude, hope, humor, spirituality) predicted higher patience scores, while courage (bravery, perseverance, honesty, zest), a core strength, predicted lower patience scores (Schnitker & Emmons, 2007). It should be noted that of the four strengths comprising courage, perseverance is defined as a core element of patience, while zest, a high-arousal positive strength, is predicted to be uncorrelated with patience, helping to explain this negative correlation. Three themes are present in these correlations: (a) a strong relational theme that emphasizes cooperating,

seeing that others are treated well and giving people the benefit of the doubt; (b) self-regulation; and (c) a view of life that is positive and transcendent.

In relation to the Big Five personality traits (John, Donahue, & Kentle, 1991), patience correlates positively with agreeableness (compassion, cooperation, trust, helpfulness), openness (curiosity, appreciation for art, imagination, willingness to try new things), and conscientiousness (self-regulation, thoroughness, planning, deliberateness, and dependability). These correlations are similar to the themes found with correlates of character strengths. Elevated scores on neuroticism (anxiousness, reactivity, emotional instability, distress intolerance, pessimism, and distrust) and extraversion (energy, positivity, and assertiveness) predict lower levels of patience (Schnitker & Emmons, 2007). Emotional instability, trust issues, and high-arousal positive and negative emotions may act as patience inhibitors. Schnitker (2010) postulates that "this pattern of results depicts the patient person as an agreeable, conscientious, and open individual who does not often experience negative emotions and who may or may not be extraverted" (p. 48).

It is important to note that individuals who present with trauma histories may manifest emotional instability, exhibit trust issues, and experience strong negative emotions as just mentioned. In these cases, an emphasis on patience may recede while the work of processing the trauma, establishing safety, exploring decision-making about reporting abuse or proceeding in a relationship, and other emotionally laden issues are addressed. Patience could be useful during this process, but focusing on patience at the expense of other issues may feel like invalidation, inhibit emotional expression, restrain decision-making that may require timeliness, and even weaken the therapeutic bond.

Patience was inversely correlated with negative affect, but uncorrelated with positive affect in Schnitker and Emmons's (2007) study. However, in Schnitker's (2012) study, which included a patience intervention, participation in the patience intervention "predicted decreased depression and increased positive affect" (p. 160). Schnitker and Westbrook (2014) claim "patience can be conceptualized as a buffer against negative emotionality . . . People high in the virtue of patience may experience fewer negative emotions because their patient disposition prevents the activation of these emotions

in frustrating situations and circumstances" (p. 163). They add, "Patience may allow people to feel more positive emotions or may directly lead to the activation of certain positive emotions" (p. 163). Schnitker (2012) speculates that low-arousal positive emotions like serenity, contentment, and equanimity may be generated by patience, while high-arousal positive emotions such as excitement, happiness, and zest may not.

Researchers provide evidence that emotion regulation improves with age (Birditt, Fingerman, & Almeida, 2005; Carstensen, Fung, & Charles, 2003). Allemand, Zimprich, and Hertzog (2007) found age-related increases in agreeableness and conscientiousness through midlife into old age. These personality traits are associated with greater patience, self-regulation, and social harmony. They found that neuroticism (anxiety) decreases with age. Life teaches that patience is an important part of success and happiness, both personally and relationally. We know from the marshmallow study (Mischel et al., 1989) and the Dunedin study (Moffitt et al., 2011) that children who possess a greater capacity for self-control experience more success in subsequent years. Children vary in this ability, as do adults. Fortunately, evidence suggests that people generally develop greater emotional stability and enhanced emotional well-being as they age. Older people are less reactive, demonstrate increased capacity for self- and emotion regulation, have an enhanced ability to deal with problems (Birditt et al., 2005; Röcke, Li, & Smith, 2009), experience better mental health (Thomas et al., 2016), and participate more in "passive constructive behavioral reactions (e.g., doing nothing) than younger adults" (Allemand et al., 2007, p. 337). Patience is one of those "passive constructive" responses. Patience may be embraced as individuals shift from an achievement orientation to a relational perspective that often accompanies aging.

Patient people experience greater humility, which correlates with less depressive symptoms (Schnitker, 2010). Relatedly, Tong et al. (2016) reported, "there appears to be good support for the hypothesis that humility predicts higher self-control" (p. 38). Means, Wilson, Sturm, Biron, and Bach (1990) identified patience as an element in their four-factor description of humility. The four factors consist of willingness to admit one's faults, a recognition that one cannot

control all social encounters, an attitude of patience and gentleness with other people, and a sense of empathy for others. Psychological definitions of humility also have elements of patience embedded in their descriptions (Landrum, 2011; Tangney, 2000). Other researchers have found that "self-reported humility correlated positively with prosocial qualities like forgiveness and gratitude" (LaBouff, Rowatt, Johnson, Tsang, & Willerton, 2012, p. 17), which are correlates of patience. As evidence of discriminant validity, Wilcox, Kramer, and Sen (2011) found that pride reduces delayed gratification, and Schnitker (2010) found that "narcissism is negatively correlated with patience" (p. 65). Elder Uchtdorf (2010) taught that "impatience . . . is a symptom of selfishness. It is a trait of the self-absorbed" (p. 57). Thus, patience is associated with increased humility and negatively related to narcissism, one form of pride. It is important, however, to recognize that not all impatience is due to selfishness. Clients may be impatient while waiting for the medical report for someone they are worried about. They may find it hard to be patient when they are concerned about the decisions being made by a loved one. Clients need to be careful about being judgmental when they view others as impatient and leap to the conclusion that they are selfish. If the client walked in their shoes, would he or she also feel impatient? Remember humility is an attitude of patience and gentleness towards others that leads to giving people the benefit of the doubt.

Scholars have also made a conceptual case—supported by ancillary evidence—for the connection between patience and wisdom. Hall (1922) speculated that the development of wisdom accrued with age and experience and was facilitated by a meditative attitude, philosophic calmness, and impartiality. The first two of these characteristics—and potentially the third—appear to be closely related to the expression of patience. Baltes, Glück, and Kunzmann (2005) conclude that "wisdom is acquired through an extended and intense process of learning and practice" (p. 332), implying the presence of patience. Staudinger and Glück (2011) postulate three important components in the development of wisdom: (a) a cognitive component that entails a "deep and broad insight into self, others, and the world" (p. 217); (b) an emotional component

that they define as an emotion-regulation ability that enables the “tolerance of ambiguity” (p. 217); and (c) a certain type of motivation “that transcends self-interest and is invested in the well-being of others and the world” (p. 217). Patience is an emotion-regulation strategy and helps when coping with ambiguity, partly because it downregulates negative emotions (Schnitker & Emmons, 2007). Patience meets the criteria for “transcending self-interest” and investing in the “well-being of others” by increasing perspective taking and empathy for others, enhancing tolerance, and facilitating greater acceptance of human limitations (Schnitker & Emmons, 2007). Kramer (2000) contends that successfully integrating life’s dialectics, one form of wisdom, leads a person to become “less judgmental, more tolerant, and more accepting of opposing perspectives and of human limitations” (p. 86), which are also correlates of patience. In a qualitative study of “wisdom from life’s challenges,” researchers found that patience is one of the themes commonly associated with wisdom, along with perseverance and acceptance, which are both strongly associated with patience (Choi & Landeros, 2011, p. 610). Patience is the librarian of experience as it catalogues lessons and creates a library of wisdom.

The Apostle Paul’s formula suggests that tribulation or distress “worketh patience.” Thus, the exercise of patience during difficulties leads to “experience” or, in other words, wisdom—the lessons from experience—which fuels hope (Romans 5:3–4, King James Version). Thus, patience serves as a gateway to wisdom and hope.

Patience correlates with forgiveness and agreeableness (Schnitker and Emmons, 2007), and “agreeable people tend to forgive their offenders” (Fehr, Gelfand, & Nag, 2010, p. 904). Patience is a forgiveness enabler and mediates the upset that contributes to relationship ruptures. McCullough, Fincham, and Tsang (2003) suggest that forbearance, “the exercise of patience or restraint” (p. 542), is a principal element of forgiveness, and Harned (1997) identified forbearance as one of the four factors comprising patience. McCullough et al. (2003) claim that forbearance moderates reactions to transgressions. Thus, forbearance and patience dampen the intensity and reactivity to offenses. Not only is patience critical in the process of forgiving, but it also helps prevent taking offense.

Spiritual Maturation

Patience is essential for spiritual development. It correlates with religious behaviors, such as frequency of prayer, scripture reading, number of religious friends, and religious service attendance (Schnitker & Emmons, 2007). It is associated with spirituality, one of 24 character strengths identified by Peterson and Seligman (2004). It is related to a spiritual approach to life that includes experiencing a relationship with God and feeling a sense of abundance and gratitude, as well as holding a compassionate and nonjudgmental view of others (Schnitker & Emmons, 2007). There is bidirectional evidence that supports religiosity as fostering greater patience, but there is also some evidence that embracing patience may increase the value of a spiritual approach to life. For example, patience cultivates prosocial views, forbearance, secondary control, long-term versus short-term value orientations, and eudaimonic goals, or values that lead to harmony (humility and wisdom) that may enhance a spiritual approach to life.

Research across the world demonstrates that “religious people are lower in impulsivity and more willing to delay gratification than are their less religious counterparts” (Carter, McCullough, Kim-Spoon, Corrales, & Blake, 2012, p. 228), which can be considered a hallmark of patience. Chen et al. (2005) speculate that believing in an afterlife likely enhances the importance of future outcomes, offsetting the value of immediate rewards. Duckworth (2011) states, “arguably, every major religious tradition advocates forsaking pleasure in the moment to realize greater deferred rewards” (p. 2639). Researchers have found initial evidence that “religious people (or people who have had religious mental content activated) will experience less self-regulatory depletion after tasks that rely on self-regulatory strength” (McCullough & Willoughby, 2009, p. 83). Priming religious thinking in “believers” restores self-regulation energy after self-regulatory-taxing activities, when the predicted outcome would be for self-regulatory depletion (Rounding, Lee, Jacobson, & Ji, 2012).

Religious tenets reinforce the importance of patience, identifying it as one of God’s divine characteristics, as a characteristic important for submitting to God, and as a way to interact with one another. Thinking about one’s religious values appears to help people react with less defensiveness and distress to their perceived errors (Inzlicht & Tullet, 2010), increasing the probability for

self-compassion and personal peace. Inzlicht and Tullet (2010) conclude:

If thinking about religion leads people to react to their errors with less distress and defensiveness—an effect that occurs within a few hundredths of a second—in the long run, this effect may translate to religious people living their life with greater equanimity than nonreligious people, being better able to cope with the pressures of living in a sometimes hostile world. (pp. 1188–1189)

In the Old Testament, New Testament, and Christianity in general, control of self is given primacy over controlling the external world, others, and circumstances. The author of Proverbs states, “He that is slow to anger is better than the mighty; and he that ruleth his spirit than he that taketh a city” (Proverbs 16:32). People may master the world and still lose their own souls (Mark 8:36). Patience is a value commitment, based on a benevolent view of self and others that weighs the merits of long-term rewards with short-term gains and triggers the enactment of self-control in generating patience.

Patience is essential for those striving to become “partakers of the divine nature” (2 Peter 1:4). In the divine sequence of development, patience mediates between virtue (righteous desires) and self-control on the one hand and the development of godliness and charity (2 Peter 1:5–7) on the other hand. Therefore, patience harnesses righteous desires and sustains self-control in the development of godliness and charity. In fact, the Apostle Paul’s description of charity has embedded within it various elements of patience: suffering long, enduring, bearing burdens well, and not being easily provoked (1 Corinthians 13:4, 5, 7). Elder Uchtdorf taught “patience is a process of perfection” (2010, p. 59).

Faith requires the exercise of patience since faith is “not to have a perfect knowledge” (Alma 32:21). The drama of faith is played out on the stage of uncertainty, where people choose to believe in things they cannot see because they believe the “seed” will develop and grow as promised. People engage patience as they nurture the seed and wait to see whether it will produce good fruit. But the suspense of uncertainty can be unsettling and lead to impatience. People are tempted to give up what they know because of the things they don’t know. President Brigham Young (1978), a leader in the Church of Jesus Christ of Latter-day Saints,

said, “Give me patience to wait until I can understand it for myself” (p. 224). Humans are prone to catastrophize when dark clouds appear, not knowing when the skies will clear again. As Elder Neal A. Maxwell (1990), a leader in the Church of Jesus Christ of Latter-day Saints, taught, “Patient endurance permits us to cling to our faith in the Lord and our faith in His timing when we are being tossed about by the surf of circumstance” (p. 34). Patience provides a path by “still waters” which “restoreth” the soul (Psalms 23:2–3). Those that wait on the Lord shall renew their strength (Isaiah 40:31). Faith is the settling of uncertainty with evidence that is personal, private, authentic, compelling, and often ineffable. In many ways, patience is an act of faith and hope. It is the belief that restraint now will lead to something better later. Patience provides time for the seeds of faith to sprout in the soil of uncertainty. Patience sustains faith and breeds humility, which delivers God’s children to His will. The lessons that come from the trials of life are best received by patience. Patience is the glaze in the refiner’s fire that allows the client’s divine potential to become a work of beauty.

In summary, patience is integral to change, growth, and development. It is critical for those struggling with addictions or trying to change habits/lifestyles, who make repeated efforts to improve. Sometimes these efforts are made with growing hopelessness as clients begin to believe they will never succeed. The application of patience reveals that effort itself is part of the victory, and the lessons learned from each successive effort can help the next attempt become more successful. These persistent efforts provide God the opportunity to judge and reward intent (D&C 6:16, The Doctrine and Covenants) as well as outcome. Distress that is persistent or reoccurring requires patience in order to take one step at a time, to develop new perspectives, and to sometimes adapt to a reality where meaning and satisfaction include living with “thorn[s] in the flesh” (2 Corinthians 12:7). Patience is necessary to repair injured relationships, where it takes the good-faith efforts of two fully flawed people. Forgiveness is both a decision and a process, and patience turns that decision into a process that nurtures healing. Patience is required for any goal that requires sustained effort when success is incomplete. It respects the influence of timing and the constraints of control. Patience allows people to endure suffering and provides admittance to

the advanced classroom for lessons only adversity can teach. It is the bridge all clients must cross between the actual life being lived and the ideal life they are striving to live up to. It is accepting inadequacies while striving to be better and recognizing that there is joy in the journey and not just the arrival. Patience is the fisherman of opportunity, the coach of persistence, the author of control, the trainer of the tongue, the tutor for timing, the pupil of experience, the witness for pain, the caretaker of troubles, the friend to compassion, the guide for forgiveness, the custodian of hope, the farmer for faith, the companion of serenity, the explorer of hidden strengths, the builder of talents, the sage for wisdom, the colleague of humility, the scholar of human relations, the guardian of civility, the apprentice to charity, the sculptor of the soul, and the thermostat for distress. Patience helps soothe the distress of suffering. Adversity is the tiller of the soul. It uproots noxious weeds and loosens the soul's hardened ground. Patience fertilizes this soil of the soul in the garden of the Gods.

If life proceeded exactly as people wanted and expected, if life's wind always blew them towards their desired destinations, and if their priorities always trumped everyone else's, everyone might have little need for patience. But life—with timetables and "interruptions" not of their own making—is a mix of what people want and do not want and what they have and do not have, where expectations and goals are important but can also lead to frustration and disappointment, and where developing and flawed people (including themselves) with their own needs and desires exist. Patience allows people to maneuver through the expected and unexpected, distill lessons, develop and grow, experience peace, and live in love with oneself, neighbors, and perceived enemies.

CULTIVATING PATIENCE

A variety of interventions can cultivate patience. Here are few ideas.

Enhance Self-control

Self-control by its very nature is designed to focus attention and energy on a goal (an intentional act) and to reduce the influence of competing impulses and distractions. Consider the following: create a plan for

scripture study, work on remembering the names of those you meet, commit to an exercise plan, or enact a savings plan. Clients will have greater success if their plan is specific, measurable, realistic, highly committed, and supported by trusted others and if they avoid working on too many goals at one time.

Improve Distress Tolerance

Difficulties and frustrations arise for everyone. Patience is developed by being less reactive to situations, less fearful, and not so rushed, thus reducing discomfort. It comes when clients soothe and calm themselves, when they see problems from a growth perspective and adopt a learning attitude. This includes seeing challenges as opportunities rather than threats. Consider the following interventions: develop mindfulness; focus on benefit finding; improve self-soothing abilities; avoid overgeneralizing, personalizing, and thinking of negative events in permanent ways; learn relaxation skills; strengthen a sense of purpose and meaning; foster friendships and social support; and build faith and hope in God. Teach clients to expect and accept challenges, to understand the role of opposition in God's plan, to develop effective coping skills, and to appreciate surviving while working toward thriving. Learning to sit patiently with discomfort helps clients tolerate the journey of discovery that comes from facing their fears and pain. They sometimes realize that their fears were exaggerated, find that they are stronger than they supposed, become aware that they can offer real empathy to others and themselves, come to understand that mercy and grace are available—that God will make all things work for their good according to His timing—and learn that God was already present when pain appeared at their door. For God "descended below all things" (D&C 88:6) into the abyss of suffering (D&C 19:16–18), knows what it is like to feel alone ("why hast thou forsaken me?"; Mark 15:34), and learned how to aid and comfort His children through His own suffering (Alma 7:12).

Foster Self-compassion (Seeing Ourselves Through the Eyes of God)

People are more patient with themselves when they recognize that everyone experiences a gap between their good intentions and their actual behavior. That is no reason to resort to demeaning and criticizing one's

self. Encourage attitudes that emphasize learning from mistakes, being patient with progress, making continued efforts to improve, crediting effort even if success is incomplete, and realizing that grace will replace one's inadequacy with God's completeness. Self-compassion is enhanced by using language with oneself that is gentle, encouraging, and filled with goodwill, while also envisioning God as a loving father who is rooting for you, avoiding comparing oneself to others, developing and acknowledging good intentions, congratulating oneself on efforts to live according to those good intentions, and asking God to fill us with His love. Self-compassion is not an excuse for lack of effort; rather it is a way to emphasize one's divinity.

