

MORMONS AND PSYCHIATRY

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Psychiatry has become an important force in the modern world during the twentieth century. Its relevance for members of the Mormon Church is examined by K. H. Blacker, Assistant Professor of Psychiatry at the University of California Medical School in San Francisco, and Robert D. Hunt, a returned German missionary, who is a graduate student in the same medical school.

INTRODUCTION

Among many Mormons there exists a genuine distrust of psychiatry. Apprehensions arise partly from misconceptions about psychotherapy and partly from a stigma that many attach to anything associated with emotional disorders. Many believe "If you live your religion, you won't need a psychiatrist." For many, to visit a psychiatrist would be to admit emotional and spiritual failure. Mormons might enter psychotherapy with not only the usual fears and anxieties concerning an unknown experience that lies ahead, but also with questions and reservations concerning the relationship of their religion to the psychotherapeutic process. "Will I be instructed to do something which violates my own moral standards?" "Will my faith in God or in modern prophetic revelation be threatened or ridiculed in psychotherapy?" "Will I lose my testimony?" "What are the differences in emphasis or the conflicts between psychiatry and Mormonism?"

DIFFERING PERSPECTIVES OF MORMONISM AND PSYCHIATRY

Most Mormons believe in the existence of moral absolutes — that there is a right and wrong to every moral question which is independent of the person and the situation. For them moral and spiritual laws are defined in

terms of behavioral imperatives such as baptism, celestial marriage, tithing, and not in terms of subtle relationships. For example, "Thou shalt not commit adultery" is a commandment which is accepted without reference to the motives or the context of the relationship involved.

Psychiatry generally considers moral values as being relative to the individuals, the circumstances, and the relationship involved. It does not attempt to establish a universal concept of morality. The psychotherapist in evaluating behavior pays attention to the motives, the meanings, and the context. For example, sexual intercourse is neither good nor bad. It can be of great interpersonal significance if it is an expression of love, a voluntary act of giving, and produces satisfaction and joy within an individual. It can be very destructive if it is masochistic or abusive. Either type of relationship can occur extra-maritally or inter-maritally. A prior wedding ceremony would not alter the psychological meaning of a sadistic sexual and interpersonal relationship between two people from a psychologically unhealthy to a psychologically healthy one.

Psychoanalytic psychology stresses that moral values arise from the integration of man's biological strivings, his experience, and his intellect. Man is capable of creating his own values and ethics through reason and observation. The Mormon seeks moral truth primarily through revelation and prayer, and believes that all men have access to it if they but seek. Mormons believe "The Spirit of Christ is given to every man, that he may know good from evil."¹ In the words of Job, "There is a spirit in man and the inspiration of the Almighty giveth them understanding."²

The psychiatrist is more interested in exploring the nature of behavior and its effects on the individuals involved than in rendering any value judgment. He is not interested in stating whether an act is wrong or right, according to some standard. He does not try to make moral judgments for the patient or to impose upon him his own moral standard. Psychiatry studies the attitudes, motivations, and relationships which underlie behavior while Mormonism is primarily concerned with the relationship of behavior to divine law. Having committed itself to divine standards, the Church endeavors to teach and persuade all men to accept them. It encourages man to look inward to his spirit and upward to God to obtain a testimony of the gospel and personal conviction of church doctrine. Psychiatry encourages analysis and integration of authentic values whether or not these be the same as those of his church. Mormonism stresses willful obedience to the revealed standard. The moral struggle for most Mormons lies not so much in the quest of moral principles, as in obedience to divine command.

Finally, there is a difference in the goals for man as expressed by Mormonism and psychiatry. The psychiatrist's objective for the individual is for him to be a self-directed, self-knowing man, one whose decisions are authentically his own. In psychiatry, man is encouraged to be ultimately responsible to himself. This is not a simple task. It requires careful assessment of

¹Book of Mormon, Moroni 7:16.

