BOUNDS AND CONDITIONS

# THE RELIGION AND MENTAL HEALTH MATRIX

*By Louis Moench*

*COLUMN EDITOR'S NOTE: My dream for the Bounds and Conditions column is to cover a broad spectrum of topics on the intersections of faith, science, and health from a Mormon point of view. This hope is being realized. In coming issues, we'll publish discussions on evolution, astronomy, nanotechnology, human cloning, and other subjects from a wide range of sciences and perspectives. But since I first began collaborating with* SUNSTONE *on the column, I've had a private interest in one particular topic: Mormonism and psychology.*

*And so it's a great pleasure to introduce a bit of gold I struck while up late one night mining through the digital archives of past Sunstone symposiums. There I uncovered a presentation from 1984 by Dr. Louis Moench titled "Mormonism and Psychopathology" (tape/CD/download SL84005). Excited by my find, I stayed up late into the night transcribing. The next morning I called Dr. Moench at his office for permission to run the piece, and with polite hesitance, he replied, "I'm not sure I'd agree with anything I said twenty years ago!"*

*Although we have ended up revising and updating a bit, as well as integrating additional case studies from an expanded article Dr. Moench published in* AMCAP Journal *11, no. 1 (1985): 61–73, we've reached consensus that the core of this presentation is as valid and pertinent today as it was two decades ago. I'm pleased to introduce it to* SUNSTONE *readers here.*

*Please send your reflections on Mormonism and science or health issues to me at* BOUNDS.AND.CONDITIONS@HOTMAIL.COM. —RICK JEPSON

*It is more important to know what kind of patient has the disease than what kind of disease the patient has.* —SIR WILLIAM OSLER[1]

I ONCE HOSPITALIZED a Mormon bishop whose emotional fervor in conducting a funeral had been followed by a sleepless night, agitation, and a sexual interlude with his wife which made him feel exalted. This feeling led to his insistence that his children stand unclothed outdoors in the snow at 5:00 a.m. so they could be exalted with him, followed by his throwing objects out a closed window when their enthusiasm for exaltation failed to match his. He was willing to come to the hospital only under authority: the patriarchal authority of his father, the ecclesiastical authority of the stake president, and the civil authority of the deputy sheriff.

In the hospital, he continued to testify loudly in King James English and to give solemn pronouncements by priesthood authority—punctuated by the not-too-gentle laying on of large hands. He continued to rearrange reality—crumpling bed mattresses, shattering drinking glasses, and confusing his spiritual strengths with his physical. He was a very large man and seemed to be entertaining the notion of rearranging me next. A non-religious nurse commented what a shame it was that devotion to religion has this effect on people.

Eventually, as lithium prompted his devil to depart, the patient was eager to go home, to plow snow from the church parking lot, to conduct required interviews, and to spread the gospel of medication to distressed Saints in his ward—all the while extolling the virtues of his hospital caretakers and counselors.

A non-religious psychiatrist observed, "He's still manic, isn't he?" I replied, "No, he's back to 'baseline bishop.' That's the way bishops are." In his psychotic state, his nurse confused his religion with his illness. In his recovered state, a doctor confused his illness with his religion.

As those of us who are active in church and psychologically healthy know, religion can provide the structure that channels creative energy in peaceful and desirable directions. It can offer communal support to buoy us up, affirm individual worth, provide opportunities for growth, and offer anxiety-ameliorating answers to the existential questions of life's meaning. But as the case report above illustrates, the line between religious thought and behavior and mental disorder is sometimes thin. Does religion, Mormonism included, predispose one to psychopathology? The answer is *no*. But just as personality traits become exaggerated under stress, mental illness may make whatever is centrally important to a person become the focus or matrix upon which symptoms manifest.

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WHAT factors in a Mormon religious orientation make it a matrix upon which psychopathologies will sometimes find expression?

### *Evangelism*

ANY church seeking to spread its beliefs through missionary efforts is likely to find that a disproportionate share of people ripe for conversion are those who are already dissatisfied with their adaptation to life or are unsuccessful at it for a variety of reasons, including mental illness or personality disorder. In the case of LDS conversion, the enormous degree of attention missionaries pay to potential converts would be attractive not only to the honest in heart, but also to passive, dependent personalities, people ostracized from their social group, or those with a narcissistic bent for the limelight. We might think of these converts as analogous to the "Potato Mormons" of post-World War II Germany who joined the Church because of the effect of the welfare program on their empty stomachs. The need for filling empty spaces in one's psyche is also great.