Increase Benevolent Attitudes

Patience comes more easily when clients understand the needs, desires, and challenges of those around them; when they give others room to be human; and when they treat themselves with that same goodwill. Interventions to increase benevolence include viewing oneself and others as potential gods and goddesses, developing empathy, being willing to give to others what clients want, remembering their own inadequacies and failures, discovering the strengths of oneself and others, forgiving oneself and others, creating I/Thou relationships that unite rather than separate clients from others (Buber, 1970), and attempting to see themselves and others through God's eyes. Viewing oneself and others positively gives us the benefit of the doubt, creates a greater commitment to community, and generates an incentive for patience.

Learn to View Things from a Different Perspective

Impatience frequently arises when clients believe things should be different than they are: "She takes too much time in the bathroom," "That driver should not be cutting in like that," or "I go to church, pray, and try to read my scriptures, so why do I keep struggling with pornography? There must be something wrong with me." Teach clients to reframe and make more positive and adaptive cognitive appraisals. This means looking for alternative explanations that give others and themselves the benefit of the doubt. Clients can challenge their negative assumptions, invite other explanations that might account for circumstantial factors, give credit for their own effort, avoid assuming

that others are intentionally making life difficult for them, and provide other beneficent explanations.

Engage Curiosity

Patience is generated if clients choose curiosity rather than threat in the face of the unknown. Help clients pose questions like the following: "What is my anxiety trying to teach me?" "What can I learn from my anxiety that could help me?" "What assumptions do I hold that make me react with impatience?" "What happens if I try to act positive, even if I don't feel positive?" and "What might it be like if the next time I have an unpleasant/upsetting thought I acknowledge it and then shift my attention to a more constructive thought rather than berate myself for the thought?" Approaching problems with curiosity creates a different relationship with those problems, thus reducing the threat, increasing problem-solving and learning, and generating greater patience.

Nurture Persistence

We live in a time of fast food, Twitter-sized thoughts, and media that shows quick resolutions to complex problems. Developing plans and giving dedicated effort toward them is not modeled well. Learning to persist in meaningful pursuits will cultivate patience. Persistence is the combination of self-control and resilience over time. Help clients learn to identify values, set goals aligned with those values, build plans, work through challenges, and feel a sense of accomplishment (e.g., become more sensitive to holy promptings, improve important relationships, or enhance a desired virtue). Start small to begin with. The key is to pick a project that will take time, have a high investment, and may include no definitive endpoint.

Cultivate Gratitude

Some emotions can lead to impatience, such as anger, sadness, fear, and anxiety (Lerner, Li, & Weber, 2013), while other emotions contribute to greater patience. Gratitude is associated with prosocial behaviors and attitudes, is a low-arousal positive emotion, and may generate more appreciation for a future perspective (Bartlett & DeSteno, 2006; DeSteno, Li, Dickens, & Lerner, 2014). Thus, gratitude interventions may enhance patience for oneself and others. These interventions may include gratitude journals;

counting blessings; gratitude prayers; writing and sending regular thank-you notes, texts, or emails; and focusing on how others have blessed them.

Enjoy the Journey

If clients' destinations become more important than the quality of their journey, they may find that where they arrived is not much different from where they came from. It is aging without development, experience without learning, and activity lacking fulfillment, as well as not seeing or appreciating much of life's scenery. Patience allows clients to extract the "honey" from their lives that sweetens their journey. How they undertake their mortal journey actually determines their eternal destination. A divine destination requires a mortal journey, and clients might as well try to learn from and enjoy, as best as they can, every twist and turn in that journey. As Elder Wirthlin's (2008) mother taught, "come what may, and love it." Patience allows clients to participate more fully in the journey. Help clients recognize that, for the most part, it is the small and simple things that actually make life worth living. Another element of enjoying the journey is remembering that life is not a solo trek. Patience is an attitude of respect and appreciation for others. If our clients' lives are too focused on their own outcomes, they may be prone to see others as obstacles and forget that life is a laboratory for learning how to treat one another well. See whether they can attend to the "interruptions" in their lives and discover whether these uninvited experiences lead to meaningful lessons. Focus on helping clients increase the joy present each day by savoring the good, seeing opportunities, living intentionally, celebrating even small successes, making time to enjoy others, and limiting avoidance of things they dislike and fear. Many of life's significant lessons are unexpected and uninvited. Patience facilitates letting go of expectations when they become barriers rather than stepping stones. Frustration is often the fruit of impatience and robs clients of much of the sweetness in life. Exercising patience reduces the probability for regret later.

Learn to Be Still

God invites all of us to "be still and know that I am God" (D&C 101:16), and patience aids with that revelation. But the constant noise of mortality may

interfere with our clients' abilities to hear the divine whisperings of heaven that remind them of their holy heritage (3 Nephi 11:3). In some cases, clients fear what they might discover about themselves if they quiet their minds and their lives and look inward, believing that they are flawed, unacceptable, and unlovable. When they finally face themselves, they generally discover their fears are overblown and there is much to be valued and appreciated. Patience is developed as clients are encouraged to prioritize time to ponder, pray, appreciate, experience, wonder, and seek beauty and virtue. It is seeing anew what once brought them joy, discovering beauty along the highway of life, and magnifying their ability to see the hand of God in their lives. Patience allows our clients to notice growth in the ashes of their adversity. It helps them discover that every experience can be consecrated (2 Nephi 2:2) for their gain by Him who also experienced what He wished He could avoid (Matthew 26:39). Each thread of experience can add to life's tapestry. Teach clients to listen well, to observe keenly, and to develop "hearts that know and feel" (Church of Jesus Christ of Latter-day Saints, 1985, p. 252). Invite clients to take time to sit by a lake, watch a sunset, stroll along the beach, take a nature hike, enjoy a conversation with loved ones and friends, read a good book, engage in a hobby, unplug from mortality's buzz, or do anything that soothes the soul and helps to savor life, live more abundantly, and develop and maintain a divine perspective. Instruct them to make time and space for things that do not have to be checked off a list. Patience diminishes frustration and helps them wait on the Lord who "renews" strength (Isaiah 40:31).

Develop Faith and Trust in God

Alma teaches that enhancing a relationship with God leads to greater patience: "and thou didst bear all these things with patience because the Lord was with thee" (Alma 38:4). Assess the client's view of God. A benevolent view of God is more likely to breed patience than a harsh view. Help clients discover ways they can learn to trust in God. In situations that cannot be controlled, patience is more easily exerted if clients believe there is a purpose. They may not be able to comprehend that purpose, but they can come to trust that God knows how to make all things work for their good. Help them let go of the demand for

God to act on their timetable and meet their requests, since God knows what they need and when they need it. Remind clients that God's ways, with no veil blocking His understanding, are higher than their ways (Isaiah 55:8–9). Unlike mortals, God does not experience frustration (D&C 3:3). Help clients understand that God's design is to make His children joint heirs of all that He has (Romans 8:17). Only He knows how to prepare His children to be worthy beneficiaries.

This is a brief review of potential patience interventions. Other interventions might include teaching mindfulness, resilience skills, relaxation and breathing exercises, attention refocusing, and emotion-regulation strategies, balancing achievement drive with relationship building, and focusing on eudaimonic pursuits as well as hedonic satisfaction.

CONCLUSION

This overview of psychological research and literature provides compelling evidence for the influence of patience as a substratum for psychological health and well-being, relational harmony and happiness, and spiritual maturity and development. It provides a convincing claim that developing patience enhances a variety of desirable therapy processes and outcomes. It provides support for patience as a client characteristic as well as a therapeutic process, which crosses theoretical orientations and facilitates well-being processes, qualifying patience as a common factor. It highlights a variety of paths for developing patience. As therapists practice and model patience, encourage and teach clients to become more patient with themselves, others, and life and to value the incremental process of change that is inherent in therapy—evidence points to significant therapeutic gains.

Patience is grounded in self-control, generates pro-social action, serves as a coping strategy, fits the definition for an emotion-regulation mechanism, and provides an orientation to life. Individuals vary in temperament for patience; thus, it may be either undervalued or at variance with their personality style. Evidence suggests that patience can be improved, which idea is aligned with the divine injunction to cultivate patience. This article demonstrates that patience is associated with an array of helpful outcomes.

This survey of patience research serves as a call to examine the role of patience in psychological treatment. As a caveat, no virtue alone serves as the sole

road to Shangri-La. Patience is necessary but not always sufficient in and of itself to produce helpful outcomes. Patience without purpose leads nowhere. Worse yet, patience without morality can facilitate evil ends. Patience is best viewed as a dialectic between action and restraint, control and acceptance, promotion and loss, immersion and narrative, commandment and context, and efficiency and effectiveness. It is expressed both as a disposition and as a response. It can be enhanced and developed. Schnitker and Westbrook (2014) assert that “initial evidence supports that interventions intending to increase patience also lead to increases in well-being, pointing to favorable prospects of adding patience to the repertoire of positive psychological interventions” (p. 155). Schnitker (2010) concludes, “findings suggest that patience is an especially vital character strength for people facing difficulties, suffering, or hardships” (p. 132), echoing Elder Wirthlin's (1987) statement that the “lack of patience is a major cause of the difficulties and unhappiness in the world today” (p. 30). The accumulated evidence suggests patience may be a particularly helpful focus for many who seek counseling. This is an invitation to explore the clinical topography of patience both as an intervention and as a way of being.

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Religious Perfectionism: Utilizing Models of Perfectionism in Treating Religious Clients

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Past research has asserted that members of the Church of Jesus Christ of Latter-day Saints (i.e., Mormons) have high rates of religious perfectionism. A historical investigation was performed examining how the perception of perfectionism has changed within the field of psychology. The study first investigates early viewpoints (e.g., Freud, Horney, Adler, Ellis, Beck) that unanimously perceived perfectionism as negative and debilitating in an individual's psychological adjustment. New research, which understood and measured perfectionism as a multidimensional construct, found both positive and negative components of perfectionism. Different theoretical understandings of perfectionism (e.g., behavioral, attachment, self-conscious emotions, acceptance, Big Five personality traits, mindfulness, etc.) are presented. Each model of perfectionism is explored with recommendations for clinicians to address religious perfectionism in treating Latter-day Saint/Mormon clients.

Keywords: perfectionism, shame, guilt, LDS/Mormon, acceptance, attachment

Until recently, if an individual were to identify herself or himself as a perfectionist, many within the field of psychology would have seen this as a detrimental and unhealthy stratagem to life. At a meeting of the American Psychological Association, Pacht declared, "Any person who thinks he or she is perfect almost certainly has real psychological problems, and the same is probably true of any person who *wants* to be perfect" (1984, p. 386). Seeking perfection is pathological, he concluded, because "perfection is not only an undesirable goal but a debilitating one as well" (p. 386).

A historical review of perfectionism demonstrates that early prominent psychologists shared this negative view of perfectionists. Freud (1959) labeled perfectionism as an obsessional neurosis and the desire to be perfect as a component of narcissism. Horney (1950) asserted that perfectionists aspire to an idealized image of themselves where they hold to a "tyranny of shoulds" (p. 65) within their behavior. Adler (1956) associated perfectionism with psychopathology. Ellis (1962) perceived perfectionists as irrational

due to holding unrealistic, idealized, and unachievable standards—the primary irrational belief being "that there is invariably a right, precise and perfect solution to problems and that it is catastrophic if this perfect solution is not found" (pp. 86–87). Prominent self-psychology theorist Kohut (1971) postulated that perfectionism was brought about as a result of disruptions in early childhood self-development where caregivers were consistently unresponsive to their child's needs. Burns (1980) and Beck (1976) asserted that the core problem with perfectionists is an "all-or-none thinking" or "saint or sinner" extremism (Barrow & Moore, 1983, p. 612) in self-evaluation.

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Individuals striving for perfection often “measure their own worth entirely in terms of productivity and accomplishment” (Burns, 1980, p. 34). These extreme beliefs result in perfectionists evaluating their performance through a dichotomy—total success or absolute failure. Weisinger and Lobsenz (1981) argued the need to be perfect is self-destructive because it places the perfectionist in a double bind. If perfectionists are unable to meet the high expectations set for themselves, then they are absolute failures; however, if perfectionists manage to achieve their idealistic goals, they receive no sense of accomplishment; instead, they set a new expectation that unreasonably surpasses the original.

Accordingly, psychologists contemporary to these theorists concluded that all forms of perfectionism result in poor mental health and should always be avoided. During this period in the field of psychology, clinical treatment focused on reducing or eliminating perfectionistic strivings.

In a parallel fashion, religiousness was viewed as detrimental and harmful to mental health in the early practice of psychology. Freud (1959) declared that religious behavior is parallel to neurosis. Ellis maintained that religious belief and behavior is both irrational and representative of mental illness (Ellis, 1980; Ellis, Nielsen, & Johnson, 2001). The more dogmatic and rigid individuals become in relation to religious beliefs, the more they will suffer “emotional disturbance” (Ellis, 1980, p. 637).

As psychologists began to incorporate research into theory and practice, both perfectionism and religiousness were seen in a new light. Innovative research in the last 25 years has uncovered the fact that not all perfectionists are unhealthy or maladaptive (Fedewa, Burns, & Gomez, 2005; Frost, Marten, Lahart, & Rosenblate, 1990; Hewitt & Flett, 1991b; Lundh, 2004; Shafran, Cooper, & Fairburn, 2002; Slaney, Rice, & Ashby, 2002; Sorotzkin, 1998; Stoeber, Harris, & Moon, 2007; Stoltz & Ashby, 2007; Tangney, 2002). Modern studies demonstrate that striving for perfection does not guarantee an individual will suffer with mental health issues, although there is some risk of developing maladaptive patterns. The key to whether a perfectionist experiences negative emotional health is the manner in which the individual pursues perfection (Frost et al., 1990; Hewitt & Flett, 1991b; Lundh, 2004; Stoeber,

Kempe, & Keogh, 2008; Tangney, 2002). Similarly, religion was found to be a positive and protective factor in an individual's mental health (Banerjee, Boyle, Anand, Strachan, & Oremus, 2014; Brassai, Piko, & Steger, 2011; Dodor, 2012; Gearing & Lizardi, 2009; Gnomes, de Andrade, Izbicki, Moreira-Almeida, & de Oliveira, 2013; Meltzer, Dogra, Vostanis, & Ford, 2011; Mouttapa, Huang, Shakib, Sussman, & Unger, 2003; Nooney & Woodrum, 2002; van der Meer Sanchez, de Oliveira, & Nappo, 2008). A comprehensive review by Reeves, Beazley, and Adams (2011) found that almost 500 studies reported a positive association between religiousness and mental health. However, while religiousness has been found to be a positive and protective factor in regard to overall mental health, it can also increase unhealthy forms of perfectionism. The determining factor is the manner in which individuals practice their religion.

As an example, the moral or religious expectations contained within the standards of a particular belief system can function as a measure of the self. Religious individuals may equate whether or not they are acceptable to God and significant others within their religious community with their ability to meet the religious standards of their faith community. When individuals fail to live up to these standards, they often experience high levels of shame, guilt, and self-condemnation (Koenig, 2007). In addition, religious individuals may experience higher levels of anxiety and self-criticism based on perceived sins, prophecies of future events, and their worrying about their own salvation or the salvation of others (Ellison, Burdette, & Hill, 2009; Exline, 2002). This particular form of perfectionism is known as religious perfectionism. Religious perfectionism is highly prevalent among members of the Church of Jesus Christ of Latter-day Saints, often known as Mormons (Crosby, Bates, & Twohig, 2011).

The purpose of this paper is to perform a historical review of the literature on the construct of perfectionism and demonstrate how pursuing perfectionism can be either adaptive and healthy or maladaptive and unhealthy. After a discussion of how to pursue perfection in adaptive and healthy ways, the paper will demonstrate how these adaptive methods can be utilized with religious clients, ensuring that religiousness becomes a positive and protective factor. The primary focus of this paper will be working with clients from the Church of Jesus Christ of Latter-day Saints in therapy.

SEEING PERFECTIONISM IN A DIFFERENT WAY: NORMAL VERSUS NEUROTIC PERFECTIONISTS

Hamachek (1978) was one of the earliest psychologists to distinguish between “normal” and “neurotic” forms of perfectionism. Almost all of us would prefer that our personal surgeon, lawyer, accountant, car mechanic, child’s teacher, etc., be somewhat perfectionistic—rather than mediocre—in their job performance. While acknowledging that being perfectionistic has its pros and cons, Hamachek investigated the problems that lead an individual to become a normal perfectionist versus a neurotic perfectionist.

Hamachek discovered that normal perfectionists, like neurotic perfectionists, set high standards; however, normal perfectionists set realistic and attainable standards given their abilities. Further, normal perfectionists experience enjoyment and a sense of accomplishment when completing an arduous goal. Lastly, they are capable of flexibility with their standards and expectations in different situations. They do not believe that they must be absolutely perfect in every endeavor. Because of these characteristics, normal perfectionists are able to recognize their strengths and skills and feel satisfied with their performance in a given task, which enhances their overall self-esteem (Hamachek, 1978).

In contrast, neurotic perfectionists place demands on themselves that are often unachievable, constantly evaluate their performance as unsatisfactory, and always believe they could have done better. When neurotic perfectionists achieve goals, they derive no sense of satisfaction or accomplishment. Neurotic perfectionists are inflexible, rarely altering their high standards no matter the contextual factors or their personal abilities. Neurotic perfectionists seldom experience a positive self-image, focusing exclusively on their flaws, weaknesses, and perceived failures. Hamachek (1978) theorized that this pattern of setting unrealistically high standards but never feeling that they can be achieved leaves neurotic perfectionists in a vicious, repetitive cycle of always reaching but never achieving. This vicious cycle brings about feelings of depression, shame, procrastination, self-depreciation, embarrassment, shyness, and a plaguing sense that they should always be doing more.