²Job 32:8.

one's loyalties, responsibilities, and desires. Man must answer to himself for his actions. He can allow no organization or society to totally excuse or dictate his behavior. The goal of the gospel is for man to use his self-direction to follow Christ. To most Mormons man is ultimately responsible to God with the hope of becoming a god himself. He strives not only for a rational standard of goodness, but for a spiritual quality of righteousness. His ultimate prayer is not "Thy will be done," but "Make thy will my will." Thus, while psychiatry seeks health, Mormonism seeks exaltation.

PSYCHOTHERAPY

There are many different approaches in modern psychotherapy. Psychotherapy may be given on an individual basis or in a family or group setting. Short-term therapy may suffice to help a patient through a crisis or to resolve a specific symptom. Some therapists will be very active or directive, making frequent suggestions or interpretive comments. Other therapists may appear very passive, saying little. One patient may be encouraged to ignore or cover up his problem, while another may be encouraged to explore his problem in depth. Psychiatrists, as physicians, may augment psychotherapy with medication. Since psychoanalysis has provided the most extensive and powerful theory of personality available today and its fundamental principles provide the basic framework for most practicing psychiatrists, we shall limit our discussion to what is termed analytically-oriented or insight-oriented psychotherapy. Thus, our comments, though reflecting the mainstream of psychiatric practice, cannot speak for all psychiatrists.

Insight-oriented psychotherapy typified by psychoanalysis is an interpersonal method designed to facilitate an individual's perceptions of himself and his surroundings. It can be expected to expand awareness of one's own emotions, the range of one's emotions, and aid in the discrimination of the sources of these emotions. Analysis explores both stimuli emanating from within, such as impulses, thoughts, or moral commands, and the stimuli impinging upon us from without, such as pressures and inducements from society, work, and family.

Each of us attempts a kind of self-analysis at all times. We are always asking ourselves why we did this or that act. But these attempts may fail at times of stress and are always subject to large distortions because as humans we inherently have little ability to see other than that which we wish to see. We remain largely oblivious to our own failings and sometimes to our own strengths. What we may be able to see and understand in our neighbor's behavior, we may be totally unable to observe within ourselves. Because of our defensive need to distort, self-crippling and self-destructive behavior may continue unchecked. Professional help may be needed in order to alter attitudes and actions detrimental to self and others.

The individual who can learn to see himself realistically is in a better position to integrate the contradicting facets of his personality. This knowledge allows the patient a more conscious choice in what he does with his life. He may no more need to respond with avoidance and escape when faced with

emotional conflict. The integration and acceptance of self-knowledge frequently frees a person from dormant emotions which interfere with his ability to form close relationships with others, perform successfully on the job, or live at peace with himself.

Psychotherapy is a particular kind of learning experience. The psychotherapeutic situation elicits emotions and thoughts from the patient which he learns to recognize and examine. The patient inductively develops a model of his own behavioral sequences. From these emotions and their contexts, basic patterns of personality organization emerge. These patterns are studied; stimuli, context, and response are related. For example, a man may find that he reacts in a defensive fashion to the therapist in much the same manner he reacted toward his father. He may discover the same pattern in dealing with his boss and his bishop. The patient, after recognizing this pattern, explores its presence in his life. His fears of his father may have generated unreal anxieties about anyone who resembles his father or who has authority over him.

The parallels in behavior seen in the patient's past life, his present life, and his interactions with the therapist provide the intellectual and emotional force behind the therapeutic process. He may find that his current apprehensions and even those of his childhood are actually unfounded. By correcting such distortions about his therapist he will find his relationship with other men changing. He may also become increasingly aware of his own strengths and his capacity for greater self-reliance.

