

Problem and Solution: The Spiritual Dimension of Clergy Sexual Abuse and its Impact on Survivors

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ABSTRACT. In this paper, we offer a way to understand the spiritual dimension of clergy-perpetrated sexual abuse. Spirituality is defined as a search for the sacred—a process of discovery, conservation, and transformation that evolves over the lifespan. We describe the ways in which clergy-perpetrated sexual abuse impacts negatively on the individual's search for the sacred and the ways in which spirituality can serve as a valuable resource for survivors. We then consider how clinicians can draw on the client's spirituality as a source of solutions to problems and how clinicians can address the spiritual problems raised by clergy-perpetrated sexual abuse. Perhaps the greatest challenge for mental health professionals is to become better acquainted with the multifaceted nature of spiritual life.

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Submitted for publication 2/17/06; revised 5/9/07, 5/28/08; accepted 6/17/08.

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KEYWORDS. Sacred, psychotherapy, transformation, desecration, struggle, growth

Where we find trauma, we often find spirituality. Empirical studies have shown that many people seek support from their faith when they face crises in living, and from 50% to 85% of various groups find their spirituality helpful in the coping process (Pargament, 1997). This point holds true for survivors of sexual abuse. Many survivors describe the support they find from their spirituality. As one survivor of sexual assault put it, "I know who I am on a very deep, spiritual level, so I know nothing can destroy me" (Valentine & Feinauer, 1993, p. 220).

Even though expressions of spirituality are generally tied to health and well-being (see Koenig, McCullough, & Larson, 2001), there are times when spirituality becomes a part of the problem rather than a part of the solution. After all, life traumas impact people spiritually as well as psychologically, socially, and physically. This is clearly the case when it comes to clergy-perpetrated sexual abuse (CPSA). It is not hard to find anecdotal accounts of the powerful negative spiritual effects of CPSA on the individual's relationship with the church and God. One survivor commented, "I don't think I'll ever step foot in a church again . . . I lost my religion, faith, and ability to trust adults and institutions" (Matchan, 1992, p. 8). Another remarked, "God did not protect me either. Why would God not protect a helpless little boy? It was not fair. . . . Instead of welcoming and embracing [Jesus] as I want to, I really would like to knock him down. I am mad at him and his Father" (Anonymous, 1990, p. 119). More systematic research in this area is limited, but initial studies are consistent with these anecdotal comments: CPSA is often associated with a conflicted or broken relationship with God, a loss of trust in religious institutions, and an impaired ability to develop spiritually (e.g., Chibnall, Wolf, & Duckro, 1998; McLaughlin, 1994; Rosetti, 1995). These signs of spiritual distress have to be taken seriously; they have been linked empirically to increases in anxiety and depression, a loss of independent functional status, and a greater risk of mortality (e.g., Exline, Yali, & Lobel, 1999; Fitchett, Rybarczyk, DeMarco, & Nicholas, 1999; Pargament, Koenig, Tarakeshwar, & Hahn, 2001).

What then is the relationship between spirituality and trauma? There is no clear answer to this seemingly straightforward question. Unfortunately, social scientists and health professionals have largely ignored the spiritual dimension of trauma and, as a result, our understanding of the interface