Hamachek’s (1978) description of the neurotic perfectionist can apply to clients from the Church of Jesus

Christ in their personal pursuit of religious perfectionism. Campbell & Monson (2002) describe the Church of Jesus Christ as a “strict church” (p. 14) because of the high religious and financial commitments expected of its members. Members of the Church of Jesus Christ are expected to maintain behavioral restrictions in their dress and grooming, speech, diet, marital status, sexual activity, and financial donations. They are also expected to volunteer numerous hours for service and worship activities. They take seriously the scriptural commands from the Bible and the Book of Mormon, a religious text sacred to members of the Church of Jesus Christ, to “be ye therefore perfect” (Matthew 5:48, King James Version) and “to come unto Christ, and be perfected in him” (Moroni 10:32, The Book of Mormon). Researchers have found that, while some members of the Church of Jesus Christ find ways to be more adaptive in their pursuit of perfection through an intrinsic religious orientation (Allen & Wang, 2014; Sanders, Allen, Fischer, Richards, Morgan, & Potts, 2015), other members’ pursuit of religious perfectionism results in maladaptive components of perfectionism, as described by Hamachek (1978). Peer and McGraw (2017) performed a mixed-method study looking at perfectionism and religiosity among members of the Church of Jesus Christ. They reported that many members of the Church of Jesus Christ “defined perfection as being ‘sinless’” (p. 84). Defining perfection as being “sinless” demonstrates an inflexibility in perfectionistic standards. Members of the Church of Jesus Christ who participated in the study reported that religious standards play “a big role in how [they] evaluate [themselves and] see if there are things that are lacking” (Peer & McGraw, 2017, p. 85). Moments when religious standards were disobeyed or violated were associated with extreme forms of shame, guilt, and sadness. One participant reported that when he disobeys a commandment, he gets “physically sick.” Additional participants described turning to self-criticism and feelings of “utter loathing”: “I feel like a sack of dust and just utter trash,” “I felt worthless,” and “I don’t feel human” (p. 85). At times, clients who are members of the Church of Jesus Christ state they cannot feel good about themselves unless they go to bed physically exhausted, knowing they did everything they could do that day to serve others. These examples demonstrate that when religious standards

become unrealistic expectations and critical forms of self-evaluation, this religious mindset creates the vicious cycle of always reaching but never achieving—a central component of the neurotic perfectionist.

Hamachek's ideas were advanced for his time. However, because of methodological limitations, it was difficult for Hamachek to empirically validate normal versus neurotic perfectionism. A crucial problem in the method of early psychological research on perfectionism was the mistaken assumption that perfectionism is a one-dimensional construct measured on a single continuum of unrealistic expectations, standards, and maladaptive concerns (Burns, 1980). In the early 1990s, advancements were made in the measurement and research of perfectionism, including the formulation of a multidimensional model of perfectionism (Frost et al., 1990; Hewitt & Flett, 1991b; Slaney et al., 2002). This multidimensional construct enabled researchers to differentiate between healthy/adaptive and unhealthy/maladaptive features of perfectionism (Ashby & Kottman, 1996; Fedewa et al., 2005; Hewitt & Flett, 1991b; Stoeber et al., 2007; Stoltz & Ashby, 2007; Tangney, 1995, 2002).

Historically, when perfectionism was defined as a one-dimensional construct, individuals had poor psychotherapy outcomes to brief therapies for depression related to perfectionism (see Blatt, Zuroff, Bondi, Sanislow, & Pilkonis, 1998; Blatt, Zuroff, Quinlan, & Pilkonis, 1996). Psychologists viewed perfectionism as a personality trait or as an individual characteristic that was not likely to change (Slaney, Rice, Mobley, Trippi, & Ashby, 2001). Identifying perfection as a multidimensional construct provided clinicians new ways to conceptualize and treat individuals for issues related to perfectionism (depression, anxiety, low self-esteem, etc.).

A multidimensional approach enables the therapist to assess some components of perfectionism as positive. Seeing the positive components of perfectionism is essential when treating LDS clients because striving for perfectionism is not only a personal goal but it is often perceived as a command given by God: "be ye therefore perfect" (see Matthew 5:48). A therapist conceptualizing striving for religious perfection as solely negative or harmful could cause a rupture within the therapeutic alliance with a client who is a member of the Church of Jesus Christ. Clients are more likely

to trust and work collaboratively with a therapist who highlights the positive components of perfectionistic strivings than with a therapist who pathologizes the strivings and endorses the alternative goals of accepting mediocrity or being average. The multidimensional approach is vital to the treatment of perfectionism because it brought about new models for understanding and treating maladaptive forms of perfectionism with religious clients. A review of prominent models that are effective with religious clients will be discussed in the following section.

NEW MODELS OF UNDERSTANDING: PERFECTIONISM AS A MULTIDIMENSIONAL CONSTRUCT

The Six Facets Model of Perfectionism

Frost et al. (1990) uncovered five dimensions of perfectionism: (a) *personal standards*, (b) *concern over mistakes*, (c) *doubts about actions*, (d) *parental expectations*, and (e) *parental criticism*. Further research revealed a sixth dimension, (f) *preference for order and organization* (Frost, Heimberg, Holt, Mattia, & Neubauer, 1993). These six facets demonstrate that perfectionists hold to very high standards, value order and organization, believe their parents hold high expectations and will be disappointed if these expectations are not met, and work very hard to avoid mistakes, which results in indecision and procrastination.

Frost et al. (1990) developed a reliable and valid multidimensional measure of perfectionism utilizing these six facets—the Multidimensional Perfectionism Scale (MPS). Within the model, the facet personal standards was discovered to not be associated with psychopathology, while the factor concern over mistakes was found to be "most closely related to symptoms of psychopathology" (Frost et al., 1990, p. 465). Similarly, concern over mistakes can differentiate normal perfectionists, who are more flexible and understanding when they commit an error, from unhealthy perfectionists, who show little flexibility or acceptance of a flaw, perceived mistake, or error in performance. The dimensions of personal standards and preference for order and organization were, in fact, found to be related to several positive personal characteristics. Frost et al. (1990) concluded that holding to high standards is associated with positive mental health. In fact, other

research has found that setting high standards reflects a positive outlook on life (Blatt, D'Afflitti, & Quinlan, 1976). However, Frost et al. (1990) clarified that being overly critical in the self-evaluation of behavior and performance (*concern over mistakes*) while striving to meet high standards results in psychological problems.

These findings enabled clinicians to update their approach to treatment for perfectionists. In the past, studies had found that perfectionism was associated with the development of depression (Hewitt & Flett, 1991a). Through the development of the MPS, perfectionism was discovered to be more closely related to *self-critical depression* than to *dependency depression*. This new finding encourages therapists to focus treatment on internal critical thoughts and self-blaming when working with a perfectionist who is suffering with depression. Furthermore, Frost et al.'s (1990) findings uncovered that perfectionists struggle with high levels of procrastination. This is most likely associated with their critical inner voice and propensity toward self-blame.

A clinician's best approach to treatment of maladaptive perfectionism is to focus on thoughts of self-criticism and self-blame. This finding by Frost et al. (1990) is highly relevant when working with clients who are members of the Church of Jesus Christ who strive for religious perfection and come up short on one of their personal religious standards or goals. These clients not only experience blame and disappointment of the self but also feel that they have disappointed God. Disappointing deity can result in high levels of self-blame and self-criticism. Therapists are advised to assess an LDS client's tendency toward self-blame and self-critical thoughts, as well as a belief that God is disappointed when the client fails to meet a religious or spiritual behavioral standard. Interventions should focus on lowering self-critical thoughts by integrating the religious components of compassion (particularly self-compassion), mercy, and forgiveness, which results in a better understanding of the self and the character of God. The goal in treatment is not to reduce the setting of high standards. Attempting to lower standards results in perfectionistic clients being resistant to change because these clients often feel that lowering standards will condemn them to mediocrity and, by extension, failure. The goal of treatment is to help religious clients alter how they evaluate their

mistakes, flaws, and imperfections. This new reframing of perfectionistic strivings often results in clients being less resistant within psychotherapy and focuses the treatment on more efficacious components, such as reducing thoughts of self-criticism and blame.

The Three Facets Model of Perfectionism

The MPS model focuses on the intrapersonal factors of perfectionism. Hewitt & Flett (1991b) uncovered interpersonal and social factors related to perfectionism by identifying three types of perfectionism—*self-oriented perfectionism*, *other-oriented perfectionism*, and *socially prescribed perfectionism*.

Self-oriented perfectionism occurs when individuals set excessively high standards for themselves and then critically evaluate their behavior, emphasizing less-than-perfect performances. Consequently, self-oriented perfectionists are very critical and punitive toward the self, using condemnation and self-blame to motivate improvement. Motivation within self-oriented perfectionism originates in the desire to avoid self-criticism or any type of failure (Hewitt & Flett, 1991b).

Other-oriented perfectionism is defined as holding excessively high standards for others, particularly close family members and friends, rather than the self. These perfectionists often blame, distrust, and hold feelings of hostility toward others when their high expectations and demands are not met. These perfectionistic types often experience frustration, cynicism, loneliness, and conflict and disharmony in their close relationships (Hewitt & Flett, 1991b).

Socially prescribed perfectionism is when an individual believes that significant others hold excessively high standards and unrealistic expectations for his or her performance. These perfectionists suppose that others are always evaluating them in a critical manner and care intensely about meeting others' expectations and standards. They are plagued with feelings of inadequacy, disappointment, and failure. They become consummate people pleasers, yearning for attention and praise while being very fearful of disapproval. Socially prescribed perfectionists struggle with feelings of anger, anxiety, and depression because, despite their best efforts, they cannot control the opinions of others. Of the three dimensions of perfectionism, socially prescribed perfectionism is most consistently related to psychopathology, including depression, suicidal

tendencies, anxiety, and personality disorders (Hewitt & Flett, 1991b, 2002).

Quantitative research has found that members of the Church of Jesus Christ tend to be self- and other-oriented perfectionists instead of socially prescribed perfectionists (Allen & Wang, 2014; Peer & McGraw, 2017). Further, quantitative research demonstrated that the religious orientation of members of the Church of Jesus Christ is intrinsically motivated rather than extrinsically motivated (Allen & Wang, 2014). Intrinsic religious orientation is correlated with adaptive perfectionism (Allen & Wang, 2014). However, when Peer and McGraw (2017) employed a qualitative assessment measure, they found that members of the Church of Jesus Christ do subscribe to socially prescribed perfectionism when holding to the belief that perfection is a requirement by God. A common presenting concern with religious or LDS clients is the attitude that God holds them to high standards. If these standards are not kept, the clients feel they have failed God. This type of religious client often views God as demanding, punitive, strict, and exacting. Helping clients view God in a more holistic fashion, where God also exemplifies the qualities of compassion, mercy, forgiveness, grace, understanding, etc., leads to positive therapy outcomes. When ethically appropriate, this goal can be accomplished through the inclusion of biblical stories, such as the woman taken in adultery (John 8), the prodigal son (Luke 15), or the conversion of Paul (Acts 9). For clients who are members of the Church of Jesus Christ, stories from the Book of Mormon such as Alma the Younger (Alma 36) or the Brother of Jared (Ether 2) can also be used to demonstrate a deity who is merciful, forgiving, and invested in the growth of all human beings.

Socially prescribed perfectionism can also occur within religious populations when a client sees a religious leader (pastor, priest, bishop, etc.) as an individual who holds excessively high standards concerning the client's behavior or performance. As an example, a religiously perfectionistic client presented to treatment for social anxiety. His social anxiety affected his ability to sit with the congregation in church. He tried talking to his religious leader from the Church of Jesus Christ (i.e., bishop) and was told he needed to sit with the congregation every Sunday in order to meet the standards of a temple recommend (an admired

religious rite within the Church of Jesus Christ). When this client presented to therapy, he perceived himself as a huge disappointment to both God and his bishop. Initially, the client was inflexible, identifying the only acceptable standard as him sitting with the congregation. If he was unable to do this, it meant he was a failure to God.

An approach to treatment was utilized where the client gained a better understanding of social anxiety and how it impacts the mind and body. Next, a more flexible view of God and his bishop was encouraged. With a more accurate understanding of social anxiety, the client signed a release for the therapist to talk to the bishop. The therapist facilitated the bishop's understanding of social anxiety and what components of anxiety were making it difficult for the client to sit with the congregation. Having a more in-depth understanding, the bishop apologized to the client and was in full approval of the treatment strategy the therapist and client collaboratively organized to help the client reach his goal. The strategy began with the client sitting in the lobby of the church. Coping approaches were taught to help the client manage his anxiety. He transitioned from sitting in the lobby to sitting in the church service next to the door, and so forth, until he could sit with the congregation. At the end of the treatment, the client reported that he had been making many assumptions about the standards and expectations God and religious leaders hold for him and that he had felt like a constant failure because these assumed expectations were often unrealistic. He stated that he came to realize that the old standard he held of his religious behavior demanded absolute success. At the conclusion of treatment, the client stated the new idea that growth and development were the standards that God and religious leaders wanted for him. This was highlighted in the last session when the client stated, "I think God just wants me to keep trying. Even if I get it wrong, the key is to not give up and keep trying to be the person I want to be." The client's religious perfectionism was no longer based on unrealistic standards accompanied with extreme forms of self-criticism and self-blame. The client was more flexible in his approach when setting personal standards and more accepting of moments that were previously perceived as failure.

The Behavioral Model of Perfectionism

Terry-Short, Owens, Slade, and Dewey (1995) formed a behavioral model of perfectionism that focuses on how reinforcement and outcomes explain the desire to be perfect. Within this model, if a perfectionist receives positive reinforcement or the avoidance of negative reinforcement for their perfectionism, this is "normal or healthy perfectionism" (p. 664). This theory is based on Skinner's (1968) finding that the occurrence of a behavior will increase or decrease dependent on whether an individual receives positive or negative reinforcement for the behavior performed. A study testing the behavioral model of perfectionism was conducted through comparing four groups (eating-disordered clients, depressed clients, nonclinical athletes, and a nonclinical control group). As predicted, the clinical populations scored much higher on negative perfectionism, whereas the nonclinical populations scored much higher for positive perfectionism. The researchers concluded that the type of reinforcement (positive vs. negative) an individual receives in their goal for perfection is what distinguishes a positive perfectionist from a negative perfectionist.

Advancing these findings, later research hypothesized that striving for perfection serves to produce feelings of success, accomplishment, and achievement (Slade & Owens, 1998). These emotions are positive and rewarding (positive reinforcement). Negative perfectionists are motivated toward high achievement, not as a way to experience emotions related to success but to avoid negative emotions, such as failure or inadequacy, and negative outcomes, such as quitting (negative reinforcement). Performance is motivated by a desire to remove or avoid an aversive stimulus. Hence, negative perfectionists are driven by negative reinforcement and a fear of failure.

Slade and Owens (1998) developed a questionnaire, the Positive and Negative Perfectionism Scale (PANPS), to measure their hypothesis. They found that "the type of behavior underlying positive perfectionism is that of approach (pursuit) behavior, whereas negative perfectionism is underpinned by avoidance (escape) behavior" (p. 380). Positive perfectionists pursue high standards and goals with the desire to become more like their ideal self, whereas negative perfectionists

seek to avoid failure, imperfection, or mediocrity in an attempt to evade the feared self.

The behavioral model is beneficial in conducting clinical treatment. Therapists are advised to help clients distinguish the source of their religious and perfectionistic striving. Behavior that is motivated by a desire to be successful leads to a positive perception of the self. Further, these goal-directed behaviors are more likely to be completed. Behavior that is motivated by the desire to avoid some type of punishment or disappointment results in a negative view of the self. In addition, avoidance results in a failure to complete personal and religious goals. The outcome is that these clients perceive the self as objectionable, as evidenced by their inability to live up to self-selected religious standards.

As an example, a common presenting concern with religious clients is failure to hold to a religious standard concerning sexual forms of sin. Within therapy, members of the Church of Jesus Christ often request help to reduce or stop viewing pornography. It should be noted that viewing pornography can result in an individual who is a member of the Church of Jesus Christ being unable to attend significant religious events or take the sacrament. The inability to attend these events is often accompanied with inquiries from family members, friends, or their partner. Thus, a private behavior and remediation becomes public and accompanied by the emotions of shame and embarrassment. When a therapist investigates why the client wants to discontinue their use of pornography, a common response is that viewing pornography is not in accordance with standards of the Church of Jesus Christ. While this reason for discontinuing pornography may be commendable, it is motivated by avoidance. A more effective technique is to assign homework for clients to come up with reasons for why they personally want to achieve their goal of discontinuing pornography and process these reasons in the next session. The desire to view pornography is also normalized to interrupt negative reinforcement patterns of thinking, wherein clients often report a view of their self as "disgusting," "evil," or "vile" for common human desires. Sexual desires are reframed just as healthy as eating is for the body, and, just as we do with eating, we often place self-imposed boundaries on our desires to achieve our preferred outcomes. Clients who generate meaningful,

personal reasons for why they want to achieve their religious goals are more likely to succeed and gain a sense of accomplishment. Their behavior is now a source of positive reinforcement leading to a favorable view of the self and a higher likelihood that the desired behavior will continue to occur.

The Attachment Model of Perfectionism

Parents who are supportive, emotionally responsive, accessible, encouraging, and positive produce children with secure attachment (Johnson, 2004). Securely attached children are more likely to be confident, competent, and willing to take risks; they also see others as trustworthy and see themselves as a person of worth and value (Sorotzkin, 1998). Securely attached children have the ability to see the positive strengths they hold as well as their imperfections and weaknesses from a balanced perspective (Harter, 1998). Ulu and Tezer (2010) found that secure attachments lead a perfectionist to be more adaptive, whereas anxious or avoidant attachment styles lead perfectionists to be maladaptive. Avoidantly attached individuals often evade connection with others and show a preference to remain alone and isolated. Anxiously attached individuals have the tendency to worry intensely that others will not be available or accessible. Their deepest fear is that others will abandon them suddenly.