The following illustrations are examples of interchanges that might occur in therapy and will serve to point out some of the learning processes involved. The patient asks "Do you think I'm pretty?" The therapist might reply "Why do you ask other people what you should or should not feel about yourself?" Here the therapist would be attempting to get the patient to assess her motivations for asking the question. Perhaps the patient is attractive and feels ashamed and guilty for thinking that she is more beautiful and desirable than her sisters. Possibly because of this she did poorly in school and has made herself unattractive in many ways. On the other hand, the woman may be homely and feel so ashamed of her appearance that she seeks constant reassurance that she is beautiful. Self-knowledge and acceptance of her physical attributes would enable her to more constructively plan her personal grooming and perhaps enable her to be more realistic about social and professional plans.

A patient might ask a therapist to tell him whether or not he should quit a job or sell or buy a house. The therapist would point out that the patient is asking him to take control of his life, to tell him what to do. Further interactions might identify chronic feelings of worthlessness or low self-esteem. Exposing and mastering these feelings might enable the patient to decide about his own life, for instance, to free himself from his reliance on an older brother who had always provided the answers to these questions. In psychotherapy the patient himself would examine the questions and problems that face him and formulate his own decisions.

MISCONCEPTIONS ABOUT PSYCHOTHERAPY

Distorted ideas about psychoanalysis and insight-psychotherapy are frequently held by those who have had brief, superficial exposure to psychoanalytic theories of personality, but who have had little firsthand contact with or knowledge concerning the actual therapeutic process. Religious people have often misunderstood and misinterpreted the process of psychotherapy.

Perhaps the most common misconception held by Mormons concerning insight-oriented psychotherapy is that psychoanalysts believe all motivations of behavior are sexual ones. They assume that psychotherapy consists of identifying and then giving free rein to sexual hedonistic impulses. It is true that most psychotherapists consider the biological sexual drives of humans as important components of human behavior. But this view should not be strange to Mormons, who are quite open about the importance of sexuality in their view of family life and of the afterlife. It should also be remembered that psychiatrists use the term "sexual" to refer to tender mothering actions, stroking, fondling, and emotional warmth and support, as well as to adult genital sexual activity. In psychotherapy the role and the form of these impulses in an individual's life are examined, but no license is given for hedonism.

Another frequent distortion is the concept of psychotherapy as a process of rationalization whereby the patient can justify his behavior by "interpreting" it, i.e., by blaming it on childhood experience or on his parents. This distortion assumes that therapy explains behavior as resulting from psychological causality and thereby relieves the patient of all responsibility. Most psychiatrists emphasize the patient's own moral responsibility for his actions. Though one's past experience or one's childhood influences the form of his behavior, it does not excuse it. For example, Freud maintained that individuals are even responsible for their dreams. The power to continue certain behavior or to alter it ultimately rests with the patient. New knowledge gained in therapy, however, offers him a greater number of responsible choices.

Another misconception frequently held by religious people is that psychoanalytic theory disregards or discredits feelings of *guilt*. They would perhaps assume that because psychiatry considers values to be relative, it would consider guilt to be unfounded. They may incorrectly suppose that a psychoanalyzed man can act with moral impunity. Actually, most psychiatrists would agree with Mormons that the experience of guilt following a violation of one's own authentic standards plays a necessary and crucial role in the organization of a mature individual's personality. Psychoanalysts encourage a patient to accept responsibility for behavior which he previously rationalized as not being his own. Speaking for psychoanalysts, Dr. Heinz Hartmann indicated:

We do not expect an analyzed person to have no guilt feelings. We consider the capacity to experience guilt an entirely normal characteristic of human experience. But we expect that his guilt reactions will be more clearly in line with the integrated parts of his personality, with his authentic moral codes, and with the reality situations.³

³Heinz Hartmann, M.D., *Psychoanalysis and Moral Values* (New York: International Universities Press, Inc., 1960) p. 90.

Psychiatry also recognizes the presence of an illogical, "sick" kind of guilt totally different from the guilt described above. This guilt usually arises from an individual's intolerance of his own anger, and the resulting displacements and distortions would be examined in psychotherapy.