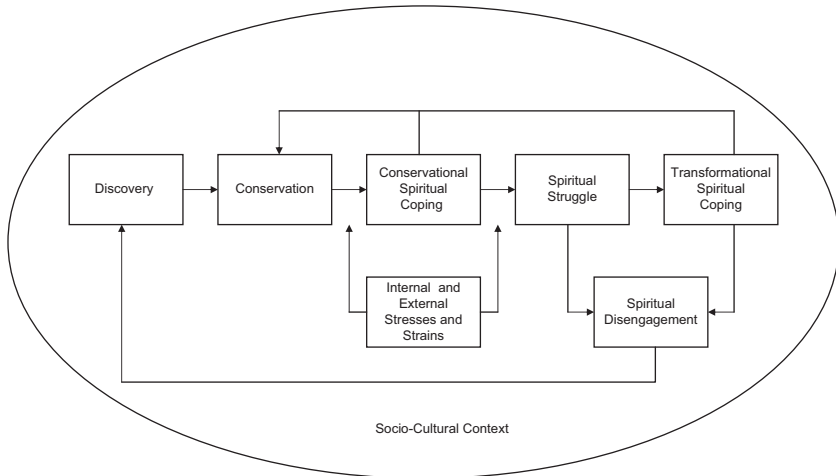
between these two domains is limited. Clearly, more research is needed in this area. But perhaps even more critical is the need for a way to *think about* spirituality in the context of trauma. In this paper, we offer a way to understand spirituality that may help to clarify the spiritual dimensions of one particular trauma, CPSA. We will suggest that spirituality can be a part of the solution to life crises, and it can be a part of the problem itself. Building on this conceptual foundation, we then consider some of the ways in which spirituality can be integrated more fully into our efforts to help survivors of CPSA.

SPIRITUALITY AS A SEARCH FOR THE SACRED

Many people think of “spirituality” in terms of a particular set of beliefs, practices, or experiences. Popular though it may be, this view is misleading, for spirituality is not a fixed or static institution; it is instead a process, one directly involved in our efforts to seek a particular kind of significance in life. Spirituality is “a search for the sacred” (Pargament, 1999, p. 12). Social scientists from Freud to Durkheim have noted that religion can serve a variety of functions, such as anxiety-reduction and the fostering of intimacy with others, identity, meaning and purpose, and self-development. Certainly, religion can play important psychological and social roles, but the most basic function of religion is spiritual. It is directed to the sacred. By sacred, we are referring not only to conceptions of God, higher powers, and divinity, but also to other aspects of life that take on spiritual character and significance by virtue of their association with the divine (Pargament & Mahoney, 2002). The sacred is the most central, motivating force that lies behind religion. As Paul Johnson (1959) once wrote, “It is the ultimate Thou whom the religious person seeks most of all” (p. 70). We can find evidence of spiritual motivation even at an early age. Consider the words of this nine-year-old boy:

I'd like to find God! But He wouldn't just be there, waiting for some spaceship to land! He's not a person, you know! He's a spirit. He's like the fog and the mist. Maybe He's like something—something we've never seen here. So how can we know? You can't imagine Him, because He's so different—you've never seen anything like Him . . . I should remember that God is God, and we're us. I guess I'm trying to get from me, from us, to Him with my ideas when I'm looking up at the sky! (Coles, 1990, pp. 141–142)

FIGURE 1. The Search for the Sacred.



While religion serves multiple psychological and social functions, spirituality focuses directly on the search for the sacred (Pargament, 1999). By search, we are referring to three important dynamic and interrelated processes: the process of discovery of the sacred, the process of conserving or sustaining a relationship with the sacred once it has been found, and the process of transformation in the character or place of the sacred in the person's life as a result of internal or external stressors (see Figure 1 from Pargament, 2007). We elaborate on these three processes and their expression in the context of CPSA.

DISCOVERY

Psychologists have suggested that people's beliefs about the sacred grow out of several forces, including genetic factors (e.g., Bouchard, Lykken, McGue, Segal, & Tellegen, 1990), the child's intrapsychic capacity to symbolize and fantasize super-human beings (Rizzuto, 1979), and critical life events and challenges that reveal human limitations (Johnson, 1959). Of particular importance in shaping the child's understanding of the divine is the social context of family, institution, and culture (Kaufman, 1981). It is no accident that Christian children come to believe in Jesus, while Hindu children experience God through multiple

divine entities, and Jewish children believe in the oneness of God. Of course, from a spiritual perspective these explanations are incomplete, for they neglect the “reality” of direct encounters with the divine, in which God essentially reveals God’s self to the individual. Nevertheless, direct, empirical demonstrations of the “reality” of divine encounters take us beyond the scope of psychology. After all, we have no tools to measure God. However, we can use scientific methods to assess the varied ways in which people understand and experience the sacred.

