

Latter-day Myths About Counseling and Psychotherapy

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JOHN¹ WAS DEEPLY DEPRESSED and believed there was no chance that he would get better. He felt worthless, unworthy, and vile and was certain that the world would be better off without him. Occasionally the depression would lift, only to return later. At one point, this roller-coaster ride became too much to handle. He went to a secluded spot, put a gun to his head, and attempted to kill himself. The gun misfired, and he went home to his wife and children.

Julie, too, held a very low opinion of herself, although for a somewhat different reason than John. Julie had been sexually abused by relatives on several occasions when she was young. She felt unworthy before God and thought she would be better off dead. It took great effort to extract from Julie a promise not to kill herself over a three-month period after beginning therapy—and that promise came only as she began to understand the consequences that her suicide might have on her child.

A married couple, Jim and Jane, had no dramatic symptoms or backgrounds, but they were unhappy. After more than ten years of marriage, they found it impossible to live with each other. They argued, threw things at each other, and were miserable. One wanted a divorce, which the other ruled out entirely. Even without an open discussion of their difficulties, their children knew that something was very wrong in their home.

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¹ All names of clients in this article have been changed, along with other identifying details.

I have met all these individuals in the course of my practice as a counselor and psychotherapist. They are all active, participating Latter-day Saints, have testimonies, and strive to fulfill their callings. They, and people like them, can benefit greatly from the experience of counseling and psychotherapy. Consider a typical LDS ward with 200 adults. Over the course of any six-month period, we would expect fourteen people to suffer from an "anxiety disorder," such as a tendency to panic attacks, obsessive thoughts, compulsive actions, or phobias (Myers et al. 1984). Seven to twelve ward members in that six-month period would suffer from a serious "mood disorder," such as major depression. And what about the long-range forecast? At some time during their lives, about 20 percent of all American adults will experience an anxiety disorder, a mood disorder, or other serious mental or emotional disorders, *not including* marital difficulties, substance abuse problems, or what therapy professionals call "problems in living." This also does not include psychosexual disorders, which will afflict one adult in four during the course of their lives (Robins et al. 1984).

Finally, it has become apparent that sexual abuse of children has been far more widespread than was imagined as recently as a generation ago. Unbelievable as it may seem, it appears that a realistic conservative estimate of the rates of sexual abuse of children in the United States is *60 percent for girls and 45 percent for boys* (deMause 1991, 136). Sexual abuse is very frequently followed by serious symptoms of depression and anxiety, although these symptoms are sometimes hidden for many years after the abuse occurred.

Although many Latter-day Saints could benefit from therapy, Mormons carry a particular burden when it comes to this subject. Many people carry misconceptions about therapy, but Mormons hold mistaken ideas that are peculiar to LDS culture. Because of these misunderstandings, many Mormons prevent themselves from receiving the benefits that therapy has to offer. In this essay I will explore six myths that Latter-day Saints often believe about therapy and counseling.

THE MYTH OF INVINCIBLE RIGHTEOUSNESS

Consider this snippet of conversation, heard in various forms among many Saints: "We have the true gospel. The answers to all problems can be found in the gospel. 'Outside' counseling and psychotherapy are not necessary if people are living the gospel as they should." In short, Mormons tend to feel that if they live their religion, they should never need therapy. Going to therapy denies the power of the faith.

On the surface, this myth sounds plausible. Mormons believe that the gospel is a comprehensive guide to life that provides a powerful set

of tools for handling life's difficulties. It is tempting to believe that if we are having trouble dealing with our problems, we simply aren't trying hard enough to live the gospel. As this line of thought goes, if we read our scriptures more, attend our meetings and the temple regularly, fast, do our home and visiting teaching, and especially pray more regularly and with more devotion, then we will be able to deal with our problems. This sounds like a theologically "safe" way to deal with personal challenges. The problem is that, in many instances, it does not work.

The basic practices of personal spirituality have a purpose: to help us turn from sin to God and to attain salvation and exaltation. Period. The basic practices of personal spirituality are not meant to prevent natural disasters, put bread on the table, fix the car, or cure our depressions.

Gospel living is not guaranteed to prevent mental or emotional disorders or problems in living. It is true that the practice of gospel living may make us more effective in our everyday lives. But even people who live the gospel make poor investments, lose their jobs, suffer with cancer, and have panic attacks and obsessions. Gospel living is not a shield that protects us from all serious personal problems. To think that the gospel is that kind of shield is not to believe in the gospel, but to believe in magic. Even those who live the gospel to the fullest extent possible may still suffer from emotional difficulties or personal challenges for which counseling or therapy would be useful.