K.L. was a person with that need. She was a twenty-three-year-old, unmarried LDS convert of five years. Ostracized by her family, she moved into the home of a generous Relief Society president—a large home in an old, upper-class neighborhood. There a peculiarity or two surfaced. Her poetry, sometimes good and always romantic, became difficult to comprehend. And she walked through the house with garlic bulbs and honey between her toes. Her explanation was simple: garlic to ward off cold viruses and honey to keep the bulbs in place.

One day the Relief Society president pulled into her driveway and noticed a young boy staring at a second-story window.

Looking up, she saw her houseguest, entirely nude and seemingly oblivious to the street below, striking poses. Horrified, she ran upstairs shouting, "What on earth are you doing?" The girl continued to pose in front of the mirror near her window and nonchalantly replied, "You can see the resemblance, can't you? I've traced my genealogy back to Venus."

Her next stop was my office, where we uncovered another peculiarity. She had become convinced through faintly overheard phone conversations at work and erased blackboard messages (visible to no one but her) that her boss was infatuated with her. This, in combination with her other behaviors, led me to her diagnosis: "de Clerambault's Syndrome" a rare, schizophrenia-like delusional belief that one is the object of passionate love by an inattentive and not well-known other. Her having joined the Church as the result of the ample attention of two missionaries, combined with her desperate need to be accepted for the only feminine trait she knew of—allure—led her to hopes of salvation through two missionaries, her boss, and the Venus de Milo, with whose femininity she could identify.

*Trust in Miracles*

ANOTHER factor in the Mormon matrix that occasionally leads to psychopathology is reliance on divine intervention through priesthood power. Such trust is commendable. But what is less commendable, and too often encountered, is the view that God *must* intervene even when adequate human intervention is available. Patients who have been promised in blessings that they will recover from illnesses contingent upon their faith worry that to then turn to medical doctors for treatment would be to deny faith in the blessing's efficacy or the Lord's power to heal.

One patient facing this dilemma was B.E., a seriously and psychotically depressed seventy-five-year-old woman who had great difficulty tolerating several anti-depressants that had been tried serially. She was given a blessing in which she was promised recovery. We urged hospitalization for electroconvulsive treatment, which for this type of depression is safe, rapid, and more effective than medication. But she felt that consenting to the treatment would jeopardize her standing with the Lord. Meanwhile, she became progressively less able to exercise faith, get out of bed, or even think logically.

Her husband finally brought her to the hospital, creating enormous guilt in her. And within seven days, she was virtually depression-free.

*Mistrust of Medicine*

MORMONISM'S communal structure can also become a dangerous element in combination with certain types of psychopathology, especially when joined to a mistrust of medicine. Where information circulates freely through the community, so do anecdotes of treatment successes and failures. How often in testimony meetings do we encounter the convention of exalting the Lord's power by devaluing the medical profession with statements such as: "The doctor didn't know what to do for me"; "All the doctors were fooled"; "The doctor said it was impossible"; "They said they have never seen a case like mine"; or "Everyone had given up hope." Fed by such expressions, many a patient's decision regarding medical care is based not on prudence, but on consensus within the group. Word-of-mouth recommendations from fellow Latter-day Saints can lead people to quacks and quack medicine.

A tragic illustration of religious faith and quackery was the case of D.S., a recently-married, twenty-two-year-old girl with lupus. When she was admitted to the hospital with a psychotic delusion that she was married to Christ, she was taking prednisone, a steroid. Both lupus and prednisone can cause psychosis.

Despite her gradual improvement with treatment, her husband was not satisfied. He knew of a good sister who claimed to have cured her own child of lupus by "natural" means, and he wanted his wife to see the woman. Her other doctors and I strongly emphasized to both her and her husband the dangers of abrupt discontinuance of steroids. They knew about those dangers anyway since the patient's sister—also suffering with lupus—had almost died when she abruptly stopped her prednisone regimen.

Nonetheless, contrary to medical advice, the husband insisted that she be discharged from the hospital. The patient, not psychotic enough to meet criteria for involuntary commitment and not strong enough a person to oppose her husband's fanaticism, passively went with him to the natural healer.

Two weeks later, a police sergeant called me wanting to know what I could tell him about a certain woman who had died that morning and whose husband was tightlipped about the circumstances. A full, untouched bottle of prednisone was found in her bedroom.