Research comparing the attachment styles of adaptive and maladaptive perfectionists found that maladaptive perfectionists reported that their parents were significantly critical of their performance and held high expectations (Rice, Ashby, & Preusser, 1996). Findings demonstrated that critical parents are more likely to pay attention to children's performance rather than the primary emotional needs of the children. Within these families, children learn that their identity is synonymous with their performance. Consequently, they evaluate the self on performance factors and living up to others' expectations (Sorotzkin, 1998). Research on secure attachment discovered that if children perceive that they have a strong bond with either a parent or a caregiver, this significantly increases the chances that they will be an adaptive perfectionist (Rice & Mirzadeh, 2000). This is similar to the findings of Allen, Wang, and Stokes (2015), who investigated 421 members of the Church of Jesus Christ to examine the relationship between family,

perfectionism, scrupulosity, legalism, guilt, and shame. Results indicated that caregivers' maladaptive perfectionism significantly intensified levels of scrupulosity and shame within college students who are members of the Church of Jesus Christ.

Another study showed that adult-aged college students who are securely attached are less impacted by elements of maladaptive perfectionism, such as feelings of self-doubt and concerns over mistakes, because they have a "more accurate and balanced 'self-referential' feedback" (Rice & Lopez, 2004, p. 124). In addition, securely attached adults have a broader social network, increasing emotional support resources and providing more appropriate corrective feedback. Insecurely attached young adults are more likely to view the self negatively and lack an emotionally supportive social network—factors that are linked to maladaptive perfectionism (Rice & Lopez, 2004).

Gnika, Ashby, and Noble (2013) postulated that adaptive perfectionism acted as a "psychological buffer" (p. 79) in an individual's life. The authors investigated the relationships between adaptive and maladaptive perfectionism with secure, anxious, and avoidant adult attachment styles, as well as depression, hopelessness, and life satisfaction. Adaptive perfectionism was positively associated with life satisfaction and negatively associated with depression, hopelessness, and both avoidant and anxious attachment styles. Maladaptive perfectionism was negatively associated with life satisfaction and positively associated with depression, hopelessness, and both avoidant and anxious attachment styles. These findings indicate that maladaptive perfectionism mediated the relationship between both anxious and avoidant attachment styles and also depression, hopelessness, and life satisfaction. An increase in levels of avoidant or anxious attachment will result in an increase in maladaptive perfectionism. These researchers concluded that adaptive perfectionism "may reduce the tendency of individuals to withdraw from intimate relationships, which mitigates feelings of hopelessness and increases overall life satisfaction" (Gnika et al., 2013, p. 82).

Within the theology of the Church of Jesus Christ, close family relationships are highly valued (Family Proclamation, para. 3). Members of the Church of Jesus Christ often report that when they live up to the teachings and commandments of their religious beliefs, their parents are "proud and happy" (Peer &

McGraw, 2017, p. 86). However, when they fail to keep the commandments or the teachings of the Church, members of the Church of Jesus Christ report that their parents often express disappointment (“I never saw anger ever, just major disappointment”) or a loss of trust in their child (“They would always trust me a lot more, a lot more [if I kept the commandments]”) (Peer & McGraw, 2017, p. 86). Accordingly, clients are more likely to have an anxious or avoidant attachment style resulting in maladaptive perfectionism if they believe that the connection, closeness, and attachment they can feel with others (e.g., parents, siblings, peers, God, etc.) is directly related to their abilities to keep the commandments and the teachings of the Church of Jesus Christ.

Rice and Lopez (2004) advise clinicians to look into a client’s peer relationships, as well as early childhood relationships, in an effort to get a more contextualized understanding of the client’s perfectionism. This would be advisable when working with clients who are members of the Church of Jesus Christ. Attachment models of perfectionism emphasize that helping clients develop more securely attached relationships can bring about a reduction in maladaptive perfectionism within treatment. Compassion, rather than the use of shame, disappointment, or nonacceptance, is more likely to lead to secure attachment (Neff, 2011). Family or individual therapy that encourages the client’s being more compassionate toward personal sins or mistakes and the caregiver’s being more understanding and compassionate toward the client’s mistakes or sins is more likely to lead to adaptive forms of perfectionism and higher levels of life satisfaction.

The Self-Conscious Emotions Model of Perfectionism

Innovative research investigated the possible link of perfectionism and self-conscious emotions (see Fee & Tangney, 2000; Tangney, 2002; Tangney & Dearing, 2002). Perfectionists spend an overwhelming amount of time evaluating themselves since they are “oriented toward the process of evaluation. Life is a series of quizzes, tests, and final exams” (Tangney, 2002, p. 199). “Self-conscious emotions” are a specific subset of emotions where the fundamental feature of these emotions is composed of self-reflection and self-evaluation. These emotions play a pivotal role in

perfectionism. Self-conscious emotions include guilt, shame, embarrassment, and pride (Tangney, 2002).

Guilt. When an individual feels guilt, they feel bad about the behavior they just performed and the behavior only. For example, if an individual accidentally bumped into someone when walking down a crowded hallway and he or she were to experience guilt, a common internal thought would be, “That was a thoughtless mistake I just made.” When guilt is experienced, the negative evaluation is based on the behavior that was performed, not the self. Guilt moves an individual to feel remorse and regret for the behavior performed, often motivating the individual to apologize or make amends. The individual is motivated to say sorry or repair the relationship because they do not feel they are a bad person. The individual only sees their behavior as a mistake.

Shame. This emotion centers on a negative evaluation of the self, not the behavior. Accordingly, in the same scenario where an individual accidentally bumps into someone when walking down a crowded hallway, she or he would likely think, “I am a thoughtless and stupid person for bumping into that individual.” Shame causes the individual to feel exposed and embarrassed. With the focus on the self, the person experiencing shame quickly moves to hide or shrink from what has occurred. Feelings of remorse, regret, or repair are replaced with the larger need to hide, disappear, or escape. When individuals experience shame, a mistake is perceived as a confirmation that they, themselves, are objectionable, worthless, insignificant, unacceptable, or defective. In the end, shame is a phenomenologically different experience than guilt.

Embarrassment. Tangney, Miller, Flicker, and Barlow (1996) compared embarrassment to shame to see whether they were different from one another. Their findings demonstrated that those who experienced shame felt the emotion of embarrassment more intensely, feeling and believing they had done something morally wrong. While the emotion of embarrassment causes an individual to show more physiological signs (e.g., blushing) as well as a higher sense of exposure, shame was much more instrumental in making an individual feel anger and disgust toward the self. In addition, shame causes individuals to suppose that others close to them also feel these same levels of anger and disgust toward them.

Pride. Pride is often perceived as feelings of arrogance or superiority. However, in psychology, pride is understood differently. Pride is defined as an emotion “generated by appraisals that one is responsible for a socially valued outcome or for being a socially valued person” (Mascolo & Fischer, 1995, p. 66). Pride is centered on the sense of accomplishment that is felt after performing a difficult task; there is recognition of the hard work performed in order to reach a specific goal. An individual who experiences pride may have the thought, “I am really pleased with myself for how I scored on that test after having studied so hard.” Pride has the capacity to be a positive emotion because it can enhance “people’s self-worth and [encourage] future behavior that conforms to social standards of worth or merit” (Tangney, 2002).

Researchers investigated how self-conscious emotions are related to perfectionism (Tangney, 2002; Fedewa et al., 2005; Kohki, 2001; Tangney & Dearing, 2002). A person who has a “dispositional tendency to experience shame” is more likely to experience negative (maladaptive, unhealthy) forms of perfectionism (Tangney, 2002, p. 210). Guilt, on the other hand, leads to adaptive perfectionism (Fedewa et al., 2005; Kohki, 2001; Tangney & Dearing, 2002) because guilt is related to the experience of empathy. Empathy causes an individual to try to repair a breach through offering an apology or making amends after an offense to another (Tangney, 2002). This act repairs the relationship with the other and provides the self with the ability to acknowledge mistakes without feeling inferior. In contrast, a person who experiences shame is much more motivated to hide their insecurities or mistakes from others to promote an image of perfection. Therefore, shame perpetuates the feelings of being “less than ideal” and “never good enough,” while at the same time causing individuals to withdraw and distance themselves from others.

In a follow-up study, Fedewa et al. (2005) investigated types of perfectionism in relation to shame, guilt, and pride. Their findings supported previous findings that state-shame and shame-proneness are associated with maladaptive perfectionism. In addition, they found that pride was negatively correlated with anxiety, hostility, shame-proneness, and unhealthy perfectionism. Therefore, pride is an adaptive emotion. Stoeber, Harris, and Moon (2007) performed a study where they

compared healthy perfectionists, unhealthy perfectionists, and nonperfectionists with their experiences of shame, guilt, and pride. Healthy perfectionists were operationalized as individuals with high perfectionistic strivings but low perfectionistic concerns, whereas unhealthy perfectionists had both high perfectionistic strivings and high perfectionistic concerns. The results found that healthy perfectionists “[experienced] more pride and less shame and guilt than unhealthy perfectionists” (p. 139). Further, healthy perfectionists rated lower than unhealthy perfectionists and nonperfectionists on their proneness to shame. Unhealthy perfectionists were found to experience significantly higher levels of shame than healthy perfectionists and nonperfectionists. Both healthy and unhealthy perfectionists had higher proneness to pride than did nonperfectionists. While healthy perfectionists experienced less guilt than unhealthy perfectionists, these two groups did not differ in their proneness to guilt. In conclusion, experience and proneness to shame is the primary moderating variable in what makes an individual a healthy versus an unhealthy perfectionist within self-conscious emotions.

Shame and pride are self-conscious emotions that are highly relevant when treating clients who are members of the Church of Jesus Christ. Shame is often experienced by clients who are members of the Church of Jesus Christ when they fail to keep religious commandments or standards (Peer & McGraw, 2017). Helping these clients distinguish between guilt and shame, where individuals realize that they performed a bad behavior but are not bad people, is an important goal in therapy. Guilt enables the individual to feel sorry, make amends if needed, and even repent. These are often components to a religious lifestyle. Shame prompts the individual to often experience feelings of self-hatred and to avoid making amends. These feelings are not common components to a religious lifestyle. Many LDS clients have come to believe that shame brings about repentance and change. However, research demonstrates that shame causes an individual to avoid repentance and change and to hold feelings of hatred toward the self. Therefore, helping clients understand that shame will not lead clients to their desired outcomes is a vital component in treatment.

Therapists should also encourage clients who are members of the Church of Jesus Christ to experience

higher levels of pride. This intervention requires a therapist to reframe how pride is defined. Within the culture of the Church of Jesus Christ, the emotion of pride is often perceived negatively due to teachings by LDS prophets and within the Book of Mormon (Benson, 1989). In these instances, pride is defined as a sense of superiority. Therapists can help LDS clients discriminate between religious pride (a sense of superiority or arrogance) and psychological pride (a positive feeling of personal accomplishment). Helping LDS clients realize that taking a moment to enjoy and appreciate their accomplishments (psychological definition of pride) after they have put in hard work is not only appropriate, it also leads to reaching their religious goals.

The Acceptance Model of Perfectionism

Lundh (2004) affirmed that the key determinate of whether an individual was an adaptive or a maladaptive perfectionist was the concept of acceptance. When an individual is unable to accept anything performed “less than perfect,” the result is dysfunction or maladaptive behavior in the pursuit of perfection. The expectation to be perfect becomes a demand rather than a desire or aspiration. This expectation leads to maladaptive perfectionism. Positive perfectionism is made up of two key components: first, the desire to strive for perfection (perfectionistic striving), and second, the ability to accept nonperfection in an individual’s behavior or task performance (acceptance). The primary differentiating factor between adaptive and maladaptive perfectionism is the ability to accept a less-than-perfect performance on a task.

Three different forms of acceptance are outlined within this model (Lundh, 2004): *self-acceptance*, where an individual is able to accept one’s self as is; *other-acceptance*, the ability to accept other people within their social environment as they are; and *experiential acceptance*, the ability to accept one’s own internal “experiences [thoughts, feelings, body sensations, behavioral interpretations, etc.] and allow them to have their way, without trying to suppress or control them” (p. 257).

Lundh’s model of acceptance in understanding perfectionism helps clients differentiate healthy versus unhealthy ways to engage in religious perfectionism. The core finding indicates that religious striving should come from a personal desire to improve oneself rather

than from a demand to be flawless. If individuals believe the only way they can be morally good or acceptable to God is through perfection, perfectionistic striving becomes a demand in their life. This will lead to poor mental health outcomes, such as depression, anxiety, low self-esteem, etc. Healthy perfectionists can accept less-than-perfect performance and adjust their perfectionistic standards for the short-term in order to reach their long-term goals.

The “Big Five Personality Traits” Model of Perfectionism

Researchers have investigated how perfectionism is related to personality factors using the Big Five personality assessment instruments (Dunkley, Blankstein, Zuroff, Lecce, & Hui, 2006; Hewitt, Flett, & Blankstein, 1991; Hill, McIntire, & Bacharach, 1997; Parker & Stumpf, 1995; Stumpf & Parker, 2000). The five personality traits are *extraversion*, *agreeableness*, *conscientiousness*, *neuroticism*, and *openness to experience*. *Extraversion* comprises personality traits such as sociability, talkativeness, energy, activity, assertiveness, stimulation when being with others, and positive emotionality. *Agreeableness* represents being cooperative, trustful, tender-minded, well-tempered, compassionate, altruistic, and modest. *Conscientiousness* describes an individual’s tendency to be organized, show self-discipline, prioritize tasks, and be careful in planning (as opposed to being highly spontaneous or impulsive). *Neuroticism* describes an individual’s propensity to experience unpleasant emotions easily, such as feelings of anger, nervousness, sadness, and tension. Neuroticism also refers to an individual’s degree of emotional stability. *Openness to experience* involves traits such as creativeness, adventure, uniqueness, curiosity, appreciation of art, originality, and imagination (Ulu & Tezer, 2010).

Research comparing perfectionism with personality traits has found that neuroticism was significantly associated with socially prescribed perfectionism in males and females and was also significantly associated with self-oriented perfectionism in females (Hewitt et al., 1991). Hill et al. (1997) found that self-oriented perfectionism was strongly associated with conscientiousness and personal striving, while socially prescribed perfectionism was associated with neuroticism, and other-oriented perfectionism was inversely associated with agreeableness. Self-oriented

perfectionism was found to be more adaptive, whereas socially prescribed and other-oriented perfectionism are maladaptive. Self-critical perfectionism (negative perceptions of the self and a defensive interpersonal orientation) was positively associated with neuroticism in another study (Dunkley et al., 2006). In conclusion, the replicated finding is that the trait of neuroticism is a component of maladaptive perfectionism, whereas adaptive perfectionism is significantly predicted by conscientiousness, openness, and extraversion (Ulu & Tezer, 2010).

These findings direct clinicians toward mechanisms that are most efficacious in treatment with perfectionists. The therapist will be most effective by helping clients in “developing a new set of beliefs about oneself and developing new relationships with more affirming others” (Ulu & Tezer, 2010, p. 336). Intrapersonal and interpersonal factors allow the client to gain more stability in the frequency and intensity of emotions such as anger, sadness, tension, and nervousness (neuroticism). In addition, researchers advise utilizing the therapeutic relationship as a secure attachment base. This secure base enables clients to reach their goal of gaining a more positive view of the self, having more secure and trusting relationships, and increasing in interpersonal competencies (Ulu & Tezer, 2010).

In particular, therapists can highlight with clients who are members of the Church of Jesus Christ that the components that promote an adaptive form of perfectionism—agreeableness and conscientiousness—are endorsed within the beliefs of religious teachings of the Church of Jesus Christ. For example, the traits of being cooperative, trustful, well-tempered, compassionate, modest, and altruistic (agreeableness) are often virtues that an individual is counseled to strive for within the religious faith of the Church of Jesus Christ. Showing reasonable self-discipline, being careful in planning, prioritizing what is important, and being well-organized (conscientiousness) are also values endorsed within the Church’s faith. Therefore, personality components that promote adaptive perfectionism are endorsed within the teachings of the Church’s faith.

The Mindfulness Model of Perfectionism

Mindfulness has been demonstrated to be an operative component of several theoretical models (see Harris & Hayes, 2009; Hayes & Smith, 2005;

Kabat-Zinn, 2011; Linehan, 1993; Neff, 2011). Researchers have explored how mindfulness may impact perfectionism. Two primary components of socially prescribed perfectionism and maladaptive perfectionism are chronic worrying and rumination. Chronic worry is when individuals consistently and continually hold on to thoughts about the uncertain outcome of a future event, which results in experiencing negative emotions. Rumination occurs when individuals continually review a past event over and over in their minds while linking that event with negative affect. Chronic worry focuses on an unknown future, whereas rumination focuses on the past; neither allows individuals to be present with their experiences. Because of the impact of rumination and chronic worry, practicing mindfulness (being present in the moment) can lead to a reduction of maladaptive perfectionism or socially prescribed perfectionism.

Mindfulness is a process whereby individuals are able to bring their complete attention to what they are experiencing in the present moment without judgment. Mindfulness has been found to be both a dispositional factor in some people and a skill that can be gained through practice. The construct of mindfulness is made up of five skills. First, individuals are able to observe within their social environment both external and internal stimuli in the form of thoughts, sensations, and feelings. Second, these sensations, thoughts, or feelings are observed without judgment. Third, individuals remain and act with awareness, rather than focusing their attention elsewhere. Fourth, as individuals experience internal and external occurrences, continuous nonjudgment is exhibited toward their thoughts and feelings. Lastly, individuals are nonreactive to internal experience, allowing thoughts and feelings to come and go freely. The integration of mindfulness in therapeutic work with LDS clients is highly warranted for reducing chronic worry and rumination. Mindfulness teaches an individual to avoid judgment and reactivity, the two primary components of worry and rumination, resulting in a lowering of negative affect (Short & Mazmanian, 2013).

Short and Mazmanian (2013) postulated that it is harder for perfectionists to accept moments of failure; that is why it is hard for them to extricate themselves from rumination. The researchers devised a study with 213 university-student participants and

found that both chronic worry and rumination “underlie the relationship between socially prescribed perfectionism and negative affect” (p. 720). When an individual acts with greater awareness and nonjudgment toward his or her inner experience (thoughts, feelings, body sensations), a reduction of maladaptive perfectionism occurs. Those who ranked higher in mindfulness had lower levels of socially prescribed perfectionism, negative thoughts, and distress. However, higher levels of mindfulness were not found to have a mediating effect on rumination. Therefore, Short and Mazmanian’s hypothesis was partially supported. These findings demonstrate that mindfulness functions as a protective factor when it comes to rumination, but not as a mediating effect.

