

## *Belief Systems and Unhappiness: the Mormon Woman Example*

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*The following article, based on the experience of two psychiatrists whose clientele has included many Mormon women, was originally prepared to assist non-Mormon psychiatrists to work more effectively with Mormon women. It appeared in the Journal of Operational Psychiatry, (Volume 8, 1977), with whose permission it has been adapted for Dialogue.*

Institutions, structures and traditional roles provide necessary meaning, support and direction in people's lives. Chaos occurs when they are wholly lost, and yet too much structure and constricting roles, out-of-step with a changing culture, contribute to problems which may require psychiatric treatment. The underlying emotional problems of many religious women, for example, may be based upon the institutionalized paradoxes of their religious roles in society.

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All structures, from kindergartens and military academies to family ethnic and religious ties with a Father in Heaven, can cause problems. The importance of such ties to the individual is seldom fully appreciated even by the individual himself; during stress they are often denied altogether. Both psychiatrists and laymen who try to "help" an unhappy individual almost always underestimate the binds imposed by institutionalized structures. Those who attack these reality-based conflicts directly prevent the establishment of a trusting therapeutic relationship because they so greatly assault the patient's belief system. Under these circumstances, psychotherapy often yields poor results. It is important to understand that the belief structure of Mormon women provides a particularly clear example of what is known as a binding paradox.

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History. To understand the attitudes of women members of the LDS religion, it is necessary to review LDS history. The attitudes of early Mormon men, both polygamous and monogamous, were similar to those of other Western men of the day. These attitudes made it easy for women to be seen as possessions of great worth, so that a man could "own" several women and thereby increase his stature in the community. To have more than one wife not only marked him as a person of above average economic means, with the ability to support more than one family, but it also marked him as a good church member. Since the Church was the culture, government and society of those Rocky Mountain frontier communities, he was therefore a leading citizen.

Within this framework, the first wife was considered the head wife, authorized to give permission for the husband to enter into plural marriage. A Mormon woman's role was similar to that of other Western wives except she had more power within the family. Because polygamy often produced diminished contact with the shared father, the families themselves were matriarchal. The strong pioneer women provided dominant female models with which children could easily identify. In this way strong women members were programmed to be "in charge," while still outwardly passive to their strong husbands.

From this background, personal strength and a functioning adaptability to the overt structure became traditions for Mormon women and these ideals have endured to the present. As a group, many Mormon women believe they are part of the last extant strongholds of motherhood and homemaking. Some have even described themselves as better educated, more devoted to and supportive of their husbands, and more skilled at child rearing and homemaking than non-Mormon women. Such beliefs are strengthened by group pressure and by books like *Fascinating Womanhood* and *The Total Woman*. As in any strong organization, attitudinal deviations are discouraged. Official church philosophy instructs women in the homemaking arts and constantly reminds them that "the woman's place is in the home." Economics to the contrary, working mothers are tolerated out of the necessity of widowhood or divorce but poorly so.

Paradoxes and Stress. Our experience has shown several paradoxes within the Mormon culture as frequent sources of stress in the lives of committed LDS women. In education, civic and community life,

women church leaders are strong models, who are expected to present themselves as “healthy and happy.” The paradoxes grow from the reaction of the Church to those who have trouble always living up to their assigned roles.

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Education. Education for Mormon women is highly touted and encouraged, yet in practical ways education conflicts with the stated creed that women should stay at home. They are told that their education makes them better mothers, and yet they often feel themselves to be nothing more than “glorified janitors.” Those with advanced degrees may never have an opportunity to use them. As in many strong social systems, the less educated women fare more comfortably because a lack of education is not particularly important to one who is a capable and active participant in church events. These women adhere strongly to church policy thereby augmenting group pressure. Some women who do seek an education try to compromise by studying music, child development and home economics. The compromise, however, often leads to more frustration and internal conflict when the routine of the housework takes precedence over intellectual or professional activities.

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For example, a woman with a graduate degree in literature has reared eight children. All her activities are now in some manner connected with the Church. Even her conversation is church oriented. To an outsider she appears narrow and rigid. Her creativity seems stifled, and she is depressed. She is doing what she thinks she ought to do but not what she really wants to do, and she is afraid even to complain because she is supposed to be happy.