A far more terrifying case of what can go wrong when trust in priesthood power is combined with mental illness—in this case, a psychotic episode—is that of L.R., a twenty-six-year-old husband and father of a nine-month-old son, who was nearing college graduation and preparing to be an LDS seminary teacher. He was deeply impressed one week when he picked up a hitchhiker and discovered in conversation that the hitchhiker's father, though not LDS, had been paying tithing. He took that to mean something of considerable significance. He also came to view other experiences over the next few days as spiritual manifestations.

Then one night, after watching the movie *Mary Poppins* on television, he noticed names in the credits that were very similar to Nephite names from the Book of Mormon. He was amazed. He then felt the presence of someone entering the room. Thoroughly convinced it was one of the Three Nephites, he quietly locked the doors so the presence would remain.

In the intensity of the moment, he became convinced that his faith was to be tested in the manner of Abraham, something that remarks of a zealous religion teacher had led him to contemplate. He got a knife from the kitchen, entered the baby's room, took him from the crib, and placed him on the dressing table. The father raised the knife, closed his eyes, and began to bring it down. Unable to go through with it, he opened his eyes. He saw that the baby had moved and thus would have escaped the path of the knife.

Relieved by this sign, which he regarded as divine intervention, he returned the baby to the crib and left. But soon, an anxious feeling came over him that he had not been adequately tested. Even if the baby had been moved by heavenly means, he thought the father's hand needed to be stayed by a heavenly visitor in order for the test to be genuine. So he returned to the room and repeated the scene. This time the baby did not move, and no angel stayed his hand.

He was dumbfounded as his little son cried out. Then it became clear to him that the requirements of the test had changed: he was *meant* to sacrifice his son, as God had sacrificed his Only Begotten, and then to sacrifice himself. He drew the knife across his own abdomen, chest, and throat—slicing them, but not deeply enough to harm his vital structures.

His wife entered the room, saw the blood, and ran for help from their downstairs neighbors. As the young neighbor couple came up, L.R. perceived that the test had changed again: rather than join his son in heaven, he was to heal him. He knelt with his neighbors and wife in a prayer circle around the baby. He had already cancelled the ambulance his wife called because its arrival would negate the test. Over the next two hours, several

blessings were said, and he reassured everyone that by the power of his priesthood everything would be all right. Eventually they all retired to bed. By 4:00 AM, the baby had bled to death. Deeply impressed, L.R. then called the bishop over, asking, "Do you have enough faith to raise my son from the dead?"

The psychotic delusion of the young man is obvious. But one wonders about the other, presumably sane, adults in the room that night and their understanding of priesthood authority.

*Belief in Evil Spirits*

ANOTHER element of Mormon theology that occasionally combines in an unhealthy way with faith in priesthood blessings is the belief in evil spirits and the possibility of demonic possession. Many Latter-day Saints, like other sincere people, operate out of a set of superstitions instead of religious belief. This tendency may manifest itself in such simple ways as mistaking wishful thinking for answer to prayer or such complex ways as dissociative reactions, autohypnosis, or overt psychosis. These are often misinterpreted as possession states, to be treated by casting out demons. During a schizophrenic psychotic episode, searching for evil spirits to banish is futile. When such attempts fail, they demoralize the giver of the blessing and heap guilt on the suffering victim. Casting out devils has far less efficacy than antipsychotic medication.

Because of its central position in the believer's life, religion often becomes the matrix on which psychopathology finds its expression. It may provide the forms and symbols through which psychotic thought disorders and perceptual distortions are expressed.

*Authoritarianism*

MORMONISM clearly has authoritarian elements. And in authoritarian systems, the expected response is obedience. The progression of learning in the temple endowment begins with obedience, but it does not end there. Once obedience is mastered, there are other, more transcendent, principles to learn. Too many Mormons, however, seem to suffer developmental arrest at the obedience level, leading them to always look up for direction, wanting to be commanded in all things.

Which authority should be relied upon? The arm of the flesh is obviously suspect, yet many consult nineteenth-century authorities who aren't flesh anymore. Though the state of their art is well over one hundred years out of date, some members still regard Joseph Smith's and Brigham Young's herbal recommendations as divine in origin. One might just as logically find a statement by Joseph or Brigham saying the best way to get from here to there is by horse and conclude that the car and the airplane are anti-gospel. Thomsonian medicine, a system based on the work and writings of Samuel Thomson, a nineteenth-century herbalist, is still the standard for a good many Mormons, including some in high places whose use of herbs lends an apparent stamp of approval. One such highly-placed person was hospitalized and found to be on twenty-six different herbs, at least six of which were potentially toxic and may have caused his symptoms.