Just as gospel living does not prevent serious personal problems, it also is not an infallible *cure* for mental or emotional difficulties once they occur. To seek a cure for these illnesses through personal spirituality alone while ignoring other resources is to seek after signs or miracles. The Lord expects us to use the resources available to us to meet our challenges, as much as possible.

An example of this principle is Brigham Young's response when he heard of the tribulations of the Martin handcart company, which had been caught in early winter storms while attempting to reach Deseret. President Young dismissed the day's Sabbath meetings and sent the Saints home to arrange food and care for the survivors, rather than stay in their meetings and pray. As he put it, "Prayer is good, but when baked potatoes and milk are needed, prayer will not supply their place" (in England 1984, 30). In a similar way, when someone is suffering and needs professional intervention, prayer (or any other element of personal spirituality) will not take its place.

As Marlene Payne, an LDS psychiatrist, put it: "The teachings of the Church cannot banish personality problems; they can only offer a program for achieving maturity" (1980, 117). Therapy is not meant to

be a substitute for the gospel, any more than plumbing or accounting or any other practical art or science is a substitute for religion. Therapy is a set of technologies, a set of techniques and methods, *and* a special relationship between the therapist and the client, all of which have the specific purpose of enhancing the client's life. In this sense, a therapist is much like a dietician, an athletic trainer, or a physician. Turning to one of these professionals is not a denial of the power of the faith. Neither is turning to a therapist.

Two fears underlie the Myth of Invincible Righteousness. First, many Saints fear that therapy will somehow endanger their testimonies; they may defend the gospel by putting down therapy. Second, the Saints—like many people outside the Church—are wary of therapy because it deals with delicate, even frightening issues. Therapy probes into our personalities, into the essence of who we are. When it comes to our thoughts and emotions, anything powerful enough to help us is also powerful enough to harm us. How can one trust fallible human beings to fiddle around in the mind and soul? Yet when one undergoes surgery and is under anesthesia, one has no control or influence and is completely vulnerable. When faced with this fear of dealing with personal issues, it is natural to seek help from people who, we believe, have the special privilege of receiving revelation from God for others: the priesthood line of authority. This may explain the existence of the second myth.

THE MYTH OF IN-HOUSE THERAPISTS

According to this myth, we have bishops and other priesthood leaders to handle all our counseling needs. These men are entitled to receive revelation from God on behalf of the members under their stewardship, so we should trust solely in their guidance rather than involve ourselves with so-called “professionals.”

Although bishops and others can receive revelation to meet the needs of the people under their stewardships and do much useful counseling with their members, this myth illustrates a serious misunderstanding of Church policy and the role of a bishop. Church handbooks encourage bishops to make appropriate referrals when necessary to local resources for counseling and therapy. Leaders are specifically encouraged to find counselors and therapists who can provide a supportive atmosphere for LDS beliefs and values. Knowing when and where to make a referral for professional counseling and therapy is an essential responsibility of a bishop.

Bishops are spiritual advisors. Most of the time they are not also car mechanics, surgeons, or therapy professionals. It is not a sign of

weakness for a bishop to refer a member for professional help in any area of life when necessary.

It is true that therapy presents a special case. Where does spiritual guidance leave off and therapy begin? The truth is that often, maybe even usually, a person who has concerns that are appropriate for therapy also has concerns that are appropriate for spiritual guidance. Life does not divide up neatly into "therapy concerns" versus "spiritual concerns." It is often useful to approach a given problem from several different angles at the same time.

For example, depression often has not only psychological dimensions, but spiritual and physical ones as well. People with bipolar disorder, popularly known as manic depression, may feel on top of the world one day—brilliant, beautiful, and blessed—but soon afterward may see themselves as the worst pond scum, someone the world would well be rid of. It is often appropriate for such people to meet with the bishop for spiritual guidance and support, to meet with a psychotherapist for counseling and therapy, and to meet with a psychiatrist for a program of medication. A singular approach does not make sense for many emotional or mental disorders.

In many cases, it is not a matter of choosing between a bishop *or* a therapy professional. It is really a matter of collaboration between a bishop *and* a therapy professional.² One does not take the place of the other; they each speak to different aspects of a person's experience, and ideally they do so in harmony.

The third myth focuses on therapy professionals themselves.