One Mormon wife of a professional man earned her college degree, married and bore four children in rapid succession. She was active in all of the “proper things” with in the Church, but she never practiced her profession (teaching). She became frustrated, angry and depressed while simultaneously keeping a stiff upper lip and a proper outward attitude. Pregnant again she now must support her husband in another of a series of important church jobs. Her life continues on the same treadmill, while she continues depressed.

Another woman reared six children while functioning from a depressed, labored state, but maintaining an overtly proper attitude and holding most of the offices given to women. She then returned to college for postgraduate work in music and teaching. Although keeping up superficially “correct” attitudes and behavior, her sarcasm, apparent strength and questioning demeanor began to show through. Her attitudes became suspect and disappointing to her family, especially to her older children. It was noted that she began to speak about her church with anger, apparently because of her conflict over what she thought she “had” to do and how she “had” to feel about it. Such women have reason to be frustrated and depressed.

Civic and Community Involvement. The stated church position is that women should be active, creative participants in their communities. But in practice, women who become involved in extra-church organizations are tolerated only if they remain active, hard-working church members. Whenever their attitude begins to appear questionable, their stature within the Church rapidly slips and the extra-church activities blamed.

One Mormon woman rose to be professor at a local university. She became active in many organizations and was president of one national group. Her church status was publicly suspect for many years, but as she aged and retired, she was once more thought a good member. Another Mormon woman who held important administrative positions at a major university finally ran for the legislature. These activities made her suspect in Mormon circles for a long time, but, as she gradually retired from her non-church work, she felt accepted once again.

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Women Church Leaders as Models. There is a great difference between the espoused values Mormon women should have and those which are required of a woman leader within the Church, yet women who preside over others are identified as ideal models. Although they are busy executives themselves, they preach that the woman’s place is only in the home. They travel a great deal, and their church work often requires as many hours as a full-time job. Those in higher positions are excellent administrators, and they are usually highly educated. They are adept at public speaking. They are usually not obsequious to their husbands and likely would not enjoy practicing what they preach, which is that women should use their God given talents only for the edification of their husbands and families.<sup>1</sup>

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Seldom do church member husbands note the irony in the public elevation to head of the house exemplified by a Relief Society lesson entitled, “Re-Establishing the Husband as Head of the House.” There is no doubt that Mormon women themselves know where the power is! Having power, while voluntarily and overtly accepting a lesser role, has been programmed into Mormon women since the matriarchal days of polygamy. This is not accomplished without internal conflict, however, and it is even more pronounced in religious women for whom any unsanctioned change denotes sin or rebellion against

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<sup>1</sup> Los Angeles Times. “Mormon Women.” Part IV, P. 1, June 3, 1976.

God's will.

Mormon women are supposed to feel happy and blessed no matter what happens. Armed with a tradition of strength and dominance, programmed by a dogma of conformity and acceptance, faced with a changing world and annoyed by observable paradoxes between espoused ideals and practice, many Mormon women are in conflict and unhappy. But church teachings tell them that they must be happier and healthier than other women and therefore better able to handle adversity.<sup>2</sup> Because seeking psychiatric help is an admission of personal failure far beyond that of the nonreligious person, it is usually done secretly or with the explicit approval of some church authority with whom counseling has failed. Whenever possible, the Mormon woman seeks a Mormon psychiatrist, hoping he will somehow make her comfortable with all of the compromises she has heretofore been unable to tolerate. She hopes he will reestablish her paradoxical image of strength combined with passive acceptance of her role in her Church.

Characteristic of institutions, which by their nature resist change, the Mormon Church has made active attempts to reverse some of the already accomplished liberalization of women's status. As a result, during the past several years women have actually lost stature. The organizational structures of the women's groups have been changed to place women more directly under the authority of the male priesthood. Before the Church gave up its hospitals, the Primary Children's Hospital had been totally removed from the jurisdiction of the all-woman Primary leadership, while the Relief Society's buildings as well as its separate financing structure were placed under the priesthood. Birth control and abortion are generally forbidden, and the Church has spoken out strongly against the Equal Rights Amendment.