Medically, one might think of obedience as the chief trait of a good patient—compliant and ready to do just what the doctor ordered. However, when given options in the treatment process, this kind of patient says, "You're the doctor," and when given tasks that require his own effort, says, "I was hoping you just had some kind of pill that would take care of it." It is not easy to help a patient who wants not help but a takeover. A patient must ultimately be in charge of his or her own health, with the doctor acting as advisor and collaborator. As a rheumatologist friend of mine tells patients who want him to take over, "It's difficult for me to be more interested in your illness than you are."

*Obsessive Compulsiveness*

AUTHORITARIANISM can also lead to obsessive compulsiveness. Obsessiveness is characterized by industrious activity; performance of duty; restraint of anger, of aggression, and of sexuality; conscientiousness; orderliness; perfectionism; meticulousness; and frugality—all of which are characteristics typically valued by Mormons.[2]

Obsessive persons tend to see most questions, including neutral ones, as moral. LDS obsessives would agree with the line from the hymn, "There's a right and a wrong to every question." Yet often decisions are not between right and wrong but simply between A and B, or between two goods.

Some obsessive persons also incorporate the view expressed in another hymn that "angels above us are silent notes taking," leading them to such fear of making a wrong decision that they can't decide anything until all the facts are in. But there is rarely a time in which all the facts are in. As a result, LDS obsessives commonly avoid decisions by seeking endless counsel from Church authorities. Elder Packer called this behavior "going on the spiritual dole."[3] Unfortunately, indecisive obsessives can always find those who are willing to boldly step in and decide for those who won't. These people represent another variety of obsessiveness, characterized by rigidity. They are happy to determine truth and right for everyone.

Consider the example of a forty-year-old, marginally mentally disabled mother of six whose husband's intellectual capacity was no greater than hers. She was admitted to the hospital with a self-inflicted stab wound to the abdomen, which missed her pregnant uterus. Having already exceeded the number of children she had the capacity to care for, she could not face the prospect of another baby. But her bishop had counseled her that birth control is *always* wrong. Thus, she felt that she could avoid having another child only through sexual abstinence, which, curiously, this bishop did not consider birth control.

Because she did not want another baby, she rejected her husband's sexual advances. As a result, marital harmony deteriorated, and tensions arose between husband and wife. Ultimately, she relented, and the result was the present pregnancy. Whatever needs her bishop's authoritarian pronouncements served, they did not serve hers.

*Hyper-criticalness and Inappropriate Guilt*

ANOTHER trait of the obsessive personality is being quick to spot wrongs. Sometimes, as in scrupulosity syndrome, the wrongs are seen to reside in others. One sister, for example, regularly criticized the ward chorister's choice of a sacrament hymn if it did not mention sacrament or atonement. Yet more often, these obsessives find wrongs in themselves. They strive for perfection and become demoralized when they don't reach it immediately, causing them to feel enormously guilty. A religion imposing rigid rules of conduct and straight and narrow ways to win approval from God, is bound to make guilt a major issue.

Now, guilt can be beneficial. When justified, it can produce growth and healthy life transformations. Neurotic guilt, however—guilt that self-condemns, devalues, and brings into doubt one's acceptability before God—does not lead to growth but rather ob-

structs it. In the King James translation of Matthew 5:48, Jesus admonishes followers, "Be ye therefore perfect even as your father which is in heaven is perfect." Lowell Bennion has pointed out to me the beauty and good sense of the New English Bible's translation: "There must be no limit to your goodness, as your Heavenly Father's goodness knows no bounds."

Consider the guilt which plagued O.V., a thirty-two-year-old executive secretary and mother of four. She was admitted to the hospital via the emergency room in a psychotic state and with injuries caused from a suicide attempt. She had been haunted by the delusional belief that she was becoming Satan. When she was sixteen, in an impoverished, alcoholic, single-parent family, she derived virtually her only source of self-esteem from being an officer in her high school's seminary program. A lesson strongly emphasized the blessings of paying tithing. The patient paid tithing on a meager babysitting wage that week. Soon afterward, she obtained a regular babysitting job which put spending money in her pocket. Excited, she convinced her mother to tithe. Her mother received an unexpected promotion with a considerable increase in salary.

Now, at age thirty-two, she had come to see that her motive for paying tithing had always been to obtain blessings—something consistent with much pulpit rhetoric. Yet as she realized that the true purpose of tithing is to learn charity, take care of the poor, and to advance the Lord's work rather than receive material returns on an investment, she felt tremendously guilty. She concluded that because she had hoped for material blessings all these years, she must be evil in nature and must end her life before she became even more so.