Both chronic worry and rumination can be common components in a religious individual’s life, particularly among members of the Church of Jesus Christ. A strong component of the Church’s theology is the belief that family relationships continue into the next life for eternity (Family Proclamation, para. 1) and that everyone will be judged for their actions on earth to determine their eternal destination in the afterlife. Religious individuals tend to worry chronically about the salvation of not only themselves but others in their lives (Exline, 2002; Ellison et al., 2009). This chronic worry is often heightened in clients who are members of the Church of Jesus Christ because if a family member stops practicing the Church’s faith, family relationships could be incomplete in the hereafter. Members of the Church of Jesus Christ are highly invested and tend to ruminate about not only their personal salvation but the salvation of all of their family members going generations back in their ancestral line. In addition, another component of the Church’s theology is that repentance requires an individual to feel sorrow for past sins. Some members of the Church of Jesus Christ interpret this belief to mean that ruminating about past sins, to an unhealthy degree, is the only way to fulfill the requirements of the repentance process. Mindfulness is an effective intervention strategy to help clients who are members of the Church reduce worry and rumination.

CONCLUSION

While religiousness often serves as a protective factor against many mental health concerns, at times it can lead to religious perfectionism that is associated with poor mental health outcomes (i.e., depression, anxiety, eating disorders, OCD, and scrupulosity). Clinicians can feel perplexed by how to ethically support the client’s autonomy in his or her religion (self-determination) while at the same time promoting mental healing and wellness. The theoretical models reviewed in this paper—the six facets, the three facets, behavioral, attachment, self-conscious emotions, acceptance, Big Five personality traits, and mindfulness—have been shown to be effective and successful in the conceptualization and treatment of clients who are members of the Church of Jesus Christ and who present with maladaptive religious perfectionism. Further, these models help therapists uncover a methodology to support clients engaging in the standards and teachings of their faith, while at the same time alleviating their suffering and promoting their healing. All of these models help clients embrace their desire for perfectionistic striving (a central component of their religious faith) while moving away from maladaptive forms of religious perfectionism.

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Analyzing Anger References in the Scriptures: Connections to Therapy in a Religious Context

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People navigate life more successfully and find more joy when they are able to regulate emotion in healthy ways. Teaching and helping clients regulate emotion in healthy ways is an important part of many psychotherapy approaches. In this paper, we focus on the emotion of anger from a theistic therapy perspective, arguing that understanding the nature of God's anger and human anger in the scriptures can inform theistic therapy practice. To establish this understanding, we analyzed cases of the word anger in the scriptures through content analysis (e.g., quantitative) and hermeneutic analysis (e.g., qualitative). Findings revealed that, while God was tied to more expressions of anger, humans were the main recipients of anger. God's anger was connected to His obligation to enact justice as a consequence to disobedience and unrighteousness. Human anger was often connected to the influence of Satan and revolved around interpersonal conflict. Additionally, we noted that God and His prophets experience anger—that is they do not suppress it, but use it to inform action and do not cultivate, vent, complain, or give place to it. Other references included warnings of future anger or teachings about how humans should express and experience anger. We discuss how these analyses of anger provide insights that theistic therapists can apply when helping clients process anger in therapy.

Keywords: anger, emotion, therapy, scriptures, content analysis, hermeneutic analysis

Emotions act as a signaling system that helps individuals decide how to respond in a given situation (Whelton, 2004). The ability to tolerate, regulate, and communicate about emotions is associated with many positive outcomes, such as healthier relationships (Kolak & Volling, 2007), fewer symptoms of depression and anxiety (Schäfer, Naumann, Holmes, Tuschen-Caffier, & Samson, 2017), and goal attainment in the workplace (Wong, Tschan, Messerli, & Semmer, 2013). Because of its impact on overall well-being, therapeutic approaches often centrally or peripherally focus on emotional awareness and regulation. In this paper, we explore the emotion of anger and its role in

human experience from a Judeo-Christian perspective. We are particularly interested in how scriptural texts that reference anger inform our understanding

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of anger and how both the texts and our understanding can influence theistic therapy practices.

ANGER IN THERAPY

Anger, generally felt as a negatively valenced emotion with medium to medium-high arousal (Warriner, Kuperman, & Brysbaert, 2013), is a commonly felt emotion. Research suggests individuals feel anger several times a day to several times a week (e.g., Averill, 1983). Cummins (2003) defined anger “as *an* emotional experience of invalidation” (p. 84, emphasis added). Both Cummins (2003) and Novaco (2016) highlight that anger can be connected to experiences of perceived threats (e.g., threat to self-concept). Gleave (1999) speaks of the tendency to respond to pain with a “call for justice or a striking out against the cause of our injury” (p. 82). This pain may be related to unmet expectations. All of these conceptions of anger highlight the frequent relational nature of this emotion, involving interpersonal interactions where one party feels hurt, let down, or wronged by others.

Warner (1986) provides another perspective on the relational dynamic that can occur during a conflict that leads to feelings of anger when he describes “self-betrayal” (p. 40). He argues that people sometimes turn to anger in selfish justification (i.e., self-concern) of thoughts or behaviors. In such cases, individuals act in ways that betray personal values and, instead of correcting their own mistaken perspectives, individuals feel anger and blame it on some other person or object. Anger and blame then create contention that can plant the seed for ongoing relational conflict. In line with this, Cummins (2003) found that although individuals perceive some advantages of anger (e.g., feeling powerful, controlling fear, and protecting self), they also recognize the disadvantages of poor anger management (e.g., increased stress, hurt relationships, and poorer health).

Behavioral expressions of anger can take many forms and have been connected to negative patterns of interactions (Johnson, Hunsley, Greenberg, & Schindler, 1999; McCullough & Andrews, 2001), implicating that anger is sometimes associated with maladaptive emotional responses, regulatory behaviors, communication strategies, etc. For instance, what Gleave (1999) describes as “striking out” may

manifest as some form of physical or verbal aggression (p. 82). Although some have viewed the venting of emotion as inevitable and helpful (e.g., through a cathartic release), venting in the form of aggression is not beneficial (Mayne & Ambrose, 1999; Whelton, 2004). Rather, research has shown that expression of anger in an aggressive form or outburst leads to increased feelings of anger (Bushman, 2002). Warner (1986) would likely describe this as adding another layer of self-betrayal. Conversely, the suppression of anger is also associated with negative outcomes (Hosseini, Mokheri, Mohammadpour, Mehrabianfard, & Lashak, 2011; Quartana & Burns, 2007).

Thus, while the expression of anger may be important, the form it takes is critical. Therapists play an important role in helping clients recognize that it is normal and healthy for anger to be felt and experienced, but there are distinctions to be made between adaptive (e.g., healthy assertion) and maladaptive (e.g., aggression) responses. Therapists vary in their underlying philosophies of therapy and their conceptualizations of emotion and, thus, apply different approaches to addressing anger with clients.

Several therapeutic approaches encourage regulating anger as part of treating psychopathology (Alldao, Nolen-Hoeksema, & Schweizer, 2010). Others focus specifically on expressing anger and alleviating the distress associated with feeling this emotion (Cox & Clair, 2005; Fitzgibbons, 1986; Vannoy & Hoyt, 2004; Zarshenas, Baneshi, Sharif, & Sarani, 2017). Therapists coming from a cognitive-behavioral perspective view emotion, especially negative emotion, as cognitively disorganizing, leading to distress and disruptive behavior (Whelton, 2004). The treatment of anger based on this theory involves combining different techniques such as relaxation, cognitive restructuring, problem-solving, and stress inoculation in individual or group settings (Beck & Fernandez, 1998; Mayne & Ambrose, 1999). Therapy may also include identifying certain stimuli or “triggers” that elicit an angry reaction and learning to reframe the situation, replacing these angry thoughts with more constructive, relaxed ones (Beck & Fernandez, 1998). Other techniques include modeling and rehearsing appropriate behavior, using rewards to modify behavior, helping clients identify emotions, and monitoring their anger arousal (Sukhodolsky, Kassinove, & Gorman, 2004).

The underlying assumption of emotionally focused couples therapy (EFT) is that relationship struggles within couples are largely due to ongoing distressed emotions arising from habitual ways of responding during conflict (Johnson et al., 1999). Similarly, McCullough and Andrews (2001) theorize that many mental health disorders arise out of affect phobias, or conflicts about feelings. In other words, individuals are uncomfortable with or fear experiencing emotions, and this manifests in maladaptive emotion regulation, thinking, and behaviors. McCullough and Andrews suggest individuals are susceptible to affect phobias surrounding anger and summarize three key outcomes of emotion-based therapies. First, therapists can facilitate defense restructuring, or helping individuals recognize and give up maladaptive defensive behavior patterns. Second, therapists can facilitate affect restructuring, or helping individuals achieve adaptive-emotional experiencing and expression. Third, therapists can help their clients restructure maladaptive constructs of self and others so that relationships with self and others improve. These outcomes seem particularly appropriate for anger, given its relational connections and the potential negative consequences of maladaptive regulation of this emotion.

ANGER IN THE CONTEXT OF THEISTIC THERAPY

The authors of this paper come from a theistic background in the Church of Jesus Christ of Latter-day Saints and hence reference doctrines and scriptures that pertain to this Christian denomination throughout. Extending beyond secular practices outlined above, therapists who incorporate theistic perspectives into their work naturally look to moral values and religious foundations to inform their psychotherapy practices (e.g., Richards & Bergin, 2005). Operating under a spiritual worldview that takes into account our embodied and situated mortal conditions, theistic therapists characterize individuals as moral agents with contextually constrained free will to navigate life's choices (Hansen, 2017). Anger is an interesting emotion to examine within a theistic and therapeutic context because of several potential paradoxes that call upon us to consider its biological, cognitive, and spiritual manifestations.

As described above, research shows that expressing anger as aggression is detrimental (Bushman, 2002) but so is suppressing anger (Hosseini et al., 2011; Quartana & Burns, 2007). Scriptures such as "be ye angry and sin not" (Eph. 4:26, King James Version) suggest that anger does exist, sometimes accompanied by sin and other times not. Even God expresses anger regularly throughout the scriptures (e.g., "And the anger of the Lord was kindled against them" [Num. 12:9]). Conversely, other scriptures such as "whosoever is angry with his brother shall be in danger of his judgment" (3 Nep. 12:22, The Book of Mormon) reflect that lingering anger is problematic and should be worked through. If adaptive anger is both possible and beneficial, a balance appears to be needed between restraint (e.g., avoiding aggression) and expression (e.g., avoiding anger phobia). Understanding the nature of God's anger and what it means for humans may inform why and how this balance should occur or whether a balance is a good way to understand emotion regulation of anger.

Additionally, distinctions need to be made between righteous anger and unrighteous anger. Some angry behaviors seem societally condemned, such as violent crime, self-harm, and abusive discord in relationships. However, anger and violence may be warranted when defending oneself against a crime. Additionally, not all anger is tied to hostility or other reactions that are harmful or negative (Cummins, 2003). Tangney, Wagner, Hill-Barlow, Marschall, and Gramzow (1996) found that individuals who were more prone to feel guilt (as opposed to shame) were more likely to report adaptive responses to anger, such as constructive intentions, corrective action, and nonhostile discussion with the target of the anger.

God through His omniscience may express anger and judge the morality of human anger perfectly (i.e., based on truth), but human moral judgments are often imperfect. On the one hand, humans can contextualize feelings and actions; we can judge what is appropriate given different situations (e.g., abuse vs. self-defense). On the other hand, we are heavily influenced by how we have learned to think and act and may not always recognize when our anger is based on reality and when it is based on misperception. For example, yelling may feel like a right to a parent who is angry at a child's

misbehavior, but perhaps God perceives the child's incomplete understanding of expectations and, thus, sees the parent's response as less optimal. As other examples, some may have been taught to immediately suppress or deny anger, while others may have been taught to acknowledge it and even cultivate its presence by repetitively thinking about it or acting on it. These comparisons further highlight the need to better understand appropriate expressions of and responses to anger from a theistic perspective.

In sum, theistic therapists addressing anger with their clients want to understand how to work with anger, not just on a cognitive and emotional level but on a spiritual level, taking into account the complexities (restraint vs. expression, rightness vs. wrongness, truth vs. misconception) that accompany anger's acknowledgement, assertion, and transformation. They need to help clients take responsibility for their agency and create possibilities to be blessed and avoid negative, agency-limiting consequences. Secular, science-based theories and research about anger can inform theistic therapeutic practices, but the spiritual lens will come into greater focus by examining what the scriptures have to say about anger. Here, we find God's own expressions of anger, sermons on anger, and human expressions of anger. We believe that we are created in God's image (see Gen. 1:26–27)—physically, spiritually, and emotionally. Thus, examining God's expressions of emotion can act as a model for our understanding of the nature of human emotion and how it was intended to be experienced and expressed intrapersonally and interpersonally. Sermons and examples of human anger can point to characteristics common to the human condition across time, allowing theistic therapists to draw connections between scriptural narratives and therapeutic practices.

PRESENT STUDY

Although religious scholars have examined emotions and specifically anger in the scriptures (Elliott, 2006; Schlimm, 2011; Spencer, 2017; Whitehead & Whitehead, 2003), these discussions largely take a general approach rather than analyzing each case of a particular emotion within the scriptures (although see Properzi [2015], who does explore emotions case by case but does not address anger). None to our

knowledge have examined anger in a granular way or drawn direct connections between anger representations in the scriptures and therapy contexts. The present study sought to fill this gap for theistic therapists by developing a corpus and analyzing each case of anger in the scriptural canon of the Church of Jesus Christ of Latter-day Saints. Our aims were twofold. First, we sought to establish an overview of how anger is represented in the scriptures by analyzing the frequency/percentage of several variables (e.g., who expresses anger and who is the recipient of the anger). This aim was accomplished through a content analysis of each instance of the word anger in the scriptures. Against this backdrop, our second aim was to identify more specific patterns within the scriptures related to how anger is experienced and expressed by Deity and humans. This aim was accomplished through a hermeneutic analysis (Paterson & Higgs, 2005), which derived contextualized interpretations and meaning from each case where the word anger appeared.

Combining these two analyses (i.e., content analysis and hermeneutic analysis) of anger provided a breadth and depth of perspective that will help theistic therapists understand how to better work with anger in therapy. More specifically, we expected these analyses to shed light on why anger occurs in God and humans, what anger based on truth looks like, how agency plays a role in anger and contributes to its moral valence, and how scriptural narratives highlight best practices for expressing and restraining anger. We also predicted a distinction between God's anger and human anger because of Satan's influence and the fallen nature of mortals.

METHODS

Corpus Development

Our data set was developed from the scriptural canon of the Church of Jesus Christ of Latter-day Saints, which includes the King James Version of the Bible (Old and New Testaments), the Book of Mormon, the Doctrine and Covenants (D&C), the Pearl of Great Price, and the Joseph Smith Translation (JST) of various Bible verses. A large corpus containing occurrences of 127 emotion words in this canon was originally created and analyzed in the process of

developing an exhibit for the Education in Zion Gallery at Brigham Young University.¹ The first author was a cocurator in this exhibit. The corpus was composed of every conjugation of each selected emotion word, except for cases where a nonhuman was the subject of the expressed word/emotion (e.g., the earth raged). For the exhibit analysis, two independent coders went through and identified who was expressing or feeling the emotion in each case (Deity: God, the Lord, their angels; humans; or the adversary: Satan). Disagreements were resolved by two exhibit coders who discussed each case and the surrounding context. For the purposes of this study, we analyzed the instances of anger that were included in this corpus. Throughout this paper, Deity are referenced collectively (i.e., as Deity) or individually (e.g., God, the Lord). We describe the methods for the content analysis first and then for the hermeneutic analysis.

Content Analysis

From the previous exhibit's analysis, we already had data about who (Deity, human, adversary) was feeling anger in each situation where the word appeared in the scriptures. The one speaking was not necessarily the one coded as feeling the anger. For example, if a prophet was speaking of his own anger, it was coded as human emotion, but if a prophet was explicitly speaking of God's anger or was speaking Messianically about anger, the instance was coded as Deity emotion. We selected content analysis as the means to quantify additional themes from the corpus of verses that contained anger. Hsieh and Shannon (2005) defined content analysis as a "research method for the subjective interpretation of the content of text data through the systematic classification of coding and identifying themes or patterns" (p. 1278). We used this method in a directed and conventional way, in that we started with several content themes based on our background research and questions about anger and then added other content themes through an iterative process.

We started with the following initial themes that could help inform how and when anger is expressed in the scriptures: who the anger was directed at, whether humans that felt anger were righteous or not, and

whether human recipients of anger were righteous or not. Two coders began independently coding a small subset of anger references in the scriptures with these themes. After doing so, the coders met to discuss any additional themes that were emerging. The coders also examined agreement within the themes they had coded to calibrate their analysis and ensure they were coding the anger references in consistent ways. This process was repeated with approximately 10% of the dataset until no additional themes were identified. Many of these themes were designed to capture the scriptural context surrounding anger and its expression. The coders then went through all of the anger references and independently coded them according to all of the themes. If coders identified something of interest not captured in the content themes, they made note of it as they coded. After coding was finished, one coder and the first author went through all cases of disagreement and reached a consensus by examining the context of each reference and comparing the current reference against the coding of similar references. The final themes coded for in the content analysis are presented in Table 1 (see page 98).

Hermeneutic Analysis

The qualitative hermeneutic analysis was conducted by the second and third authors. We used collaborative hermeneutic interpretation (CHI) as our method to interpret the instances of anger in the scriptures (McKenzie et al., 2013). While hermeneutic interpretation eschews the notion that an objective universal truth can be ensured by method, it does not resort to relativism. Rather, this approach aims to incorporate historical and cultural knowledge in an effort toward truth that is universal by virtue of consensual interpretations (cf. McLeod, 2011, pp. 27–34). This method is based in Gadamer's (2004) philosophy and assumes that understanding and truth are products of dialogue. In this study, the dialogue took place between the researchers and text and between the researchers themselves. Our assumptions and procedure are outlined below.