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Psychiatric Care. When a religious woman makes a decision to see a psychiatrist, she will often want one of her own faith. This is not a requirement for competency, however, and it may even cause some initial problems. She won't have to explain the details of her religion to a psychiatrist who believes as she does, but she will still have to reveal her feelings about her beliefs. This may make her think she is obligated to hide her feelings and to adhere to her beliefs in front of this psychiatrist whom she feels will judge her church allegiance. On the other hand, if her doctor is a nonmember, she may believe she must be a good example, perhaps even fantasizing that she may convert him. If a religious patient is referred to a specialist by a church authority, the relationship is begun with certain expectations, some helpful, some not. Commonly she has been told that her doctor is religious himself, or at least not antireligious. She therefore expects his attitudes to be the same as hers and his stance in line with her own judgmentalism. She will often cautiously check this out through questions about the doctor's religious activities and contacts. He must take care not to mislead her into thinking he is a carbon copy of herself or her other advisers. Instead, he must reduce her fear by showing that he understands her church commitment and her value system.

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The guilt incident to psychiatric care is somewhat lessened when the patient has been referred by a church authority, but there is also an expectation that a sanctioned doctor will be obligated to make her "feel right" about her religion in spite of her doubts. It is important to understand that certain attitudes and behavioral history may be suppressed and therefore unavailable to treatment for a while. A non-Mormon psychiatrist who begins treatment without the benefit of this sanction must take time to convince his patient that he understands her church allegiance. He must allow her questioning accusations of his supposed antireligious attitudes, and he must freely question her about the normal functioning and organization of her Church until she can begin to trust. If he casts such discussions aside as irrelevant, trust is thwarted and progress may be prevented. If a psychiatrist too readily supports her anti-church sentiment early in treatment, true trust may never be established. Instead, the patient merely verifies a harmful opinion that she is sinful and treatment is sabotaged.

Psychiatrists undertaking treatment of a Mormon woman should expect one of her first questions to be, "Are you a member of the Church?" An affirmative answer usually produces relief and relaxation. A negative or side-stepping answer produces anxiety which must be alleviated by active, empathetic communication. Until trust is established, she will probably not be willing to examine how it makes her feel to go to a nonmember psychiatrist. To build trust the doctor should empathetically interpret to her how it makes her feel, thereby demonstrating that he understands.

Depressed, ambivalent, frustrated religious women almost always demonstrate anger toward most of the important people in their psychosocial network. It is best to approach the anger through channels provided by ongoing family relationships. One can better risk examining feelings about family members than about one's perceived lack of devotion to God's teachings and fear that one is no longer worthy of God's love.

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The husband is often high on the Mormon woman's anger list. She is angry that she must be under his authority, angry at his frequent absences, angry at his ability to do creative work while she is relegated to housework. His absences may be due to his church work, thereby increasing her anger but decreasing

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<sup>2</sup> Branch, C.H.H., Dauler, T.P. "Psychiatry in a Mormon Community," *Br Journal of Psychiatry* 4: (3), 1970.

her right to complain. (Indeed, being married to an alcoholic might be easier because her anger would then be justified!) And anger toward children is very difficult for a religious woman to express because of her feeling that she has been charged to raise them in a happy and righteous environment. In a supportive therapeutic environment, anger and resentment can be allowed to emerge and be recognized. And they can be much more acceptable within the context of family interaction patterns which side-step doctrinal involvements.

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As negative feelings become more conscious and expressible, anger toward church and God may emerge spontaneously and directly. She may even decide that she has done her best, concluding that God has not lived up to his part of the bargain. At this point issues can no longer be sidestepped but must be ventilated, discussed, clarified and tolerated by those trying to help her. The woman should not condemn or judge herself for these feelings nor should others. She needs to accept them until she becomes comfortable with them, realizing that family, church and God are still available to her even though she still has negative thoughts.

As feelings of anger and resentment become explicit, guilt and shame become primary issues. There is sometimes a tendency for a woman to spring into frenzied church work. Whenever possible, this should be avoided. She can use her husband's or her psychiatrist's help to discuss directly and openly with church authorities and the call to increased church activity. Contrary to what might be expected, church authorities are usually very cooperative with psychiatrists when that cooperation is honestly sought.

A reasonable amount of church activity should be encouraged, however. When guilt and shame surface, church activities can become more meaningful and therefore more pleasurable. To a reasonable point they should be encouraged as an aid in resolving guilt and shame over self-perceived negative church attitudes.

The depressions, frustration, and anger of some Mormon women are based partially on institutionalized paradoxes inherent in female roles. These women have strong commitments to the Church that make attacks on their beliefs untenable. By first recognizing the stress points in their life patterns, then approaching their feelings through their family relationships, these women can successfully resolve much of their unhappiness. Though the paradoxes cannot be eliminated, the conflicts can be.