Through religious institutions, culture, and personal experience, people learn to imbue many aspects of life with divine qualities, such as transcendence, ultimacy, and boundlessness (Pargament & Mahoney, 2005). The sacred can be discovered in the ordinary as well as in the extraordinary. As Durkheim (1915) wrote: “By sacred things one must not understand simply those personal beings which are called gods or spirits; a rock, a tree, a pebble, a piece of wood, a house, in a word anything can be sacred” (p. 52). Sacred objects include: time and space (the Sabbath, churches); events and transitions (birth, death); materials (wine, crucifix); cultural products (music, literature); psychological attributes (self, meaning); social attributes (compassion, community); and roles (marriage, parenting, work). People too can be sanctified. For example, one Roman Catholic young man said, “We were brought up that the priests . . . were the next thing to God on earth” (Matchan, 1992, p. 8).

There is nothing trivial about the sacred. Sacred matters matter. Empirical studies have pointed to several important consequences of the discovery of the sacred in a person’s life (Pargament & Mahoney, 2005). First, the sacred elicits spiritual emotions. In some ways, we can think of sacred objects as love objects, for they can trigger feelings of adoration, gratitude, and uplift. They can also elicit feelings of awe as well as emotions of fear and humility. For many people, these emotional experiences become deeply embedded in memory throughout the lifespan. Second, the sacred becomes an organizing force, a superordinate goal or striving that lends coherence and direction to life (Emmons, 1999). Third, once discovered, the sacred becomes a resource people can draw on for strength, support, meaning, and satisfaction.

How does CPSA affect the process of spiritual discovery? Because most people discover the sacred as children, CPSA during this critical period is likely to have particularly devastating consequences for the normal development of spirituality. How, after all, can children develop a sense of faith and trust in religious leaders who have betrayed them? How can they develop any confidence in their teachings? How can they experience

spiritual emotions, draw on their spirituality as a resource, or organize their lives around sacred objects so closely linked to pain and suffering? Many children, if not most, may not. Researchers have begun to describe the profound and long-lasting impact of CPSA on the child's relationship with God and the church (e.g., Fater & Mullaney, 2000).

CONSERVATION

Once discovered, people try to build and maintain a relationship with the sacred. After all, the sacred is precious. Religious institutions play an important role in this conservational process by encouraging people to follow a number of spiritual pathways: the pathway of spiritual knowledge (e.g., religious education, Bible study), the pathway of spiritual practice (e.g., ritual, virtuous actions), the pathway of spiritual relationships (e.g., church involvement, holy matrimony), and the pathway of spiritual experience (e.g., meditation, prayer; Pargament, 2007). Each of these paths is designed to sustain and strengthen the individual's relationship with the sacred. Prayer, for instance, can be understood as a way to "practice the presence of God" (cf. Brother Lawrence, 1975). Rituals represent concrete ways to create holy time and space in which people can regularly encounter the sacred.

Of course, most people encounter external life stressors or internal developmental changes over the course of their lives that threaten, damage, or violate the sacred. Even so, spirituality is quite resilient to these stressors, for people go to great lengths to preserve and protect their sacred values. Toward this end, they can take another spiritual pathway—the pathway of spiritual coping. People can draw on many methods of spiritual coping to conserve the sacred in times of stress. They can reframe negative events from a benevolent spiritual perspective. They can seek out spiritual support from God, clergy, and congregation members. They can engage in rituals of purification to regain their sense of spiritual direction. Empirical studies have shown that methods of spiritual coping such as these are often successful in helping people attain valued psychological, social, and spiritual ends (Ano & Vasconcelles, 2005; Pargament, 1997).