THE MYTH OF THE UNGODLY THERAPIST

This myth supposes that psychotherapists are anti-religious, and

² "Collaboration" does not mean that therapists tell bishops whatever their clients say in therapy. Bishops who refer a ward member to a therapist often like to keep track of a client's progress or status. However, a professional standard of confidentiality requires a therapist to have a client's permission before discussing a client's matters with anyone else, including a bishop. A wise therapist discusses with a client exactly what, if anything, is to be described to a third party, and to what degree of detail. Overall, therapists and bishops can collaborate without compromising either professional standards of therapeutic confidentiality or ecclesiastical standards of priesthood authority.

Note that "collaboration" primarily applies to those situations where a client is referred to a therapist by a bishop. When a client is self-referred, the situation is completely different. Although a therapist might in some instances suggest that a client would find it helpful to discuss with a bishop some of the things the client has mentioned in therapy, professional standards of confidentiality prohibit a therapist from taking the initiative in contacting a bishop.

non-LDS psychotherapists are *particularly* anti-religious. This is simply not a true description of most therapists. Of course, there are some prominent anti-religious therapists. Sigmund Freud was well known for his attitude that religion as a guide to life is an illusion. More recently, Albert Ellis has characterized deeply held religious beliefs—what he calls “dogmatic beliefs”—as psychologically unhealthy.

It is also true that these two gentlemen have had a large influence on therapy. Psychoanalysis, which is largely the work of Freud, until recently has had a decidedly anti-religious tilt. It was not uncommon in earlier years for psychoanalysts to use devout religious belief to explain only mental illness, rather than healthy development as well. And Rational-Emotive Therapy, which is largely the work of Ellis, sometimes shows a similar slant.

However, there is no reason to issue a blanket denunciation of psychotherapists as anti-religious. Although, compared to the population at large, therapists show lower rates of religious affiliation and participation, a recent national survey indicates that a substantial number still participate in the religious life (Bergin and Jensen 1990). Forty-one percent of the psychotherapists surveyed stated that they were “regular” attenders at religious services. Seventy-seven percent agreed with the statement, “I try hard to live my life according to my religious beliefs.” Forty-six percent agreed with the statement, “My whole approach to life is based on my religion.” In another recent survey, only 28 percent of the therapists interviewed agreed with the statement, “The notions of God or the transcendent are illusory products of human imagination” (Shafranske and Maloney 1990). In the face of these findings, it is patently inaccurate to say that most psychotherapists are anti-religious.

In fact, a growing movement among psychotherapists insists that therapists should strive to understand and empathize with their clients’ religious beliefs. When LDS psychologist Allen Bergin published an article entitled “Psychotherapy and Religious Values” (1980) in a prominent professional journal, he received over one thousand comments and requests for reprints (Bergin 1991). The American Psychological Association has a thriving Division of Psychologists Interested in Religious Issues, and the American Counseling Association has a similar active division, the Association for Religious and Value Issues in Counseling. *Psychotherapy*, published by the Division of Psychotherapy in the American Psychological Association, recently devoted an issue to the topic of “Psychotherapy and Religion”; the articles included were overwhelmingly sympathetic to religion (Bradford and Spero 1990). One such article was a sympathetic introduction to the psychotherapeutic issues raised by Mormonism (Koltko 1990).

Even Freudian psychoanalysis has shown flexibility about religion: one of the prominent psychoanalysts of our day is a Jesuit priest. Many therapists have been able to implement Rational-Emotive Therapy without the anti-religious bias of its founders.

As for LDS counselors, members of the Association of Mormon Counselors and Psychotherapists (AMCAP) are typically fine and upstanding members of the Church. My conversion to the Church came largely through the example of one member of that organization. Since there are many nonreligious therapists, however, who have had little or no preparation to deal with religious or spiritual issues, one must evaluate and seek recommendations on a case-by-case basis.

Many Latter-day Saints believe that even if therapists are not anti-religious, they will still encourage clients to engage in activities that violate LDS moral standards. This does happen on occasion. Here again, however, this behavior is not typical of the profession. One should determine how far a professional can support LDS standards when one is interviewing potential therapists. Competent therapists will determine their clients's standards, not to change them or to test them, but to discover them and to explore their clients' feelings about them. That might mean asking a client, for example, "Have you ever wanted to have an affair?" But that is a far cry from *suggesting* one. In addition, most professionals conduct therapy by listening to whatever their clients bring up without much open emotional reaction. LDS clients sometimes make a mistake here. As Louis G. Moench, LDS psychiatrist, put it: "The patient may misinterpret as approval the psychiatrist who listens without passing judgment or without falling off his chair in shocked amazement or disapproval. Recognition and study of the patient's irresponsible behavior, as a step in learning more about himself and learning more mature control, may be mistaken for forgiveness or encouragement of the irresponsible behavior" (1970, 51).