A.E., a thirty-two-year-old single schoolteacher and returned missionary, dealt with guilt differently. Having difficulty with postmission loneliness, she discovered a sense of intimacy through autoerotic fantasy. When depression interfered with her ability to teach, she was hospitalized. While in treatment, she confided her embarrassing secret to her psychiatrist and added that her bishop had threatened to excommunicate her for it. This threatened punishment clearly seemed to exceed the sin. Her doctor called her bishop, who explained that he had not threatened her membership because of her masturbation but rather because of her penchant for confessing it to everyone. Indeed, by then, she had disclosed her secret to most of her fellow patients in addition to a good share of the members in her ward.

### *Rigidity of Belief*

WHEN religion neatly and tidily explains everything, high expectations arise, leaving little room for doubt and shades of gray.[4] Any problem is solvable through gospel methods, and any blessing is obtainable by understanding and applying the principle upon which it is predicated (D&C 130:20–21). Intervention of the Lord is certainly forthcoming as we bind him by doing what he says (D&C 82:10).

Such expectations, attested to again and again by fellow Saints, may lead those who fail to prosper to take the advice of Job's friends and scour their souls for some great wrong, or to be demoralized by the Calvinistic conclusion that only they among the elders' quorum or neighborhood block were not elected to grace.

Some, so used to the meticulously rigid fitting of every piece into its proper place, abandon the whole puzzle upon encountering a non-fitting piece. This is what happened to M.B, a young physician and father of three who had lived a charmed life. Handsome, athletic, personable, kind, and loving, he had been a National Merit Scholar and a Special Presidential Scholar at the university he attended, where he had graduated with a 3.95 GPA.

He married a classmate of a very different personality style and background because he thought he could help her. He dealt with the tension in the marriage by adopting a good-natured, patient, and longsuffering attitude. His devotion to religious principle and church activity remained high. But the long-awaited blessings did not follow.

The couple's tolerance of each other's differences did not improve, leading to his becoming discouraged about unmet expectations for a happy ending. As a result, he proved unusually susceptible to the charms of a young nurse at the hospital where he was doing his residency. Having no flexibility in his rigid scheme of neatly packaged understanding to account for the failed blessing, he threw away his temple marriage, wife, and children, and moved two hundred miles away with the nurse.

RELIGION in general, and Mormonism in particular, does not cause mental disorders. However, because of its central position in the believer's life, religion often becomes the matrix on which psychopathology finds its expression. It may be the ideology by which a person rationalizes a neurotic style of living. And it may provide the forms and symbols through which psychotic thought disorders and perceptual distortions are expressed. It may precipitate distress, leading to the breakdown of one's ability to live effectively.

Whether the impact of religion on a person's physical, spiritual, and mental health is positive or negative cannot be determined in the general case. But in specific cases, it is clear that religion can be a factor of great importance. May we approach our brothers and sisters who exhibit dangerous or obsessive behaviors with compassionate hearts as well as wisdom to know that love for them sometimes also involves seeking professional help.

## TWENTY-TWO YEARS LATER

SINCE delivering this paper and writing the expanded article more than two decades ago, I have come to value more highly the positive aspects of religion, including LDS religion, on mental health. I have become more aware of the importance of community, not just association of people with a common interest but a common purpose and moral outlook. I am struck by the way efforts to lead a spiritual life can mollify the crassness and incivility we find ever more prevalent in today's material world. Where I once was unfavorably impressed with the monotonous sameness in the typical LDS ward, I now see in those same wards a richness of diversity.

I have been pleasantly surprised at the number of bishops and other Church leaders I have encountered, both male and female, who have recognized mental illness in aberrant thinking or behavior and have tried to steer fellow saints toward professional treatment. The bishops I have consulted who are willing to use fast offerings to fund mental health therapy for a ward member when necessary has been encouraging, as have books and *Ensign* articles that signal the Church is taking a more proactive stance in recognizing and treating mental illness.

## NOTES

1. William Osler, as quoted by Howard P. Rome, "Personal Reflections," *Psychiatric Annals* 13, no. 10 (1983): 751.

2. This connection was explored in Marlene Payne, "The Obsessive-Compulsive Mormon," *Dialogue: A Journal of Mormon Thought* 13, no. 2 (Summer 1980): 116–22.

3. Boyd K. Packer, "Solving Emotional Problems in the Lord's Own Way," *Ensign*, May 1978, 91.

4. For an excellent discussion of different gospel temperaments, see Richard D. Poll, "What the Church Means to People Like Me," *Dialogue: A Journal of Mormon Thought* 2, no. 4 (1967): 108.