CPSA, however, puts a severe strain on the ability of the individual to conserve the sacred. Because the sacred has to do with one's deepest values, because the sacred elicits such powerful emotions, because the sacred is an organizing force, because people build relationships with the sacred, the violation of the sacred is an event that may shatter the individual's

world. Mahoney and colleagues (2002) conducted a study that addresses this point. Following the September 11 attacks, they surveyed students in Ohio and in New York City about their perceptions of and reactions to the attacks. Many of the students reported that important spiritual values had been desecrated by the violence. Furthermore, those who perceived the attacks as a desecration (a violation of the sacred) reported more depression, anxiety, PTSD, grief, and were more willing to engage in extremist responses, such as the use of nuclear bombs and biological weapons on the countries sheltering the terrorists. These findings were replicated in another study of community residents who reported other types of desecration (Pargament, Magyar, Benore, & Mahoney, 2005). Perceptions of desecration, it appears, can elicit powerful social and emotional reactions.

CPSA is particularly destructive because it is a desecration on many levels. First, it is a violation of the most sensitive parts of the individual's identity, the soul, or that which makes the person uniquely human. As one survivor of CPSA wrote:

This guy had my soul in his hand. It was devastating to know that someone would step out of the powers of spiritual liberty to take over someone else's soul . . . I still have anger about a lot of that and I think more of the anger is about the spiritual loss than anything to do with the sexual abuse. (Fater & Mullaney, 2000, p. 290)

Second, CPSA is a violation of a sacred role and relationship, one that has been set apart from others. Perhaps for this reason, sexual abuse perpetrated by fathers and father figures has been linked to greater trauma than abuse committed by other perpetrators (e.g., Browne & Finkelhor, 1986). In fact, it could be argued that sexual violation by clergy members represents an even greater desecration than violation by a biological parent, for clergy take formal vows to protect and nurture the spiritual well-being of all of their followers; they are legitimated to enact the role of God. Thus, when a clerical figure violates his or her ordination, responsibility, and privilege as a representative of God in a human relationship, it is as if God himself has committed the violation. Third, it is a violation of a sacred institution that legitimated the cleric, possibly cloaking the acts of the perpetrator and failing to come to the aid of the survivor. Fourth, CPSA is a violation of a set of rituals and symbols that were intertwined with the offending clergy and institutions. For example, one woman who had been abused by her minister at the age of 14 described her alienation from the rituals of her church:

“I began to have dreams of communion wafers crawling with insects, of pearls oozing mucous, of the pastor blowing up the church just as I was about to serve communion for the first time” (Disch & Avery, 2001, p. 214). Finally, as suggested earlier, CPSA is a violation of the individual’s understanding of God as a loving being who ensures that bad things will not happen to good people.

Like an earthquake, CPSA is a desecration that creates spiritual havoc. The individual’s entire spiritual edifice is shaken to its foundations. Some people are able to conserve the sacred in their lives through nontraditional channels, such as psychotherapy, talking to family or friends, and 12-step programs (McLaughlin, 1994). But many, if not most, enter a period of spiritual struggle, one that represents a fork in the road leading either to spiritual transformation or spiritual disengagement.

TRANSFORMATION

Virtually no one goes through life unscathed by major life stressors. Oftentimes, traumatic events trigger a process of struggle in which the individual wrestles with spiritual matters. Spiritual struggles can take three forms: struggles with the divine (e.g., feelings of anger, abandonment, or fear in relation to God), interpersonal struggles (e.g., religious tension and conflict with family, church members and leaders, denomination), and intrapsychic struggles (e.g., religious doubts, questions about dogma, conflicts between thoughts, feelings, and behaviors; Pargament, Murray-Swank, Magyar, & Ano, 2005). Survivors of CPSA may find themselves struggling with all three—the divine, the religious community, and internal conflicts and confusion.