It is important, then, for clients to understand that exploring feelings about real or imagined behavior is not the same as *encouraging* that behavior.

The LDS client may also feel unsafe around the non-LDS therapist when discussing personal spiritual experiences and revelation. For example, suppose during the course of therapy, a client tells a therapist about receiving personal guidance from God, feeling the presence of the Spirit, participating in a healing, or some other kind of very special spiritual experience. A client could have a very real fear that the therapist will not understand and may attribute these experiences to mental illness. This is unlikely. Again, individual therapists may treat spiritual experiences as evidence of mental illness. However, most non-LDS therapists are willing to treat personal spiritual experiences

with respect. The American Psychiatric Association has encouraged its members in this direction. According to the official psychiatric diagnostic manual: "Beliefs or experiences of members of religious or other cultural groups may be difficult to distinguish from delusions or hallucinations. When such experiences are shared and accepted by a cultural group, they should not be considered evidence of psychosis" (American Psychiatric Association 1987, 193).

This does *not* mean that the typical therapist will *believe* you when you say that the Lord revealed to you that the Church is true. But the therapist will probably still consider you sane and will accept the idea that from some source, you received a message that works for you. Some forms of therapy, such as Jungian analytic therapy and many forms of transpersonal psychotherapy, give a lot of attention and respect to personal inspiration. Keep in mind that many non-LDS therapists, even in the Intermountain West, may know little or nothing about the inner spiritual life of Mormonism. You may need to educate your therapist concerning what is accepted as spiritual experience among Latter-day Saints.

In sum, therapists *as a group* are not anti-religious, will not try to entice a Latter-day Saint to violate Church teachings, and will not treat spiritual experiences as evidence of insanity. It is worthwhile, when shopping around for a prospective therapist, to find out about the therapist's attitudes about a client's religious and moral values and spiritual experiences. At the same time, the LDS client must understand that therapy involves *investigating* values, experiences, and feelings about them. This leads to the fourth myth.

THE MYTH OF THE SAFE BASEMENT

This myth is expressed in statements like the following: "In psychotherapy, a person talks about all sorts of unworthy desires and unpleasant episodes that are better off left alone rather than indulged or recalled. Therapy focuses on things like sex and how you hated your parents. Normal people don't talk about things like that with strangers."

Many people try to put certain troubling wishes or parts of their personal histories into a locked corner of the mental basement, as if locking up something in the basement makes the rest of the house safe. But, as a good many horror movies show, the house with the thing in the basement really *isn't* safe. What we deny, what we block out, what we say to ourselves didn't happen (when we know it really did), what we say happened (when we know it really didn't), what we have not allowed ourselves to have feelings about—all these things gain power

over us and get in the way of our stability and our development (Koltko 1991).

Personal growth and healthy change may require investigating that material. This process doesn't have to be spectacular. It might mean facing up to the real feelings we have toward important people in our backgrounds or in our present lives. In other cases, a therapist and client might have to investigate deeply painful incidents, such as child abuse. Therapy is not fun. Dealing with this material is often unpleasant, but often it is necessary for the sake of the emotional, mental, and spiritual health of the individual.

Are there people who simply cannot face up to what has happened to them in the past? Are there people who will simply crumble and fall to pieces when confronting their traumatic backgrounds? Yes, there are, although this happens more often on television than in the consulting room. A good therapist knows when to uncover the past and when to leave well enough alone. This is frightening territory. But with proper preparation and support, people often are able to learn and deal with more than we might expect. Preparation and support make the difference, though; that is largely why one goes to a professional for counseling and therapy.

Does all this mean that therapists will *force* their clients to dig up all sorts of painful material, no matter what their clients came to therapy for in the first place? Most therapists will focus on the issue that brought their clients to them in the first place, working on goals that the client and the therapist set mutually. These goals may change over time, but the basic nature of the relationship stays the same: working on the client's concerns. However, sometimes working on these concerns necessitates going into deep water. It is important to remember that investigating the painful is fearful, but it is sometimes necessary. Dealing with that fear bring us to the fifth myth.