Investigator assumptions and background. As theorists and psychotherapists, we have both been interested in anger for some time. Kristin's perspective has been that all the emotions are fundamental but that some have excitatory and some have inhibitory

¹ Further information about the corpus and exhibit can be found here: <http://educationinzion.byu.edu/exhibition/jesus-wept/>

functions. She believes anger, as an activating emotion, can be used in adaptive and maladaptive ways (McCullough et al., 2003). Aaron's perspective has been that anger is generally a negative human experience and that it typically serves to mask the more basic human experiences of fear or pain (cf. Kelly, 1979). We assumed that some diversity in our perspectives would enrich our interpretation. Both of us take a postmodern stance on science and assume that all attempts at understanding are interpretive.

Although hermeneutics has historically been used to analyze meanings of biblical texts (Byrne, 2001), we recognize the difficulty of understanding God's anger. Beyond acknowledging that our reading of the scriptures is interpretive and influenced by our individual perspectives, we also acknowledge that striving to understand God will always be limited by what we cannot see and by our limited natures (e.g., 1 Cor. 13:12). Despite these limitations, research illustrates that hermeneutic analysis can help researchers extract nuanced meaning from the scriptures, particularly as it relates to questions of literalism and inerrancy (e.g., Bartkowski, 1996). We argue this will also be the case with understanding God's anger, particularly as we apply our beliefs that the scriptures are the word of God and that God is an embodied being who feels emotion and has a familial relationship with humankind, His children (see Givens & Givens, 2012).

Procedure. We each took a slightly different approach to our initial analysis after first discussing what we would do. Kristin's approach was to read through the entire New Testament and Book of Mormon carefully, searching for themes related to anger. She then repeatedly reviewed the scriptures containing references to anger that had been preidentified in the New Testament, Book of Mormon, D&C, and Pearl of Great Price and reviewed the context around most of these scriptures. She also analyzed many, but not all, of the scriptures containing references to anger found in the Old Testament. Aaron's process was to review these same books of scripture in their entirety (not including the Old Testament) while attending to the question of anger and then go back and analyze the preidentified verses (including those in the Old Testament). Hermeneutic interpretation is described as a spiral that deepens by moving back and forth between the specific, or the parts of a text, and the whole

(Brinkmann & Kvale, 2014). The process is to repeatedly question and seek to refute or refine one's interpretation with these progressive cycles. This involves

- (a) gaining a sense of meaning of the whole text, and then using that as a framework for understanding specific parts of the text; and (b) analyzing the possible meanings of small sections of the text, and using these to refine or reinterpret the overall sense of the text. (McLeod, 2011, p. 33)

Once we had each come to our individual interpretations, we met to compare and synthesize our interpretations. Interestingly, our interpretations were fairly similar, and Kristin synthesized them into a common interpretation that we each felt was consistent with our individual interpretations.

RESULTS

Anger Corpus

After removing one case of nonhuman anger (D&C 88:87; the source of the anger was the stars), there were 476 instances of the word anger and its conjugations found in 448 verses across all of the works of scripture analyzed. The majority of these verses were found in the Old Testament (257 verses; 57.4%), followed by the Book of Mormon (141 verses; 31.5%), the D&C (25 verses; 5.6%), the New Testament (12 verses; 2.7%), the JST of the Bible (7 verses; 1.6%), and the Pearl of Great Price (6 verses; 1.3%). However, when the number of verses containing the word anger and its conjugations were compared to the total number of verses in each work, most were found in the Book of Mormon (2.1% out of 6604 verses), followed by the JST of the Bible (1.6% out of 440 verses), the Old Testament (1.1% out of 23,145 verses), the Pearl of Great Price (0.9% out of 635 verses), the D&C (0.7% out of 3,654 verses), and the New Testament (0.2% out of 7,957 verses). To distinguish between results from the different analyses reported, themes are referred to separately as content themes or hermeneutic themes.

Content Analysis

For the purposes of the content analysis, each instance of the word anger was coded (rather than by verse). Across all of the content themes, the average

percent agreement between coders was 92.2%, with a range of 82.1% (for the theme *If the anger is directed at a human, is that person righteous?*) to 99.8% (for the theme *Who was the anger directed at?*). Coders identified only one instance of anger being expressed by the adversary and directed toward Deity (“And the second was angry, and kept not his first estate; and, at that day, many followed after him” [Abr. 3:28]). Because of the rarity of this case, we do not further analyze it below. However, it is included in the total count of instances when calculating percentages. Throughout the description of content theme results, example verses are given to showcase how anger was represented in the scriptures. To mirror the expository style of the hermeneutic results, we also comment on how these results provide a broad overview of instances of anger in the scriptures.

Who is feeling the anger, and who is the anger directed at? Across all instances, anger was coded as being expressed by Deity 60.1% of the time and by humans 39.7% of the time. “I, the Lord, was angry with you yesterday, but today mine anger is turned away” (D&C 61:20; Deity anger toward humans). Across all instances, anger was directed the most toward humans (97.7%), then Deity (1.9%), and then nonhuman things (0.4%; e.g., Num. 22:27, human anger toward donkey; Hab. 3:8, Deity anger toward rivers). Of the nine instances of anger directed at Deity, eight of these were expressed by humans and included Jonah expressing anger against God, people expressing anger against Jesus, and people expressing anger against God’s truth. “If a man on the sabbath day receive circumcision, that the law of Moses should not be broken; are ye angry at me, because I have made a man every whit whole on the sabbath day?” (John 7:23; human anger toward Deity). Of the 465 instances of anger directed toward humans, 61.2% of these were expressed by Deity and 38.7% were expressed by humans. Although more explanation is needed to differentiate God’s anger and human anger, therapists can use this data to help put clients at ease (e.g., normalize emotion) by knowing humans are similar to God in that both experience anger.

If humans are feeling or receiving anger, are they righteous? Humans feeling anger were coded as unrighteous 55.0% of the time and righteous 12.7% of the time. The remaining instances were classified as a

specific person/group (22.2%) or general humanity (10.1%) where righteousness was unclear. The cases of a righteous human expressing anger involved circumstances ranging from anger at those causing war (e.g., Moro. 55:1) to anger at wickedness (e.g., Ex. 32:19) to anger in a family conflict (e.g., Gen. 30:2).

Human recipients of anger were coded as unrighteous 50.5% of the time and righteous 19.8% of the time. The remaining instances were classified as a specific person/group (17.6%) or general humanity (12.0%) where righteousness was unclear. Of the cases where the recipient of the anger was coded as unrighteous, 88.1% of the anger came from Deity and 5.5 % came from righteous humans. Of the cases where the recipient of the anger was coded as righteous, 69.6% came from unrighteous humans and 19.6% of the cases came from Deity. The cases of Deity’s anger toward a righteous human involved circumstances ranging from actual feelings of anger (e.g., Deut. 1:37) to supplications that Deity not be angry (e.g., Ether 3:2) to indications that Deity’s anger was turning away (e.g., Hel. 11:17).

The following verses illustrate different cases of anger as coded by righteousness. “But they rebelled against me, and would not hearken unto me . . . then I said, I will pour out my fury upon them, to accomplish my anger against them in the midst of the land of Egypt” (Ezek. 20:8; Deity anger toward unrighteous human). “And now it came to pass that when Moroni, who was the chief commander of the armies of the Nephites, had heard of these dissensions, he was angry with Amalickiah” (Alma 46:11; righteous human anger toward unrighteous human). “The people repented not of their iniquity; and the people of Coriantumr were stirred up to anger against the people of Shiz; and the people of Shiz were stirred up to anger against the people of Coriantumr” (Ether 15:6; unrighteous human anger toward unrighteous human). “And it came to pass that Laman was angry with me, and also with my father; and also was Lemuel, for he hearkened unto the words of Laman” (1 Ne. 3:28; unrighteous human anger toward righteous human).

By coding the righteousness of humans involved in cases of anger, we see that the majority of humans feeling or receiving anger are unrighteous. Particularly, when God expresses anger, it is largely directed at the unrighteous. This confirms that He is not capricious;

rather, there is a pattern to why He expresses anger. Human anger, being more closely tied to unrighteousness, seems to be distinct from God's anger and needs to be more closely examined, which is accomplished in the hermeneutic analysis. Interestingly, the only case of the word anger being mentioned between righteous humans was an explanation that one person was in fact not angry at another (see Alma 61:9).

If the anger is human to human, what type of conflict is it? Of all instances of anger in the corpus, 37.8% involved human-to-human interactions. Among these, 54.1% of the instances involved general disagreements between two humans or groups, 29.3% involved wartime conflicts, and 16.6% involved familial conflict. "And when the Jews heard these things they were angry with him; yea, even as with the prophets of old" (1 Ne. 1:20; general disagreement: unrighteous human anger toward righteous human). "And it came to pass that when the men of Moroni saw the fierceness and the anger of the Lamanites, they were about to shrink and flee from them" (Alma 43:48, wartime conflict: unrighteous human anger toward righteous human). "But the queen Vashti refused to come at the king's commandment by his chamberlains: therefore was the king very wroth, and his anger burned in him" (Esth. 1:12; familial conflict: specific human anger toward a specific human). This data and the accompanying examples illustrate patterns in human nature and that conflict is common within interpersonal relationships, even in families, and between groups of people. This provides a backdrop for individuals to see the scriptures are relevant and relatable.

Is the anger a reference to future emotion or a sermon? Across all instances of anger, 22.7% were coded as a reference to future emotion or a sermon. Of these, 64.8% referred to anger that might occur in the future, and 35.2% talked about anger in the context of a sermon or discussed the nature of anger. Interestingly, looking at just the cases of Deity feeling anger, approximately 20% of these fall under the category of being a warning of anger in the future (i.e., a call to repentance) or a sermon about anger. Coders also noted many cases where humans supplicated Deity to turn away His anger or where the anger of Deity was being turned away. "Behold, the day of the LORD cometh, cruel both with wrath and fierce anger, to lay the land desolate: and he shall destroy the sinners thereof out

of it" (Isa. 13:9; future Deity anger toward unrighteous humans). "Be ye angry, and sin not: let not the sun go down upon your wrath" (Eph. 4:26; sermon about general human anger to general human). "But he, being full of compassion, forgave their iniquity, and destroyed them not: yea, many a time turned he his anger away, and did not stir up all his wrath" (Ps. 78:38; Deity turning away anger). These themes illustrate patterns related to God's relationship to humans. God sends His prophets to warn His children when their iniquity puts them in danger of justice and also to teach about the use and expression of anger. When humans turn back (i.e., repent) and supplicate Him, God turns His anger away. This portrays God as a teacher and mentor motivated by love and mercy.

Hermeneutic Analysis

There are several themes that emerged from our hermeneutic analysis. These include scriptures associated with the characteristics and reasons for God's anger, the association between Satan and anger, scriptures associated with the characteristics and reasons for human anger, and insights into what to do about anger. We will describe these different themes, their relevant subthemes, and provide prototypical scriptural examples. We acknowledge that there are many more subtle themes that there is not space to address or that we may have overlooked or failed to address. Whereas the content analysis set a backdrop of overarching quantified themes, the following hermeneutic themes parallel these results while adding meaning and greater depth.

Theme 1: Characteristics and reasons for God's anger. Throughout the standard works, God gives commandments to His people and consequences for not following His commands. These consequences are declared and delivered in a very matter-of-fact way as in the following example where He commands His people not to be angry:

But I say unto you, That whosoever is angry with his brother without a cause shall be in danger of the judgment: and whosoever shall say to his brother, Raca, shall be in danger of the council: but whosoever shall say, Thou fool, shall be in danger of hell fire. (Matthew 5:22)

God's anger and even His fierce anger are referred to when His people do not meet the expectations and standards He has set for them. Whether He feels angry

first, at the same time, or after, we do not know. But it does seem that His anger comes from a longing for us to choose to meet His expectations so we can enter into the kind of loving relationship with Him that He wants to give us.

Some examples of unmet standards include people demonstrating a lack of trust in Him (Ex. 4:14), not acknowledging His power (Mark 3:5), not confessing His hand in all things (D&C 59:21), provoking Him to jealousy (Deut. 32:16; Josh. 23:16; Judg. 2:12), and not hearkening unto Him or obeying His commandments (Luke 12:21; 1 Ne. 18:10). He especially seems displeased with rude behavior toward righteous individuals, hypocrites, “those who speak folly” (Prov. 14:29), the unrepentant, and those who commit abominations and whoredoms. The following example illustrates anger toward the unrepentant and proud:

Behold, the day of the Lord cometh, cruel both with wrath and fierce anger, to lay the land desolate: and he shall destroy the sinners thereof out of it . . . And I will punish the world for their evil, and the wicked for their iniquity; and I will cause the arrogancy of the proud to cease, and will lay low the haughtiness of the terrible. (Isa. 13:9, 11)

This next example indicates that the Lord is not pleased with hypocrisy:

Therefore the Lord shall have no joy in their young men, neither shall have mercy on their fatherless and widows; for every one of them is a hypocrite and an evildoer, and every mouth speaketh folly. For all this his anger is not turned away, but his hand is stretched out still. (2 Ne. 19:17)

God is angry at those who don't understand His mercy through the Atonement. “For behold, he said: Thou art angry, O Lord, with this people, because they will not understand thy mercies which thou hast bestowed upon them because of thy Son” (Alma 33:16).

It is as though those who do not meet God's expectations cause a response in Him that requires Him to act in ways He does not want to but by which He is bound or has chosen to be bound. This relates to parental discipline. Parents have agency to not follow through on a promised consequence when their children violate a family rule or expectation, but when parents fail to do so, children may learn to be permissive and inconsistent in their behavior. God has agency too, but unlike

human parents, He disciplines consistently and perfectly judges the time for justice and the time for mercy. Although He is not lenient (e.g., D&C 1:31–32), it is often the case that He repeatedly warns His people and calls them to repentance before executing justice (e.g., D&C 58:47). Indeed, God frequently has reason to be angry with His children, and yet He defers it because of His love for His people (e.g., read Jacob 5 in this light). He knows He asks hard things from us, and He wants to give people their best chance (e.g., Isa. 48:9–11). In Psalms 145:8 we read: “The Lord is gracious, and full of compassion; slow to anger, and of great mercy.”

God's prophets often issue calls to repentance, which are an extension of His love and mercy.

Go and proclaim these words toward the north, and say, Return, thou backsliding Israel, saith the Lord; and I will not cause mine anger to fall upon you: for I am merciful, saith the Lord, and I will not keep anger forever. Only acknowledge thine iniquity, that thou hast transgressed against the Lord thy God . . . and ye have not obeyed my voice, saith the Lord. (Jer. 3:12–13)

Nephi fears God's justice and warns his brethren:

And I, Nephi, began to fear exceedingly lest the Lord should be angry with us, and smite us because of our iniquity, that we should be swallowed up in the depths of the sea; wherefore, I, Nephi, began to speak to them with much soberness; but behold they were angry with me, saying: We will not that our younger brother shall be a ruler over us. (1 Ne. 18:10)

John the Baptist warns the people to repent and “Prepare ye the way of the Lord, make his paths straight” (Matt. 3:3). In His mercy, God will even use the anger of others to stir His people up unto repentance. “But I say, Did not Israel know? First Moses saith, I will provoke you to jealousy by them that are no people, and by a foolish nation I will anger you” (Rom. 10:19).

While God is protective of all His children, He is especially protective, as a loving parent would be, of His disciples who are willing to speak on His behalf. This is seen in many places, but especially in His anger at those who kill the prophets.

And they that kill the prophets, and the saints, the depths of the earth shall swallow them up, saith the Lord of Hosts; and mountains shall cover them, and whirlwinds shall carry them away, and buildings shall fall upon them and crush them to pieces and grind them to powder. (2 Ne. 26:5)

In a sense, in killing the prophets, God's children are also destroying God's attempts to be merciful unto them, which is especially violent toward a God who has already sent His Son to Gethsemane and the cross on their behalf.

Nevertheless, when people demonstrate qualities such as submissiveness, repentant hearts, and gratitude toward God, we see that He turns away His anger. "I have commanded my sanctified ones, I have also called my mighty ones, for mine anger is not upon them that rejoice in my highness" (2 Ne. 23:3). God's turning away of anger (e.g., justice) is equated with His blessing of the people. There is a sense that anger and joy are part of a whole and are oppositional in nature. The following example illustrates that blessings follow when God turns away His anger:

And it came to pass that in the seventy and sixth year the Lord did *turn away* his anger from the people, and caused that rain should fall upon the earth, insomuch that it did bring forth her fruit in the season of her fruit. (Hel. 11:17, emphasis added)

The next verse shows God's compassion and mercy, along with a return to promised covenants, taking the place of His anger:

And there shall cleave nought of the cursed thing to thine hand: that the LORD may *turn from* the fierceness of his anger, and shew thee mercy, and have compassion upon thee, and multiply thee, as he hath sworn unto thy fathers. (Deut. 13:17, emphasis added)

God's ability to apply mercy is limited by the agency of humans. God wants to bless His people, but He cannot allow sin. We are taught that no unclean thing can dwell in God's presence (Moses 6:57). King Benjamin warns his people,

If ye should transgress and go contrary to that which has been spoken, that ye do withdraw yourselves from the Spirit of the Lord, that it may have no place in you to guide you in wisdom's paths that ye may be blessed, prospered, and preserved . . . the same cometh out in open rebellion against God; therefore he listeth to obey the evil spirit, and becometh an enemy to all righteousness; therefore, the Lord has no place in him, for he dwelleth not in unholy temples. (Mosiah 2:36–37)

The scriptures also tie anger to not seeing the face of the Lord. The Lord frequently refers to how, in His anger, He hides His face from His people (see Deut.