A final distortion about psychoanalytic theory believed by many Mormons is that since many psychiatrists are agnostic, religious feelings and beliefs would be ridiculed during therapy as a sign of weakness or immaturity. A Mormon may fear his religious belief might be considered unsophisticated or naïve. The psychiatrist, he may suppose, would not understand his religion or accept a spiritual basis for his moral standards. Actually, most psychotherapists recognize that religious belief often provides a major source of psychological strength and a means of integrating one's identity and values. They realize the value of those emotions which are considered distinctly spiritual, and they would not ridicule faith in prayer or divine inspiration. They would, however, examine the implications of that faith for the patient.

Psychiatrists recognize the possibility that religious reasons may be used as a means of denying what we are and what we do. A person may seek supernatural explanations for his problems or his failures rather than examining himself and his circumstances. Psychiatrists would also consider it damaging for a religion to totally deny and suppress all expression of anger, sexuality, or aggression by labeling these as sins, rather than accepting them as inherent human attributes which must be expressed appropriately. Thus, the psychiatrist is concerned with the nature of the religious experience and what the patient does with it — not with the claim *per se* that it comes from God.

MORAL VALUES AND PSYCHOTHERAPY

The psychiatrist does not morally judge the patient. He does not attempt to assess blame, determine guilt, or forgive sins. He endeavors to get the patient to examine the nature and consequences of his own behavior and to make authentic decisions concerning his own life. The psychotherapist is concerned with the patient's own moral values. As much time and effort is expended in identifying and tracing the patient's values and their influence on his behavior as is expended in defining the patient's impulses. "It appears that a person's moral behavior is as much an essential part and distinctive sign of his personality as his character or his instinctual life."⁴ Thus, one's beliefs and values are appropriate and necessary topics in psychotherapy; morals are analyzed as intensively as instincts. Through this process many contradictions within the patient's value system and between his standards and his behavior are resolved. "Psychoanalysis helps one realize more clearly and securely one's ideas and imperatives as an integral part of one's individual self."⁵

The capacity for personal moral integration — congruence between one's beliefs and behavior — requires a considerable degree of psychological strength.

⁴*Psychoanalysis and Moral Values*, p. 53.

⁵*Psychoanalysis and Moral Values*, p. 41.

Before a person can act morally he needs sufficient dignity and self-love to recognize that he is a person of worth who possesses authentic personal values and feelings. For example, a young woman, despondent, lonely, and powerless, may seek solace through promiscuity. Willing to exchange her body for companionship, she scurries from one man to another trying to find warmth and comfort. Her inner feelings of worthlessness are intensified by her actions in a vicious circle. She feels more evil, has less self-esteem, and continues her frantic involvement to escape from these very feelings. Her moral values, previously guides to her behavior, now serve only to increase her self-destructive behavior. Since she feels she is evil and bad — a sinner — she will sin more.

Her behavior will not change until certain of the elements causing the behavior are altered. Her promiscuity is a way, though a maladaptive one, of attempting to relate and gain comfort from others. In the psychotherapy of such an individual, initial emphasis would be placed on helping the young woman to feel more accepting of herself and to gain a feeling of self worth in order that she might feel more confident in social relationships, and thus have the strength to make changes. Later, questions concerning the meaning of her behavior would be raised and explored. Did the young woman's action stem from lifelong feelings of inadequacy? Did it represent an attack on parents? Did it represent a form of self-destruction? Her examination of these and other questions, including her examination of her moral code, would facilitate the integration of her personality in a more mature and stable fashion. No longer would she be driven by psychological pressures. Conscious choices would be available, enabling her to have the opportunity to live less frantically and more productively.

