# Notes and Comments

## PSYCHOTHERAPY WITH MORMON PATIENTS IN UTAH AND SOUTHERN CALIFORNIA — IMPRESSIONISTIC OBSERVATIONS

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Since 1952 I have conducted a part-time private practice along with university teaching. On leaves from the university and during summer months I have worked as a clinical psychologist at the Utah State Hospital in Provo, Utah, and at Patton State Hospital near San Bernardino, California. During these periods I have treated both Mormon and non-Mormon hospitalized patients and out-patients. Most of the Utah out-patients resided in Juab, Utah, and Wasatch Counties, with a sprinkling from Salt Lake County. The majority of the California patients, both hospitalized and out-patients, were residents of San Diego and Los Angeles Counties. The age of the patients referred to in this paper ranged from 16 to 60 years. The impressions that I have gained from these clienteles are subjective and yet have maintained a fairly consistent pattern.

### *EXPERIENCES WITH HOSPITALIZED PATIENTS*

Whereas the majority of my patients at Utah State Hospital were L.D.S. (reflecting the large portion of Mormons in Utah), only ten of my patients at Patton State Hospital were.

At Utah State Hospital the pathology of patients who were either members of various pentecostal faiths, Roman Catholics, or, to a lesser extent, Mormons, was manifested more frequently and with greater intensity in religious terms than was the pathology of the Protestant patients and those who professed no religion. This "religious pathology," particularly apparent during the acute phases of illness, was expressed in forms of delusions and hallucinations in which the patients felt themselves to be agents of God, experiencing revelations from God, or possessed with evil spirits. As the more acute phases of the illness subsided, these delusions and hallucina-

tions usually subsided also, and the patients focused more on their feelings of worthlessness, interpersonal problems, and intra-psychic conflicts.

By way of contrast, the hospitalized Mormons at Patton seldom reflected their pathology in religious themes, although the Catholic and pentecostal patients did. This may be accounted for by the fact that most of the ten Mormons at Patton were older than the average patient and had illnesses which usually do not involve grandiose or persecutory hallucinations and delusions.

Utah State Hospital was much more oriented to and interested in church activities than was Patton State Hospital. A number of my colleagues there observed that among the patients there were far more non-active church members who became active than active church members who became inactive during hospitalization. Both Catholic and Protestant, but not Mormon, services were held weekly at Patton, and the patients were allowed to go, but neither the staff nor the patients seemed as interested in the hospital church services as they did at Utah State Hospital.

## *EXPERIENCES WITH OUT-PATIENTS*

It is my impression that there were some distinct differences between my clienteles in Utah (numbering over 200) and in Southern California (approximately 75). In Utah the Mormon and non-Mormon patients were generally more alike than were the Utah Mormons and the California Mormons. Patients in Utah were initially more hesitant in seeking professional services than those in California. Themes of self-responsibility, or the lack of it, were more common in Utah than in California. The Utah patient was more reserved and less willing to talk about intimate details of his personal life. He more frequently focused on troublesome work situations, difficulties with employers, and low motivation and morale in school and work, as contrasted to the California patient who expressed more direct concern with his spouse, children, or parents, and intra-psychic disturbances. The patients in California talked more about pre-marital and extra-marital sex experiences than did patients in Utah. In contrast, however, questions of sex identity and fears of homosexual impulses were voiced more frequently in Utah than in California patients. Problems related to drug abuse were found in both areas, but much more so in Southern California.

## *EXPERIENCES WITH CHURCH LEADERS*

In my experience Utah church leaders are less sensitive to mental health problems than are California church leaders. The Utah church leader seems less inclined to refer his ward members for help than does his Southern California counterpart. For a period of several years I had more referrals from two Protestant ministers in Utah County than I did from all of the Mormon bishops and stake presidents combined. Many more of the California Mormon church leaders have sought me out for consultation and advice than have those in Utah.

Utah patients seemed to have more conflict centering around the advice

given by the bishop or stake president than did those from California. For example, a friend of mine whose parents were in their seventies, called me to complain about their bishop, who had asked this elderly couple, when they sought a temple recommend, if they practiced birth control. Another Utah bishop counselled some of his ward members that any person who was leading a life which would prepare him for the Celestial Kingdom would never need the services of a psychiatrist or psychologist. In contrast to this, I have never had a California patient complain that his bishop tried to dissuade him from seeking professional mental health services.

Finally, I would like to emphasize that some of my patients have been helped by their bishops when I have been unable to help them. However, most help was achieved when I have been able to effect a working relationship with the person's bishop so that the therapist and the bishop were in concert with one another.

## *DISCUSSION*

Comparisons between the hospitalized Utah and California Mormons is difficult because of the small number of Mormons at Patton State Hospital and because the majority of these were older and had illnesses which usually do not give rise to persecutory or grandiose delusions and hallucinations. However, the age difference did not apply to out-patients. The following discussion may account for the differences between both the in-patient and out-patient Utah and California Mormons.

It seems likely that Mormonism is more influential in shaping a person's life and his way of thinking and feeling in Utah (particularly in the rural areas) than in California. If so, this influence could operate in both a health-facilitating and health-inhibiting manner. Thus, the pathology for those people whose mode of living has become dysfunctional would be ex-

pressed in the important shaping forces of their lives. This would account for the observation that the Utah Mormon patients more often expressed their pathology in religious terms.

While the use of religious themes in expressing pathology may reflect the influence of religious beliefs, it may also be that the use of religious themes is a defense against facing more troublesome inter-personal and intra-psychic conflict. If this is the case then it would follow that the Utah Mormons had stronger defense systems than the California Mormons. This suggests that the Utah Mormons are reared in a stricter, more authoritarian environment, with a greater stress on right and wrong, and a greater demand to adhere to the "right."

Finally, it seems certain that California citizens are more acceptant of the need for mental health services than are Utah citizens. Perhaps this is the result of the greater availability of mental health services in California. For example, Beverly Hills has one of the highest concentration of psychiatrists in private practice in the country, and mental health clinics are proportionately more numerous in California than in Utah, as are clinical and school psychologists and other mental health professionals.

## NOTES FROM A MORMON MOVIE-GOER

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I'm more than a movie-goer, I'm a critic. That means the question, "What did you think of (*any movie*)?" requires more than "It was great" or "It was lousy." It means I'm hardly ever paid and often suffer a loss of ego: I've just put my soul into a review of *Women in Love* and the day after it's printed somebody says, "Hey, have you seen *Women in Love?*" It means I scribble frantically during the few times the screen is white with light – difficult in any Bergman film, easy during the explosions in *Zabriskie Point.*

But I'm more than a critic, I'm a Mormon critic. That means as a Mormon I'm reluctant to see *Myra Breckinridge,* though as a critic I feel some responsibility to see such a talked-about picture. It means church members chide me ("Seen any skin flicks lately?"), use me ("What's a good film where there isn't a line around the block?") and worry about my testimony ("How can you even go to films when they're all so bad?"). My purpose here, as a Mormon who makes it to the movies more often than might be considered good for her, is to reflect on my experiences during my first year as a Mormon critic.

*Crossroads,* the publication I write for, is not for Mormons. Its circulation is among English-speaking Japanese, and despite increased conversions