THE MYTH OF THE VULNERABLE TESTIMONY

This myth reflects a fear that psychotherapy undermines faith. This resembles the myth that psychotherapists are ungodly people who will try to "cure" you of your religion, but goes deeper.

Many Latter-day Saints have testimonies based on spiritual experience. But some Saints have "social testimonies," based on enjoying the group, not fired by a burning witness. A fair number of Saints fall in between these categories: they remember having experiences that felt like inspiration but may now be coasting. Given these possibilities, a Saint may wonder, "If I enter therapy, will I find that I don't really

have a testimony and that I am involved in the Church for the wrong reasons?"

In other words, what this myth reflects is not so much a fear about therapy or therapists, but a fear about the nature of our own testimonies. Consider how much of a Latter-day Saint's personal identity is associated with gospel doctrines and feelings about these doctrines. A fear about the stability of your testimony is a fear about the stability of something as central as the way you deal with reality.

Psychotherapy with a responsible professional should not undermine your testimony, though it may well lead you to look at your testimony and its underpinnings with a more honest eye. A person who begins therapy with a shaky testimony may find that therapy helps put that testimony on a *firmer* foundation, regardless of whether or not the therapist is LDS. Therapy provides a nonjudgmental environment in which a client is safe to explore issues at his or her own pace without fear of social rejection. That exploration could lead to a firmer commitment to gospel values. It could also, in rarer instances in my experience, lead to a person leaving the Church, a decision the person likely would have arrived at anyway without therapy, although perhaps in a more painful and alienating fashion.

THE MYTH OF THE MORAL POWERBOAT

This sixth and final myth is the belief that normal people should always be able to solve their own problems "under their own power." We are taught in the Church to be self-reliant; psychotherapy seems to be a crutch. The fine print of this myth says, "If you go to therapy, you are crazy or mentally ill or whatever you want to call it, but 'normal' you are not. Going to therapy is an admission of deep-seated weakness and deficiency."

The experience of therapy professionals suggests otherwise. People who enter therapy are often in a great deal of emotional pain, even agony; but usually they are not what other people would call "crazy." Many of my clients are extremely competent business executives, homemakers, professionals, and tradespeople—people who serve in important leadership positions in their branches, wards, and stakes—who suffer from debilitating anxiety, obsession, and depression that tends to the suicidal. Many were sexually abused as children; many have come from severely dysfunctional families; some have been rejected at love (if married, by their spouses) or laid off from work. Sometimes chemical imbalances have complicated other stresses. Frequently my clients have had to deal with several of these factors simultaneously. They are lucid and responsive to reality (and hence are not "crazy"),

but they are at the end of their ropes. My marital clients have often been locked into relationships of emotional warfare for years, because of their inability to see beyond their own limited approaches to life and communication. Fortunately, these people all chose to seek help rather than buy into the myth.

My own personal experience also refutes this myth. I have been in therapy myself. The year before I entered therapy, I worked at a demanding full-time job and simultaneously pursued full-time doctoral studies. I earned a promotion at work, received excellent grades at school, and had my first professional presentations and publications. I purchased my own home, served in a bishopric, and attended at the birth of my third child. This does not happen when someone is weak, deficient as a human being, or crazy. (A little hyper, maybe, but not crazy.) I entered therapy because, in spite of these successes—in fact, maybe *because* of my successes—I needed help in dealing with certain other issues in my personal life (such as the death of my father a few months previously).

Incidentally, it is interesting to note that in a national sample over 70 percent of psychotherapists indicated that they had been through at least one episode of personal therapy (Norcross, Strausser-Kirtland, and Missar 1988). Most therapists have been in therapy themselves, I suspect, because their own professional experience indicates that therapy is not an admission of weakness, but rather a strategic move to deal creatively with human limitations and the unavoidable pain of life.

When we recognize our limits and reach out for help, it is not a sign of craziness. It is an indication of a deeper sanity and an attempt to take responsibility for life in a major way.

CONCLUSION

I would like to conclude by appealing to a classic and central concept of LDS theology: free agency. I have found in my life and in the lives of my clients that therapy can greatly help a person to exercise free agency in an intelligent, mature, and fulfilling manner. It is hard to exercise one's agency when one is beholden to repressed feelings or memories, out-of-control emotions, crushing depression, debilitating anxiety, or blinding obsession. When appropriately pursued with a carefully chosen and skilled professional, therapy can be a powerful way to reach a higher level of responsibility, capability, and spirituality.

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