PSYCHIATRIC VIEW OF THE GENESIS OF RELIGIOUS BELIEF AND EXPERIENCE

Psychiatry as a branch of medical science is committed to the scientific method of investigation and interpretation. Psychiatric and psychodynamic theory is based on empirical observation of thousands of people. In the formulation of theoretical explanation of human behavior, most psychiatrists accept the basic postulate of scientific naturalism, which states that phenomena can be explained on the basis of interacting physical mechanisms: There are physical causes for physical events. Psychiatry assumes there are physical and psychological causes for man's behavior. Thus, it would not be considered scientific to explain behavior phenomena by postulating the intervention of gods, angels, or demons, any more than it would be to explain chemical reactions on the basis of such causes.

Freud thought that personality could be explained as an organismic reaction to environmental and hereditary forces. To him the mind was a natural phenomenon; there was no dualism of body and spirit or of body and mind. Freud considered the basic sources of mental energy, the sexual and aggressive drives, to originate in the body as biological instincts for self-pres-

ervation and perpetuation. In this context, then, most psychiatrists do not attribute religious experience to the intervention of gods. They consider religious experience to have its roots in the natural environment.

Freudian psychoanalytic theory assumes that a person's belief in God grows out of his childhood faith in the "omnipotence" of his parents. The infant, initially, is unable to differentiate himself from his surroundings because of his immature perceptual and cognitive abilities. As a newborn, his basic needs and desires must be satisfied in the new environment. These needs include nurturance, physical contact, and stroking. When they are satisfied the infant experiences pleasure. A baby is usually able to gain this satisfaction by crying, which elicits the attention and care of his parents. Since his desires are met almost automatically or magically, he comes to believe that his own internal states, his discomfort or thought alone, are sufficient to satisfy his desires. The baby's false understanding of causality produces in him a feeling of omnipotence.

Later the child recognizes himself and the environment as separate, but maintains false explanations of causality, i.e., magical thinking. Initially, he felt omnipotent, but during the second and third years he finds that his world and his parents are not commanded by him; rather, he is ruled by them. During the "terrible two's," he struggles against the restrictions of his parents. He tests his powers against theirs. He discovers that he is dependent upon their higher power for satisfaction and for an explanation of causality. He explains what happens to him in terms of what his parents do. They become the magical source of causality in his world. The child's belief in total magic and total power does not diminish — he merely becomes convinced that he doesn't have this magic, but that his parents do. Thus, conceptually, the parents serve the same function to the child as the idea of God does to the adult; they explain causality and establish sanctions and rewards.

One of the most significant experiences in an individual's life occurs when the child realizes that his parents are not absolute; they are not omnipotent. The parents cannot do whatever they want to do, nor are they always right, and their actions alone do not explain or control the world. The foundation of the child's mental world is threatened. This realization produces anxiety, frustration, and insecurity. However, according to Freud, the child does not give up his belief in magic as a result of this confrontation; he merely transposes it. He continues to hold the idea that someone, somewhere, will be able to satisfy his desires and direct his life. He projects the ideas upward into a belief in heaven and God. This is a step similar to that which occurred when the child recognized that he wasn't all-powerful but maintained his belief in omnipotence by projecting this quality onto his parents. Thus, the stage is set for a belief in God.

When the growing individual finds that he is destined to remain a child forever, that he can never do without protection against strange superior powers, he lends those powers the features belonging to the figure of his father; he creates for himself the gods whom he dreads, whom he seeks to propitiate, and whom he nevertheless intrusts with

his protection. Thus his longing for a father is a motive identical with his need for protection against the consequences of his weakness. The defense against childish helplessness is what lends its characteristic features to the adult's reaction, to the helplessness which he has to acknowledge — a reaction which is precisely the formation of religion.⁶

The Mormon concept of God does fulfill the psychological expectations of Freud. God is indeed considered a father. We believe He has a material body similar to ours. He has sex. He is the procreator of our spirits. As a father He has given us a clearly defined moral and spiritual code. He is the administrator of justice, of rewards and punishments based on eternal laws. God is acknowledged as the Creator of Heaven and Earth, the organizer of matter. Mormons look to Him as a father for counsel, for protection, and for love.

