

growth, and to measure their success by how they nurture others and how they teach and make possible the progress and growth of others rather than use others to feed their own needs. Men, in other words, are expected to become Christlike natural PATRIARCHS, as exemplified by the Father and by the Son, devoid of harshness, domination, or selfishness.

[See also Brotherhood; Fatherhood; Lay Participation and Leadership; Lifestyle; Marriage; Priesthood Quorums; Young Men.]

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## MENTAL HEALTH

Recognizing the need for mental health services, The Church of Jesus Christ of Latter-day Saints, like other religious organizations, supports a network of agencies through LDS SOCIAL SERVICES that provides short-term care as needed and offers referral services when more extensive treatment is required. The Church endorses the work of licensed mental health practitioners provided that the suggestions and treatment offered are consistent with Church moral and lifestyle expectations.

Historically some critics have ascribed various mental afflictions of members to the influence of the Church. Today the assertion is sometimes made that as a result of their religion Latter-day Saints have high rates of divorce, drug abuse, depression, and suicide. This is not surprising, since stereotypes are frequently applied to new and different leaders and their followers. Virtually identical defects have been attributed to Jews, Native Americans, Roman Catholics, the Irish, and other groups (Bunker and Bitton; Bromley and Shupe). Research findings, however, show no evidence of unusual mental or social problems among Latter-day Saints.

National statistics show that the state of Utah, which is 70 percent LDS, has lower rates of mental and addictive disorders than U.S. averages. A National Institute of Mental Health report for 1986 ranked Utah as the second-lowest U.S. state in new inpatient admissions to state mental hospitals

as a proportion of population. The National Association of State Mental Health Program Directors report for 1986 showed Utah's rate of outpatient mental cases per million population to be lower than that of thirty-six other states. These reports also show lower-than-average rates for alcohol and drug abuse, a finding confirmed in *Utah in Demographic Perspective* (1986). This report indicates that Utah ranks lowest of all the states in per capita alcohol consumption, and thirty-fifth in alcoholics per 100,000 population. Drug use among adolescents is low compared with national statistics. The overall mortality rate for suicide is slightly above the national average, but slightly below the average for the Rocky Mountain states.

Comparisons of LDS students at Brigham Young University with students at other schools on standard psychological measures, such as the Minnesota Multiphasic Personality Inventory, show more similarities than differences. On accepted indices of mental health, BYU students rank normal. Studies of divorce rates in Utah show that those counties with the highest proportions of LDS have the lowest divorce rates and are significantly below national averages. Studies of depression among BYU students and returned missionaries reveal average or lower levels.

Studies of depression among women in three Utah urban areas show LDS women to be no more or less depressed than their non-Mormon counterparts. For example, using the Beck Depression Inventory, a study of women in the Salt Lake Valley found no differences between LDS women and others (Spendlove, West, and Stanish). Women who were more active in the LDS Church were found to be less depressed than those who were less active, but causal connections to Church activity were inconclusive. Educational level appeared a better predictor of depression scores than religious affiliation: The more educated were less depressed. Responses to a national questionnaire indicated LDS women to be in the middle range on depression when compared with other groups. LDS men had the lowest depression scores of any group (Bergin and Cornwall).

Overall, on average, Latter-day Saints as a group are psychologically normal. They do not manifest unusual rates or kinds of mental disorders, and they do not differ much from national normative samples. In some studies they show less illness, but results may be questioned because of the nature of the population sampled. Statistics for

the state of Utah often look better than the national average because of the state's lack of large minority and poverty populations. Other states with similar demographics, such as Wyoming, Idaho, and the Dakotas, manifest similar statistical advantages.

For mainstream, middle class people, denominational affiliation is less relevant to variations in mental health than are such factors as family background, educational level, economic class, marital status, and intrinsic versus extrinsic religious orientation. General findings obscure considerable individual variation because there are diverse ways of being religious. "Intrinsically" religious persons, who hold to personal convictions and do not depend on religion as a crutch, manifest better mental health than the "extrinsically" religious, those who focus on the external trappings of a religious or "righteous" social image. Such variation occurs among Latter-day Saints, as it does among other groups. Thus, the relation between religiosity and pathology is complex. How specific denominations enhance or undermine mental functioning is currently a matter of speculation and controversy.

The LDS culture and lifestyle manifest an interesting combination of possible positive and negative influences for mental functioning. These may cancel each other and create a normal average profile. Some possible negatives include tendencies toward perfectionism and the self-negation that inevitably accompany failure to match unreasonably high expectations. Negative emotions are not readily expressed, and thus conflicts are often difficult to resolve. LDS subcultures are very "group-oriented." Numerous organizations and activities define and reinforce the lifestyle. People "out of step" are easily recognized, and conformity is valued. Individuality and personal self-expression may be inhibited to a degree, while obedience to authority is encouraged.

In theory, these negatives may be balanced by the warmth and social support provided by a cohesive and caring social network, marked by high emphasis on family commitment and active participation in a diverse system of social, religious, athletic, and cultural activities. While members may despair over having "too much to do," they can always find sympathetic peers. Hope is engendered by a positive philosophy of human nature and the eternal potential of human beings.

LDS philosophy is growth-oriented, so there is constant encouragement toward self-improvement. Problems occur when there is not enough

tolerance for human imperfection in the process. When virtues like self-sacrifice, self-control, and hard work are overdone, they can take a toll, but when balanced with honest self-reflection and mutual support, they can be a stimulus for growth.

In establishing itself as an institutional partner in human civilization, the Church has manifested some growth pains. Insecurities that have accompanied being part of a new group are slowly giving way to the securities associated with having arrived as an established entity in the joint enterprise of cultural evolution. As this process has continued, these stresses have given way to a balanced subculture comparable to other mainstream groups.

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#### MERCY

See: Justice and Mercy

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#### MERCY KILLING

See: Death and Dying; Murder; Prolonging Life

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#### MERIDIAN OF TIME

The meridian of time has been defined by one LDS apostle as "the middle or high point of that portion of eternity which is considered to be mortal time" (*MD*, 1966, p. 486). It is the DIS-