31:17; Jer. 32:31, 33:5; Ps. 27:9; JST Ex. 33:20, 23). We learn in D&C 84 that Moses "sought diligently to sanctify his people that they might behold the face of God" (verse 23), "but they hardened their hearts and could not endure his presence; therefore, the Lord in his wrath, for his anger was kindled against them, swore that they should not enter into his rest while in the wilderness" (verse 24). Earlier in this section, we learn about priesthood power, the administration of the gospel, ordinances, and the power of godliness, which are all interconnected and necessary "to see the face of God, even the Father, and live" (verse 22). We see in these verses a connection between God's love in wanting us to see His face and partake of eternal life and His anger when we sin and break our covenants.

King Benjamin emphasizes that human choices bring the consequences of sin and covenant breaking:

Therefore, they have drunk out of the cup of the wrath of God, which justice could no more deny unto them than it could deny that Adam should fall because of his partaking of the forbidden fruit; therefore, mercy could have claim on them no more forever. (Mosiah 3:26)

God has infinite mercy, but He will not apply it when humans do not choose to repent and partake of His Atonement. Consequences for the unrepentant often sound quite dreadful, as in this Old Testament passage: "And when the people complained, it displeased the Lord: and the Lord heard it; and his anger was kindled; and the fire of the Lord burnt among them, and consumed them that were in the uttermost parts of the camp" (Num. 11:1). The scripture "I, the Lord, am bound when ye do what I say; but when ye do not what I say, ye have no promise" (D&C 82:10) suggests that when God is not bound to apply mercy because of human agency, the consequences that follow may often be the natural playing out of poor choices.

Theme 2: The association between Satan and anger. In contrast to God wanting His people to turn away from anger so they can be blessed, Satan inspires them to become angry. It is one way he binds people and causes their spiritual death.

For the kingdom of the devil must shake, and they which belong to it must needs be stirred up unto repentance, or the devil will grasp them with his everlasting chains, and they be stirred up to anger, and perish; For behold, at that day shall he rage in the hearts of the

children of men, and stir them up to anger against that which is good. (2 Ne. 28:19–20)

The Book of Mormon teaches that those hearing or reading truth that get angry have the spirit of the devil. “Wherefore, no man will be angry at the words which I have written save he shall be of the spirit of the devil” (2 Ne. 33:5).

Through people’s anger, Satan inspires others to become angry so he might gain power over their souls as shown in the following two examples:

For verily, verily I say unto you, he that hath the spirit of contention is not of me, but is of the devil, who is the father of contention, and he stirreth up the hearts of men to contend with anger, one with another. (3 Ne. 11:29)

And:

For behold, his [Zerahemnah, an unrighteous leader] designs were to stir up the Lamanites to anger against the Nephites; this he did that he might usurp great power over them, and also that he might gain power over the Nephites by bringing them into bondage. (Alma 43:8)

Another characteristic of both Satan and angry people is that they will turn on their own. “And it came to pass that he [Amalickiah, an unrighteous leader] was exceedingly angry with his people, because he had not obtained his desire over the Nephites” (Alma 49: 26).

Quarreling and contention are part of what brings war and destruction upon people.

And we see that these promises have been verified to the people of Nephi; for it has been their quarrelings and their contentions, yea, their murderings, and their plunderings, their idolatry, their whoredoms, and their abominations, which were among themselves, which brought upon them their wars and their destructions. (Alma 50:21)

Indeed, anger is a precursor or corollary to violence for humans and can turn into people killing each other. “But behold, their [Laman and Lemuel’s] anger did increase against me [Nephi], insomuch that they did seek to take away my life” (2 Ne. 5:2). Eventually, the wicked destroy each other.

And it came to pass that in the three hundred and sixty and seventh year, the Nephites being angry because the Lamanites had sacrificed their women and their children, that they did go against the Lamanites with exceedingly great anger, insomuch that they did

beat again the Lamanites, and drive them out of their lands. (Mor. 4:15)

Anger is a characteristic of the unrepentant. The two seem to go hand in hand. Just as the unrepentant cannot be saved in God’s kingdom, so cannot the angry. The unrepentant are either cultivating anger or not working to transform it.

But Ammon stood forth and said unto him [Lamoni’s father, who is about to slay his son Lamoni]: Behold, thou shalt not slay thy son; nevertheless, it were better that he should fall than thee, for behold, he has repented of his sins; but if thou shouldst fall at this time, in thine anger, thy soul could not be saved. (Alma 20:17)

Theme 3: Characteristics and reasons for human anger. The scriptures reference both righteous and unrighteous humans, which means either those turned toward or away from God (and in Satan’s power), respectively. Righteous individuals can become unrighteous, and the unrighteous can repent and become righteous. Both the righteous and unrighteous alike experience anger. This is not meant to simplify the complexity of the human journey and the pathway to exaltation if so desired, but the scriptures make numerous links between anger and whether we are turned toward or away from God. Intent, whether individuals are trying to be righteous or not, turning toward God or not, matters. According to Nephi, the righteous recognize that it is not good to hold on to anger. For example, he laments at the anger he continues to have toward his rude, wicked brothers:

And why should I yield to sin, because of my flesh? Yea, why should I give way to temptations, that the evil one have place in my heart to destroy my peace and afflict my soul? Why am I angry because of mine enemy? (2 Ne. 4:27)

Mormon comments on many occasions about people who understand how to be turned toward God and act righteously (like Captain Moroni in Alma 48:17) versus those who are not oriented in this way, get stirred up to anger, and seek to destroy righteous individuals or those faced toward God.

Anger often seems to signal the presence of sin, unrighteousness, and the lack of fulfilling righteous expectations, and it can also come with a belief that one is justified in his or her anger. We have already given many examples where God, who is perfectly righteous

and justified, is angry over humans not meeting His expectations. However, there are also many cases where humans become angry over misperceptions and misunderstandings of being wronged. Even anger itself can distort perceptions. This is true for both the righteous and unrighteous.

Some examples of the misperceptions of righteous individuals leading to anger include both the obedient brother's anger at his wayward (prodigal) brother's seemingly unmerited reward (Luke 15:28–32) and Moroni's anger at Pahoran when Moroni thinks Pahoran is intentionally holding back supplies his army needs (Alma 59:13; 61:9). Though a righteous person, Moroni misperceives another's intentions. In both cases, the obedient brother of the prodigal son and Moroni are teachable and open to learning about their misperceptions. In contrast, many unrighteous individuals either tell lies and then believe them, which causes them to be angry, or simply believe the misperceptions they have been told. Some examples include Laman and Lemuel misperceiving historical events, stirring them and future generations up to anger at the Nephites (1 Ne. 16:38); the Lamanites incorrectly thinking that the people of Limhi had stolen their daughters and becoming angry (Mosiah 20:6); and Lamoni's father being angry at his son because of his misperceptions and prejudices against the Nephites (Alma 20:13). Some anger comes about because of misperceptions and misunderstandings about God's work. For example, the wife of Lamoni's father, the queen, is angry that her husband appears dead when in actuality he is being converted to the gospel (Alma 22:19).

Humans also become angry over loss. For example, Nephi's family is angry because they are hungry in the wilderness when Nephi's bow breaks (1 Ne. 16:18), and the Nephites are angry over the loss of their brethren during war (Mosiah 21:11).

Human anger is often corollary with unrighteous judgment and unrighteous dominion. For example, Laban is angry when thinking Nephi might rob him of his possessions (1 Ne. 3:13), and Laman and Lemuel are angry that their brother has power over them (1 Ne. 3:28).

Complaining against God is considered to not be good.

And it came to pass that I, Nephi, did speak much unto my brethren, because they had hardened their hearts again, even unto complaining against the Lord their God. . . . And it came to pass that the voice of the Lord came unto my father; and he was truly chastened because of his murmuring against the Lord, insomuch that he was brought down into the depths of sorrow. (1 Nephi 16:22, 25)

Humans become angry at God's words spoken through the prophets, as seen in the following two examples:

And ye [Laman and Lemuel] have murmured because he [Nephi] hath been plain unto you. Ye say that he hath used sharpness; ye say that he hath been angry with you; but behold, his sharpness was the sharpness of the power of the word of God, which was in him; and that which ye call anger was the truth, according to that which is in God, which he could not restrain, manifesting boldly concerning your iniquities. (2 Ne. 1:26)

And: "Now there were many of the people who were exceedingly angry because of those who testified of these things" (3 Ne. 6:21).

Theme 4: What do the scriptures teach about what to do about anger? Though anger seems to be something we will experience, anger is not good to cultivate; we should find ways to turn away from it.

Let all bitterness, and wrath, and anger, and clamour, and evil speaking, be put away from you, with all malice: And be ye kind one to another, tenderhearted, forgiving one another, even as God for Christ's sake hath forgiven you. (Eph. 4:31–32)

"Behold, this is not my doctrine, to stir up the hearts of men with anger, one against another; but this is my doctrine, that such things should be done away" (3 Ne. 11:30). The scriptures give us some ideas about what to do about anger. There are a number of ways we noted: repenting, thinking hopeful thoughts, enduring persecution, using soft words, avoiding stirring up anger in others or yourself, working it out with others, and not fearing men's anger.

Repenting. We are taught that letting go of anger is part of the repentance process, which includes turning to the Lord.

And it came to pass that the Lord was with us, yea, even the voice of the Lord came and did speak many words unto them, and did chasten them exceedingly;

and after they were chastened by the voice of the Lord they did turn away their anger, and did repent of their sins, insomuch that the Lord did bless us again with food, that we did not perish. (1 Ne. 16:39)

Thinking hopeful thoughts. Fierce anger instills fear but can be countered with hopeful thoughts and messages of the gospel.

And it came to pass that when the men of Moroni saw the fierceness and the anger of the Lamanites, they were about to shrink and flee from them. And Moroni, perceiving their intent, sent forth and inspired their hearts with these thoughts—yea, the thoughts of their lands, their liberty, yea, their freedom from bondage. (Alma 43:48)

Enduring persecution. Fighting can be motivated by righteous and unrighteous intentions. Generally, the righteous are not to instigate a fight nor fight back unless directed to act in self-defense. In Matthew 5:39 we read: “Whosoever shall smite thee on thy right cheek, turn to him the other also.” And in 3 Nephi 6, righteous individuals do not turn and revile but endure persecutions against them.

Some were lifted up in pride, and others were exceedingly humble; some did return railing for railing, while others would receive railing and persecution and all manner of afflictions, and would not turn and revile again, but were humble and penitent before God. (3 Nephi 6:13)

In the following example, the Lamanites act from a place of anger, and we can see that alongside the anger are unrighteous motivations. In contrast, the Nephites fight only to protect themselves for righteous reasons when commanded by God to do so.

And thus the Lamanites did smite in their fierce anger. Nevertheless, the Nephites were inspired by a better cause, for they were not fighting for monarchy nor power but they were fighting for their homes and their liberties, their wives and their children, and their all, yea, for their rites of worship and their church. And they were doing that which they felt was the duty which they owed to their God; for the Lord had said unto them, and also unto their fathers, that: Inasmuch as ye are not guilty of the first offense, neither the second, ye shall not suffer yourselves to be slain by the hands of your enemies. And again, the Lord has said that: Ye shall defend your families even unto bloodshed. Therefore for this cause were the Nephites

contending with the Lamanites, to defend themselves, and their families, and their lands, their country, and their rights, and their religion. (Alma 43:44–47)

Also, we noted that in many cases where the Saints are brought into bondage and are persecuted, the Lord makes a way for their escape. This was the case with the children of Israel who were enslaved to Pharaoh of Egypt; with Joseph of Egypt, who was sold into slavery by his brethren; and with the people of Alma, who were enslaved by the Lamanites and afflicted by Amulon. The Lord seems to allow this because He “seeth fit to chasten his people; yea, he trieth their patience and their faith” (Mosiah 23:21) and then shows them “that they were brought into bondage, and none could deliver them but the Lord their God” (Mosiah 23:23).

In the example of Alma’s people at Helam, when the people cry to the Lord because of the heavy tasks put upon them, He eases their burdens and makes them light (Mosiah 24:13). We are told He does this so that “ye may stand as witnesses for me hereafter, and that ye may know of a surety that I, the Lord God, do visit my people in their afflictions” (Mosiah 24:14). The next passage reads:

And now it came to pass that the burdens which were laid upon Alma and his brethren were made light; yea, the Lord did strengthen them that they could bear up their burdens with ease, and they did submit cheerfully and with patience to all the will of the Lord. (Mosiah 24:15)

Clearly, the people of Alma must have felt angry because of the tasks that Amulon put upon them, but the Lord wanted to show His power to bring them out of bondage and to teach them about submission to an all-knowing, all-powerful, chastening, refining, and loving God.

Using soft words. We also can turn away wrath with “a soft answer but grievous words stir up anger” (Prov. 15:1).

Avoid stirring up anger in others or yourself. Colossians 3:21 warns that fathers should not get angry at their children so as to avoid discouraging them. There are always other ways than anger to approach interpersonal problems and disagreements. We are taught to put off our anger (see also Matt. 5:22): “But now ye also put off all these; anger, wrath, malice, blasphemy, filthy communication out of your mouth” (Colossians 3:8).

Working it out. “Be ye angry, and sin not: let not the sun go down upon your wrath: Neither give place to the devil” (Ephesians 4:26–27). Scriptures like these make it clear that we will feel anger but that the righteous should figure out what is causing it so it can be resolved. We are to work out anger. When we cannot work it out, we must either change the situation or turn to the Lord and allow Him to make our burdens light. However, we should not return and get angry unless commanded to “fight” as occasionally happens in the Book of Mormon (e.g., Alma 43, which is mentioned earlier).

Nephi’s process to deal with anger in himself. When Nephi is angry, he describes a process to deal with his anger. In 2 Nephi 4, he prays to God, cries unto God, complains about his weaknesses and frustrations, asks God to help him not give place for anger, expresses his gratitude, says he knows he can trust God, and finally, has faith that God will give him what he has asked for if he did not ask amiss:

And by day have I waxed bold in mighty prayer before him; yea, my voice have I sent up on high; and angels came down and ministered unto me. . . . O then, if I have seen so great things, if the Lord in his condescension unto the children of men hath visited men in so much mercy, why should my heart weep and my soul linger in the valley of sorrow, and my flesh waste away, and my strength slacken, because of mine afflictions? . . . Awake, my soul! No longer droop in sin. Rejoice, O my heart, and give place no more for the enemy of my soul. . . . Rejoice, O my heart, and cry unto the Lord, and say: O Lord, I will praise thee forever; yea, my soul will rejoice in thee, my God, and the rock of my salvation. . . . O Lord, I have trusted in thee, and I will trust in thee forever. I will not put my trust in the arm of flesh . . . Yea, I know that God will give liberally to him that asketh. Yea, my God will give me, if I ask not amiss; therefore I will lift up my voice unto thee; yea, I will cry unto thee, my God, the rock of my righteousness. (2 Ne. 4:24, 26, 28, 30, 33, 35, emphasis added)

Nephi’s process to forgive others of things that have the potential to cause anger in him. This includes trying to plead with those who have committed the wrong to soften their hearts and make them aware of their error and encouraging them to repent to both the wronged and to God.

And it came to pass that they [Laman and Lemuel] were angry with me [Nephi] again, and sought to lay hands upon me; but behold, one of the daughters of

Ishmael, yea, and also her mother, and one of the sons of Ishmael, *did plead with my brethren*, insomuch that *they did soften their hearts*; and they did cease striving to take away my life. And it came to pass that *they were sorrowful*, because of their wickedness, insomuch that they did bow down before me, and *did plead with me that I would forgive them* of the thing that they had done against me. And it came to pass that *I did frankly forgive them* all that they had done, and *I did exhort them that they would pray unto the Lord their God for forgiveness*. And it came to pass that they did so. (1 Ne. 7:19–21, emphasis added)

Not fearing men’s anger. While we should fear the Lord’s anger, we are taught not to fear the anger of others because God is in charge. Isaiah is to tell Ahaz, King of Judah, to not fear the King of Israel or Syria, who are going to battle against Judah:

And say unto him [Ahaz]: Take heed, and be quiet; fear not, neither be faint-hearted for the two tails of these smoking firebrands, for the fierce anger of Rezin with Syria, and of the son of Remaliah. . . . Thus saith the Lord God: It shall not stand, neither shall it come to pass. (2 Ne. 17:4, 7)

DISCUSSION

The present study analyzed the use of the word anger in the scriptures using both content analysis and hermeneutic analysis. To our knowledge, this is the first study to examine anger in this kind of in-depth, case-by-case manner. Through content analysis, our aim was to quantify how often the word anger occurs in the scriptures and then code each case to characterize the broad nature of who is feeling anger and who is the recipient of anger in the scriptures. Through hermeneutic analysis, our aim was to identify deeper themes illuminating the nature of anger in Deity and how this informs God’s relationship with his children, how this sheds light on the nature of anger in humans, and what this means for our interpersonal relationships. Our overarching aim was to use these findings to inform theistic therapy practices.

The Nature of God’s Anger

Our content analysis findings showed an approximate 60/40 split with Deity feeling anger more than humans. However, humans were the recipient of anger in almost all cases. Coding the content themes

that were related to the righteousness of the persons involved allowed us to identify that, although Deity expresses proportionally more anger in the scriptures, the large majority of these cases are directed at unrighteous humans. Under this examination, Deity's anger appears to be a reaction to behavior that is contrary to His will (see Elliott, 2006). Our content analysis also showed that not all instances of the word anger reflected the emotion being felt or experienced in the present. Almost a quarter of all cases of anger were related to future anger (e.g., Deity warning that His anger will come if X occurs) or guidelines about anger (e.g., put off anger). Many other instances were noted as supplications to Deity to turn away anger or instances where Deity's anger was being turned away. Hermeneutic themes paralleled these findings.

From the content and hermeneutic analyses, a pattern of anger arose where Deity warns of His impending anger if people do not repent, expresses His anger if people do not heed the warning, and then turns His anger away if people repent. This pattern of anger parallels patterns of justice and mercy and highlights the nature of God's relationship to His children. He sets laws and makes covenantal promises with His children. Obey, and be blessed. Disobey, and be cut off. When humans begin to stray, He warns of impending justice and stirs His people up to repentance, working through prophets and other earthly tools (e.g., famine, see Helaman 11). If they continue to be unrighteous, justice is manifest. When His children turn back to Him and supplicate for forgiveness, He extends mercy. Scriptures like "Who is a God like unto thee, that pardoneth iniquity, and passeth by the transgression of the remnant of his heritage? He retaineth not his anger for ever, because he delighteth in mercy" (Micah 7:18) illustrate that while justice must be rendered, mercy (i.e., God's love and Christ's Atonement) patiently and persistently waits for the penitent spirit and repentant heart.