Mormons disagree with the psychoanalytic explanation of the origin of religious belief. This difference follows because they reject the idea of total naturalism and believe in the actual existence of God. Mormon theology states that we know God because He exists and communicates with us. Psychoanalytic psychology states that God is a concept that arises out of man's wish for omnipotence and control — a concept to which is assigned the same power that a young child attributes to his parents. Mormons reply that the similarity between man's temporal father and his Heavenly Father is intentional. They believe in an eternal family having God at the head with individual family units linked in an everlasting chain. They believe that man has the capacity to become like God in knowledge, glory, and creativity. While psychoanalytic psychology considers faith to be a projection of man's wishes onto a concept of God, Mormonism considers faith to be an introjection by God into man.

Since patients frequently experience the therapist as a god-figure, the Mormon patient can, in the process of therapy, see what expectations and desires he brings not only to his relationship with men, but also to his encounter with God. A Mormon who seeks an answer from prayer optimally should know his own biases to be able to distinguish an answer generated by his own desires and anticipations from one which comes from above. He must be able to see past the screen of his own emotional vision. To be able to know God as He is, a man must first know himself.

Most Mormons base their belief in God and their testimonies of the gospel on their own spiritual experiences and those recorded by the prophets. A description of how this experience may occur was given to Oliver Cowdery:

You must study it out in your mind; then you must ask me if it be right, and if it is right I will cause that your bosom shall burn within you; therefore, you shall feel that it is right. But, if it be not right you shall have a stupor of thought that shall cause you to forget the thing which is wrong.⁷

⁶Sigmund Freud, "The Future of an Illusion" in *The Complete Psychological Works of Sigmund Freud*, Vol. 21 (Toronto: The Hogarth Press, Ltd., 1961), 31.

⁷Doctrine and Covenants, 9:89.

Joseph Smith was told:

I shall impart unto you my spirit, which shall enlighten your mind. Which shall fill your soul with joy. And then shall ye know or by this shall you know, all things whatsoever you desire of me.⁸

Most psychiatrists would agree that such spiritual experience is genuine in itself and important to man — a natural response arising from within, growing out of harmony of intellect and emotion. It may provide resolution of difficult problems and the strength necessary for execution of difficult tasks. It can be a source of increased commitment and of definition of self. It may contribute to a feeling of peace, self-acceptance, and personal fulfillment. Thus, Mormons and psychiatrists agree that honest prayer in which a man examines himself and weighs his standards and actions is of great personal value. However, the psychiatrist sees prayer and meditation as an internal means to self-knowledge, integration, and commitment, while the Mormon views it as communion with the Divine.

Psychoanalytic theory cannot disprove the concept of God; it merely explains the concept psychologically rather than theologically. Psychiatry is not concerned with whether or not an individual's religious belief is true in an ultimate sense, but it is concerned with what belief means to the individual and how it can affect his thoughts and actions.

PSYCHOLOGICAL STRENGTHS AND STRESSES OF MORMONISM

His religion offers the Mormon both psychological strengths and stresses. The Mormon concept of man may provide the Mormon with a basis for self-love, dignity, and confidence. Mormon theology offers a context of meaning for life and thought. It suggests an optimistic framework in which to answer such questions as "What is man?" "How does this life, my life, relate to the eternities?" Mormons believe that man is a "God in embryo." They believe each man possesses an eternal Bill of Rights, guaranteeing his free agency and ensuring his individual identity, and that through exercise of his agency each man determines his ultimate destiny. Belief that God is just provides assurance to Mormons that the inequities of this life will be rectified; righteousness will be rewarded; suffering "shall give thee experience and be for thy good."⁹ His religion helps him to integrate his behavior into a constructive system of moral values. Faith in the ultimate significance of this life decreases the Mormon's susceptibility to nihilism and existential despair. Belief in the literal divinity of Jesus Christ gives him confidence that after death he will return home, a resurrected being to be reunited with his family and his God. His religion is the vehicle for harmony between his inner and outer worlds, between his life and eternity.

