# PROPOSAL FOR INSTITUTIONAL INCLUSION IN MENTAL HEALTH AND NEUROLOGICAL CONDITIONS

Submitted to: The First Presidency

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## EXECUTIVE SUMMARY

This proposal addresses a growing need within The Church of Jesus Christ of Latter-day Saints: clear guidance for including and supporting members with mental health conditions and neurologi­cal differences that require unconventional emotional regulation procedures. Current lack of institu­tional direction creates unnecessary suffering, family conflict, and potential loss of valuable mem­bers.

### Identified Need

Members with conditions requiring uncommon self-regulation strategies—including trauma re­sponses, Tourette Syndrome, autism spectrum differences, and other neurological variations—face confusion, stigma, and sometimes exclusion despite their spiritual worthiness and desire to serve.

### Proposed Solution

A clear institutional statement affirming that:

* Mental health and neurological needs do not affect priesthood dignity
* Unconventional regulation procedures are medical/neurological needs, not moral issues
* Communities should provide adaptation and support, not correction or exclusion
* These principles harmonize with "The Family: A Proclamation to the World"

### Expected Benefits

* Reduced stigma and increased inclusion for vulnerable members
* Clear guidance for local leaders facing these situations
* Retention of faithful members who might otherwise feel marginalized
* Powerful testimony of Christ-like love and understanding
* Model for other organizations on mental health inclusion

## SECTION I: SCIENTIFIC AND CLINICAL FOUNDATION

### Understanding Emotional Regulation

Emotional regulation refers to neurological processes individuals use to manage emotional experi­ences adaptively. Contemporary neuroscience recognizes that people develop diverse regulation strategies, particularly following early trauma or due to inherent neurological differences.

#### Key Scientific Principles:

1. **Neuroplasticity and Trauma Response:** Research demonstrates that early adverse experi­ences create permanent neural adaptations. These aren't "damage" but survival mechanisms (Van der Kolk, 2014).
2. **Neurological Diversity:** Conditions like Tourette Syndrome involve involuntary regulatory responses that serve essential neurological functions (Tourette Association of America, 2023).
3. **Functionality as Criterion:** The DSM-5 defines pathology by dysfunction, not unconven­tionality. Behaviors maintaining effective functioning are adaptive strategies, not disorders.

#### Clinical Differentiation

Valid emotional regulation procedures demonstrate:

* Consistency over time (not momentary preferences)
* Resistance to simple willpower modification
* Maintenance of adult social and occupational roles
* Contribution to overall well-being
* No harm to others

These characteristics distinguish legitimate neurological needs from arbitrary preferences or patho­logical behaviors.

#### Parallel Neurological Conditions

**Tourette Syndrome:** Tics serve essential tension regulation functions. Suppression causes measur­able distress accumulation.

**Autism Spectrum:** Self-regulatory behaviors (stimming) are scientifically validated as necessary sensory regulation, not optional preferences (Kapp et al., 2019).

**Complex PTSD:** Trauma-developed safety mechanisms represent automatic nervous system re­sponses, not conscious choices.

## SECTION II: DOCTRINAL HARMONY

### Fundamental Principles

Church doctrine provides clear foundation for inclusion:

**"The Lord looketh on the heart" (1 Samuel 16:7)**

Spiritual dignity derives from moral character and righteous intentions, not external circumstances or health conditions.

#### The Family Proclamation

Explicitly recognizes that "disability, death, or other circumstances may necessitate individual adap­tation." Mental health needs requiring unconventional regulation fall within "other circumstances."

#### The Atonement's Scope

Christ's atonement encompasses "sicknesses" and "infirmities" (Isaiah 53:4; Alma 7:11-12), includ­ing psychological trauma and neurological differences.

#### Priesthood Dignity Criteria

Church manuals establish priesthood dignity based on:

* Moral and spiritual righteousness
* Obedience to commandments
* Testimony of Jesus Christ
* Desire to serve

**Notably absent:** Any reference to specific mental health configurations or self-regulation methods.

#### The Savior's Precedent

Scriptural accounts show Christ consistently healed without judging circumstances or requiring ex­planations. His approach prioritized inclusion and healing over conformity to social expectations.

## SECTION III: PROPOSED INSTITUTIONAL STATEMENT

### Statement on Mental Health and Neurological Inclusion

#### To priesthood leaders and auxiliary organizations worldwide:

As followers of Jesus Christ, we minister to all of Heavenly Father's children without exception. This includes members facing mental health challenges and neurological differences requiring un­common forms of emotional regulation.

#### Doctrinal Foundation

These principles harmonize with The Family: A Proclamation to the World, which recognizes that circumstances may necessitate individual adaptation, with family and community providing needed support.

#### Access to Priesthood and Ordinances

Mental health conditions and neurological differences—including those requiring unconventional self-regulation procedures—do not affect a worthy member's access to priesthood, ordinances, or service opportunities.

This includes individuals who require:

* Specific therapeutic or medical devices
* Particular sensory accommodations
* Personal care items for emotional regulation
* Management of involuntary movements or behaviors
* Other medically-indicated adaptations
* When supervised by qualified professionals or representing inherent neurological condi­tions, these needs must be respected in all Church settings.

### Principles of Understanding

#### Do Not Judge

Refrain from judging situations involving mental health or neurological differences that may seem uncommon. Remember that "the Lord looketh on the heart."

#### Do Not Exclude

No behavior related to mental health or neurological conditions should cause exclusion from con­gregations, activities, or worship services.

#### Do Not Misinterpret

Approach unfamiliar situations with humility and genuine understanding rather than assumptions about causes or motivations.

#### Do Not Coerce

No one should use emotional pressure, spiritual manipulation, or relational tactics to demand aban­donment of legitimate regulatory procedures. True gospel principles operate "by persuasion, by long-suffering, by gentleness" (D&C 121:41).

#### Guidance for Leaders

Local leaders should:

* Receive all members with love regardless of specific mental health needs
* Recognize these circumstances require individual adaptation
* Consult with professionals when appropriate
* Make necessary physical and procedural adaptations
* Educate congregations about inclusion principles
* Facilitate family and community support

## Message of Hope

Christ's atonement encompasses all human suffering, including mental health struggles and neuro­logical differences. Every person is precious to God. Every path of healing sought with faith is sa­cred.

We invite all families, wards, and stakes to become refuges of understanding and support. In doing so, we demonstrate Christ-like love and draw closer to true unity.

"Receive ye one another, as Christ also received us to the glory of God" (Romans 15:7).

## CONCLUSION

This proposal seeks to extend clear institutional guidance that protects both individual dignity and community cohesion. The scientific evidence is robust, the doctrinal foundation is solid, and the need is genuine.

Implementation would:

* Reduce unnecessary suffering among faithful members
* Provide crucial guidance for leaders
* Strengthen the Church's testimony of Christ-like inclusion
* Create precedent for addressing emerging mental health awareness

I respectfully request that the First Presidency consider this proposal and provide inspired direction on supporting members with mental health and neurological needs.

## REFERENCES

Neuroscience and Psychology:

* Van der Kolk, B.A. (2014). The Body Keeps the Score. Penguin Books.
* Kapp, S.K., et al. (2019). "Autistic adults' views on stimming." Autism, 23(7), 1802-1812.
* American Psychiatric Association (2013). DSM-5.
* Tourette Association of America (2023). Clinical guidelines.

**Additional documentation available at**: https://inner-clarity.github.io/InnerSight/

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