Anger, punishment, and justice are aligned in opposition to love, blessings, and mercy. God sets His commands and His expectations and then operates within these opposing bounds rationally and with absolute clarity. Because He is all-knowing and all-powerful, He does not misperceive human intent or human behavior. His anger is manifested when commands are

broken or expectations are not met, and His anger is removed when people turn back to Him. He "cannot look upon sin with the least degree of allowance; nevertheless, he that repents and does the commandments of the Lord shall be forgiven" (D&C 1:31–32). God is the perfect purveyor of justice and mercy. This is not to say that God's emotions and actions are deterministic, that He cannot help but be angry and enact justice. Rather, in His perfect morality, character, and execution of agency, operating under eternal laws, His anger is always based on truth and sound judgment (see Properzi [2015] for more discussion of how God's character is supernal but is a blueprint for our own).

God's expressions of anger also demonstrate His relationship to us as our Father. He is fully invested in our eternal upbringing and long-term potential (e.g., Moses 1:39; Elliott, 2006) and is ultimately motivated by love (see 1 Jn. 4). His parameters are purposefully set on a covenantal path that provides the optimal course to eternal growth. When His children forget to acknowledge Him or when they deviate from the covenant path, He disciplines in wisdom, and His anger and justice are manifested and appropriately tailored to individual trajectories. Just as we cannot be lenient as parents around certain conditions that will cause future difficulties for our children, God is not a boundary breaker. He does not try to make us happy with His behavior toward us, but, rather, He sees the bigger picture and must use His agency to set firm limits. His unwavering intent is to bring His children back to His love and presence. In His mercy, He continues to warn us again and again until we turn to Him or sadly lose this opportunity through our own unrepentant sin (see the allegory in Jacob 5 of His tender care and continual involvement in trying to help us return to Him).

The Nature of Human Anger

As humans are created in God's image, they seem to feel anger for similar reasons. Relationships involve formal and informal contracts, promises, and expectations, which are often violated, broken, or left unmet. As God feels anger under these same circumstances, so do His children. However, whereas God's anger is situated within His perfect laws, motivations, and

knowledge of all things, human anger is clearly situated in humankind's fallen state. Prone to unrealistic expectations and misperceptions, human anger is closely tied to contention, Satan's influences, and selfish motivations (Warner, 1986). Our content and hermeneutic findings support the idea that human anger is closely connected to an unrighteous state and interpersonal conflicts. In the scriptures, humans expressed anger toward each other within group disagreements, war, and family relationships. More specific reasons for human anger included anger toward prophets preaching the word of God, anger because of loss (e.g., of power), and anger because of false perceptions. Our summation here is that, while it is natural for humans to feel anger, it is largely undesirable and tied to sin.

We do not argue that humans are incapable of righteous anger based on true perceptions and understandings. God does place the responsibility to learn how to judge righteously on His servants (e.g., D&C 58:17–20, JST Matt. 7:1–2). However, the scriptures regularly teach humans to remove or put off anger (e.g., Col. 3:8). Even in righteous judgment or anger, we are in a sense asked to use anger as a tool to understand when to apply justice. Any administering of justice must be in the context of love as evidenced in the following admonition: “reproving betimes with sharpness, when moved upon by the Holy Ghost; and then showing forth afterward an increase of love” (D&C 121:43). We must always acknowledge that God's ways are higher than our ways (Isa. 55:9). In our present state, surrounded by examples of unrighteous anger, we may not be able to fully understand God's perfect anger, but we can learn to align our motivations, emotional responses, thoughts, and behavior with His love and righteous judgments.

Drawing Connections to Theistic Psychotherapy

While anger appears to be connected to several apparent paradoxes identified in the introduction (such as expression vs. restraint, rightness vs. wrongness, and truth vs. misconception), our findings call us to consider a more complex picture of anger that goes beyond an either/or solution to these paradoxes. Instead, we found that God always acknowledges His anger, but He does so based on the righteous applications of justice and mercy—and thus, His anger is full of truth. He does not cultivate it, complain, or

murmur. He knows how to perfectly express anger proportionate to what the recipient has earned. He seems to feel sorrow at delivering His righteous anger, but this, too, He delivers only after extending many attempts to call His people to repent and turn to Him. He, therefore, does not suppress His anger. His anger is a righteous judgment and is delivered with exact timing. We see numerous examples of His prophets attempting to follow and live within this Divine pattern.

In contrast, human anger is prone to unrighteous applications and misconceptions, which God is mercifully aware of. While humans can only approximate God's truth (we are mortals after all) and incompletely apply justice and mercy, theistic therapists can, in following the scriptural pattern, help their clients (a) acknowledge their anger (i.e., avoid suppression), (b) try to understand where it is coming from (i.e., avoid misperceptions or unrighteous angry judgments), (c) learn about the appropriate expressions of anger (i.e., assertion vs. aggression), (d) work out conflicts, (e) avoid maladaptively expressing anger or dwelling on anger that cannot be worked through with the recipient (i.e., avoid venting), (g) cope and heal when they are a recipient of unrighteous anger or abuse, and (f) rely on spiritual resources with appropriate informed consent and respect for their agency (see Hansen & Richards, 2012). Theistic therapists have a unique opportunity to apply and teach lessons about anger from scriptural examples (e.g., learning more about the nature of God's anger as it relates to justice and mercy, human anger, Satan's role in anger, and observations about how to work through conflicts with others). Theistic therapists can also help clear up believing clients' misconceptions about God and human anger and utilize gospel truth in their work with clients.

There are many conditions under which our clients will experience anger that are consistent with the anger literature and the findings from our scriptural analysis. These include anger due to injustices caused by others' unrighteous actions (e.g., domestic violence), unrighteous expectations of others (e.g., a boss whose demands exceed one's timeframe to complete them), and misperceptions of unmet expectations of others (e.g., anger at a friend missing a lunch date when it was due to the friend getting in a car accident on the way)

(see Cummins, 2003). Some feelings of anger may be a form of self-betrayal when clients fail to acknowledge mistaken perspectives (Warner, 1986).

We can help our clients recognize that it is part of our nature to experience anger. We can also help them recognize the different conditions under which we will experience it. We can point out that God feels anger for similar reasons (e.g., unmet expectations)—although His reasons are always built on true understandings (e.g., John 2:13–16), and thus, His anger is often different from human anger. Still, religious clients who have focused only on the negative side of anger or who are concerned that their personal worthiness will be diminished when they feel anger can be taught that anger is a signal to understand violated or incorrectly made expectations. Therapists can show clients that the experience of human anger is helpful to motivate the correction of misperceptions, guide behavior (either toward or away from a particular person or situation), form clearer judgements, and work on improving intimacy in relationships. Therapists can strengthen their case by explaining the research that shows that it is unhealthy to suppress anger (Hosseini et al., 2011; Quartana & Burns, 2007).

Once experiencing anger is accepted as purposeful, is it useful to explore anger in therapy? Our findings suggest that it depends. While anger should be acknowledged on the one hand, it should not be cultivated on the other hand, since it is associated with giving a place to Satan and driving away God's Spirit (our connection to receiving Heavenly guidance so that we stay on course). Thus, theistic therapists play an important role in helping their clients acknowledge anger. It is important to explore anger in ways that will lead to the expression of adaptive anger, whether it is based on actual injustices, misperceptions, or unrighteous judgements and expectations. The work of McCullough et al. (2003) shows that adaptive forms of expressing anger bring relief. This is particularly helpful in clients who have been abused. Research shows that a client's expression of adaptive anger over abuse will not only lead to emotional relief but can also lead to the relief of cognitive and behavioral symptoms (McCullough, personal communication, March 10, 2004). Interestingly, when looking at the model offered by Nephi, we see that he first cries unto the Lord and expresses his anger to Him (see

2 Ne. 4:17–35), then he asks for help with his anger, and finally he expresses gratitude, trust, and faith in the Lord. His example is useful for Latter-day Saint clients to help dispel fears that it is wrong to even express anger. Jesus's anger at the money changers in the temple is also another good example for Christian clients that shows the righteous expression of anger (John 2:13–16).

As theistic psychotherapists, our goal is to help our clients move into a place of knowing what to do about their anger after first acknowledging it and discovering where their anger is coming from. We can help our clients understand the idea that anger can help us better understand ourselves and our relationships with others—it can lead to more joyful intimacy in our relationships. Even in clients where anger is caused by misperceptions or unrighteous expectations, defenses may be employed, such as passive-aggressive behavior, to deal with anger because often there is a fear of experiencing or acknowledging it. For this reason, it is very important to help our clients acknowledge anger rather than engage in further unrighteous or self-betraying behaviors to cover or deny it.

Once anger is acknowledged and expressed adaptively, our scriptural analysis lends insight into the next steps. Therapists can help clients work out their anger in psychologically healthy ways (e.g., assertion and clear communication rather than aggression). Therapists can teach clients interpersonal skills that will help them discern misperceptions and identify ways their clients may misuse power (e.g., to gain control, feel important, or hide past wounds) or be on the receiving end of others' misuse of unrighteous judgments and dominion. When dealing with other individuals turned toward God, we should encourage our clients to work out their anger expeditiously and to not let time continue to pass with an unresolved disagreement.

Our scriptural analysis suggests that if the therapist and client determine that attempts to resolve anger are not working or are unsafe, and it is not due to a lack of communication skills or misperceptions on the part of the client, therapists can help clients look for additional ways to improve a relationship, pray for another person to have a softened heart, or avoid the relationship in cases where reconciliation is futile or safety is in question (e.g., see 2 Ne. 5). Given an

inability to reconcile, the therapist can also help the client grieve this loss, find ways to not give place to justifiable anger (e.g., by focusing on compassion for self and others, shifting attention onto other activities, or focusing outward through serving others) and can give the client hope by teaching him or her to look for God's hand in sustaining, uplifting, and compensating him or her for the injustice. Individuals are to endure challenges and allow vengeance to be the Lord's. The scriptures give examples of people who are expected to bear their afflictions with patience: If they turn to the Lord, He will make their afflictions feel light (see Mosiah 24). However, He also makes a way for their escape. In our day, therapists have the tools and skills to help a client who is "in bondage," to use the scriptural term, escape the effects of emotional, physical, or sexual abuse. Therapists have an obligation to help clients remove themselves from unsafe situations.

Although it has been noted that anger should be acknowledged on the one hand, our scriptural analysis makes it clear that it should not be cultivated. While anger is a tool to help us recognize injustices or unmet expectations, whether truthful or not, helping clients vent without getting to the type of anger that brings relief and compassion towards others may actually be encouraging clients to engage in sin. Therapists must become better skilled at distinguishing between acknowledging true anger and venting (i.e., defensive anger). Therapists, therefore, can lead clients toward adaptive expressions (i.e., that which bring relief) and away from maladaptive expressions (i.e., that which keep a person stuck) of anger (McCullough et al., 2003). This is consistent with research showing that venting in the form of aggression is not beneficial (Mayne & Ambrose, 1999; Whelton, 2004) and that expressing anger in an aggressive form or outburst leads to increased feelings of anger (Bushman, 2002). Research shows that if anger is felt alongside other emotions (e.g., guilt as opposed to shame), it can influence individuals to choose more appropriate expressions of anger (Tangney et al., 1996). Recently, some therapists are encouraging the expression of anger through body work, such as yoga, to help clients work through anger (see van der Kolk, 2014).

While it would be unethical for therapists to usurp religious authority (Richards & Bergin, 2005) and explicitly encourage clients to repent, therapists are

in the business of change. Likewise, clients come to therapists, in most cases, because they need assistance either making changes in their lives or healing from the effects of others' actions toward them. Soft-hearted clients who are repentant and wanting to draw closer to God can be assisted in exploring ways their anger might be connected to the violation of spiritual laws, and can be encouraged to turn to Christ and use the healing power of the Atonement. While taking care to respect the clients' agency (Hansen & Richards, 2012), theistic therapists can encourage clients to experiment with making changes that are more aligned with gospel teachings and to observe the outcomes. For example, based on the findings of the hermeneutic analysis, therapists could help clients explore some of the following themes in relation to God: Are they trusting Him? Are they acknowledging His power? Are they confessing His hand in all things? Are they seeking after idols or other "gods"? Are they obeying His commandments? Are they acting unkindly toward others (e.g., casting out prophets or suppressing the voices of those who may teach them something they did not already know about God)? Are they hypocrites (e.g., have behavior, in word and/or action, that is not aligned with their intentions)? Are they unwilling to learn, grow, and be open to aspects of their behavior that might need changing or refinement? Are they careless (i.e., speak folly)? And are they not forgiving or appreciative of His mercy through the Atonement? As clients think about these kinds of questions, sensitively explored by the therapist, and alter thoughts and behaviors, they will likely see connections to increased positive feelings and greater recognition of God's mercy and His blessings. Therapists can share Nephi's scriptural process of dealing with anger, already mentioned, and his model of forgiving another's anger: The one injured can plead with the injuring one to soften his or her heart and consider his or her error. If both are repentant and humble, then the injured one will be motivated to forgive, and the injurer will be motivated to ask for God's forgiveness.

Spiritually open clients can be taught to observe their own responses to anger and work with the therapist in a type of discernment process to better understand the meaning of any anger they feel. They can be taught to apply mindfulness skills to the observation of all of their emotions, especially anger. They can also be taught to

observe the outcomes in their lives and relationships as they acknowledge anger, try to understand its source, express it, and act in response to their anger. Practicing discernment and mindfulness may help them better understand, whether made clear or not, their expectations for others and others' expectations toward them. They may also more clearly learn about God's expectations for them and how to be more teachable or open to God. Through these processes of mindfully discerning patterns of emotion in their lives and how emotions become associated with various expectations, clients will likely come to a clearer understanding of areas where they can change.

CONCLUSION

Through this study, we were able to contrast expressions of anger from Deity and humans. We see in God an example of a being who is perfectly aware of His anger, patient in executing His judgments, and merciful as He teaches and warns of the consequences of unrepentant disobedience. God's anger is His legitimate emotional reaction to wanting His children to succeed and having to watch them choose contrary to His expectations. God's anger and lack of anger (e.g., turning away anger) illustrate His justice countered by His continual offering of mercy. His anger is truthful and never misconceived. He is always motivated by love and His eternal goals for His children. Human anger, while it may be righteously derived at times, is often associated with unrighteous and unrepentant motivations, misconceptions, and inappropriate expressions. Because we understand that we are created in God's image, Christian clients can better navigate feelings of anger by following His example, setting righteous expectations for themselves and others, humbly working through anger with others, and acknowledging—but not cultivating—anger when expectations are not met. Therapists and clients can explore together not only how to acknowledge and utilize anger for improving their lives and relationships but also how their emotions help them understand how God may be communicating to them and directing them in their lives. The scriptures can be used as a guide, illustrating unrighteous anger, ways to work through and transform anger, processes that lead to forgiveness, and so forth.

The major limitation of this study is that we did not have a Hebrew or Greek expert on our research team and thus were unable to identify and discuss meaningful connections related to the translation of scriptural texts. It is likely that we missed contextual and cultural cues related to the translation that inform when and why anger occurs. This is an area where future research could build on the present findings. One question that remained after our analyses, though many more continue to arise (as is the case with analyzing scriptures), was whether God enacts justice and then feels anger, feels anger and then enacts justice, or whether these occur simultaneously. This is analogous to research exploring the order of physiological and cognitive components of emotional processes (e.g., the theories of James-Lange & Schacter Singer). Also, although God is agentic, it is not clear if He is simply choosing to enact justice in His anger when humans are unrepentant or, if by covenants He has chosen to make, He is bound to act in certain ways.

In conclusion, while we will experience anger and benefit from letting it inform us when it occurs, it is not a good thing to foster. God directs us away from anger toward love, hope, and repentance. We are counseled to not give place to anger and instead control how we speak (e.g., use "soft words"), resolve conflict, and diffuse contention, even by enduring persecution. Thus, the righteous try to work things out and learn to be more loving and more intimate with each other. The unrighteous and unrepentant give place to the evil one (Eph. 4:26) and are stirred up to anger (Ether 15:6). Adaptive anger, and the ability to transform anger into compassion, comes through recognizing anger, understanding the underlying reasons why we feel anger, communicating appropriately about those reasons, and nurturing our ability, often through spiritual means, to return to feelings of love and forgiveness. Therapists are in a position to help individuals, no matter their circumstances, develop healthy ways to experience and express anger in the service of improved relationships or to disengage from destructive and harmful relationships.

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Table 1

Content Analysis Themes, Codes, and Descriptions

Theme	Codes and Descriptions
Who is feeling the anger?	Each case of anger was coded as H = human; D = Deity; or A = adversary
Who is the anger directed at?	Each case of anger was coded as H = human; D = Deity; or A = adversary
If a human is feeling the anger, is the person righteous?	Each case of anger was coded as R = righteous; UR = unrighteous; S = specific person/group with unclear righteousness; or G = general reference to humanity, thus, righteousness cannot be ascertained
If the anger is directed at a human, is that person righteous?	Each case of anger was coded as R = righteous; UR = unrighteous; S = specific person/group; or G = general reference to humanity
If the anger is human to human, what type of conflict is it?	Each case of anger was coded as W = wartime conflict; FC = familial conflict; or GD = conflict between nonfamilial groups that is not associated with a war
Is the anger a reference to future emotion or a sermon?	Each case was coded as 1 = yes or 0 = no and then coded as SM = anger is being referenced in the context of sermonizing or teaching; or F = anger is being referenced as something that might occur in the future (e.g., as a warning) but not in the form of a sermon

Note. Righteousness was determined by examining the content of the verse and the surrounding context to identify whether the person was keeping God's commandments or instructions given by Him in the given situation (notwithstanding the anger). The future code was intended to capture cases where anger was being referenced but was not present in the moment.