"Men are that they might have joy," said an ancient Book of Mormon prophet. The Church endeavors to promote this joy through social compan-

⁸Doctrine and Covenants, 11:13.

⁹Doctrine and Covenants, 122:7.

ionship and personal development, as well as through spiritual theology. For many Mormons the church community forms a nucleus of intimate friends bound together by common values and standards of conduct. For them the Church is a second home; it is a sanctuary from the competition and pressures of the world. Association in the Church may help the Mormon patient overcome feelings of alienation and loneliness. It may give him a sense of belonging, a sense of duty, and a sense of security. He knows that if he faces economic, personal, or moral problems, Church members will support him through the welfare program, the auxiliary organizations, or private counseling with the bishop. Church activities may help a Mormon youth define and do those things which give personal meaning to his life, and if he continues to participate in the form of life provided by the Church, he may marry in a Mormon temple and find that the Church forms a core of cohesiveness and unity for his own family.

While a Mormon may benefit from contributions of his faith, he may also feel that his Church affiliation has been a source of anxiety and concern. Church assignments, though not intended to, may become so demanding of the member's time that he has little time left for himself, for reflection, study, and relaxation. He may feel that his Church assignments fulfill the needs of the ward better than his own and actually give him little personal satisfaction. Most Church leaders are aware of these problems; yet many members become inactive because they "burn themselves out" with too much activity. Bishops, for example are called on to administer to the spiritual, psychological, and pragmatic needs of ward members. High expectations are placed on them as leaders, counsellors, speakers, and friends. They may at times feel obligated to live an unreal role in which they are supposed to never get angry, never question a doctrine or program of the Church, and never have personal problems. In many circumstances they are not at liberty to express personal opinions, only to represent the Church, and these and other frustrations may become sources of stress.

The standards of the Church are often in conflict with the community norms outside and the passions within. This stress is known to the convert who craves just one more cigarette or a single glass of forsaken sherry. It is experienced repeatedly by the teenager who is encouraged to attend weekly dances and yet is told he must ignore the sexual passions that develop within him. He wants to know if his fantasies concerning sex are true and at the same time may feel guilt over experiencing them. He is told that masturbation is wrong and shameful, but is not told what he can do to reduce the sexual desires that are so real to him.

The businessman who is dedicated to earning money for his company and himself may find conflict when trying to compete in a society that is sometimes ruthless, while he attempts to maintain the integrity of his personal standards. His desires for material prosperity may conflict with the values he accepts in his religion and it may be painful for him to contribute ten percent of his income to the Church.

The intellectual often feels alienated from the church of his youth. It

may be difficult for him to find people who are able to discuss their beliefs outside of the context and vocabulary of fundamentalism. He may be considered anathema if he attempts to place his theology in the comparative context of a philosophy. His own specialized knowledge or training may stand in conflict with popular Mormon thinking. His educated opinions on evolution, birth control, politics, or social justice may be interpreted as heresy even if the Church takes no official stand on these issues.

The intellectual must make a spiritual as well as a social adjustment. He must make a commitment to Christ, and this commitment must encompass both thought and action. He must accept revelation. He must be willing to accept as revealed truth doctrine which may contradict his own rational, this-world judgment. Such is the final justification for the practice of polygamy or the restriction of the priesthood from members of the Negro race. He is asked to humbly seek the guidance of an inner, all too still and small voice. He may be told to put away pride, and education, and reason in order to know God for himself.

These then are sources of stress. They may threaten mental health. They may contribute to inactivity. However, to the Latter-day Saint who believes that this earthly experience is designed as a training ground for future gods, they are intentional and essential. Mormonism provides a goal as well as a task.

*It has ever been my study to understand myself, for by so doing
I can understand my neighbors.*

*Brigham Young (1856)
J. Discourses 3:245.*