What implications do spiritual struggles hold for health and well-being? On the one hand, we might assume that these signs of spiritual distress bode poorly for the long-term functioning of the individual. On the other hand, it could be argued that struggles are a prerequisite for growth. After all, the world’s greatest religious figures, from Moses and Buddha to Mohammed and Jesus, experienced their own periods of spiritual struggle yet emerged steeled and strengthened from their ordeals. Empirical studies offer support for both points of view. Spiritual struggles have been tied both to poorer physical and mental health and to growth (see Pargament, Murray-Swank, et al., 2005, for a review).

Whether struggles lead to growth or to decline may depend, in part, on the individual’s ability to transform his or her understanding of and

approach to the sacred. Religious traditions offer their adherents a variety of methods to encourage fundamental transformation in their relationship with the sacred. These include rites of passage that facilitate a change in the sacred status of the individual, changes in the pathways people take to the sacred, and conversions to a different understanding of God or a different kind of sacred striving (Pargament, 1997). Survivors of sexual abuse, however, are more likely than victims of other traumas to look beyond traditional religious offerings in their search for spiritual transformation (see Flynn, 2008). For example, Fater and Mullaney (2000) interviewed seven survivors of CPSA and found that most had shifted the central spiritual focus of their lives from institutional religious involvement to the role of caring for others. The pathway to the sacred for many survivors takes many people outside of traditional religious systems. As one survivor of incest said, "Spirituality is more important to me now than religion" (Kane, Cheston, & Greer, 1993, p. 235).

Not all spiritual transformations are positive. People can shift from loving, protective representations of God to images of a punishing God who is disappointed and condemning, an abandoning God who leaves people in their time of need, or a malicious God who chooses to play with life in capricious ways. For example, Mart (2004) described one of his interviewees, a survivor of sexual abuse by a priest who "wept as he told me that he worries constantly about his sins, fears eternal damnation, and needs desperately to speak to a priest. However, he is so frightened by priests that he cannot confess or take communion" (p. 470). Many people experience negative spiritual transformation as the loss of what they held sacred: the loss of their sense of themselves as spiritual beings, the loss of their ability to celebrate sexuality, the loss of their faith in the trustworthiness of others, or the loss of their capacity to feel love and compassion. One survivor described the loss of his identity and religious vocation: "I never became a priest . . . I would have left high school, entered the seminary, finished college, and become a priest . . . I regret it because my whole life seems to have been a secret. Stay in control, that way no one can figure it out" (Disch & Avery, 2001, p. 214).

Some attempt to fill their spiritual vacuum with destructive objects of devotion (e.g., alcohol, drugs, promiscuity, or violence). For others, negative spiritual transformations lead eventually to spiritual disengagement. Childhood sexual abuse from a variety of sources has been associated with less religious practice among adults (e.g., Finkelhor, Hotaling, Lewis, & Smith, 1989). In fact, many survivors of CPSA leave the church entirely and relinquish their religious identities. Mart (2004) studied

25 male victims of CPSA and found that only one still identified as Catholic and attended services. However, it is important to stress that spiritual disengagement is not necessarily permanent. Spirituality has proven itself to be quite resilient to even the most traumatic of life events, such as the Holocaust (Brenner, 1980). Those who disengage then may eventually rediscover the sacred, but the process of recovery from CPSA and rediscovery of the sacred may be measured better in years and decades than days and months.

Once spirituality has been transformed or rediscovered, the individual engages anew in the process of conservation, sustaining and enhancing the sacred as it is now understood. In this sense, the search for the sacred—discovery, conservation, transformation—evolves continuously over the individual's lifespan. In this section, we have described the process of spirituality and the impact of CPSA on the spirituality of the survivor. It should be abundantly clear that survivors face difficult challenges in their spiritual journeys. For many survivors, spirituality is a part of the problem they are experiencing, yet spirituality can also serve as a valuable resource to many survivors. In the following section, we consider the practical implications of spirituality for treatment. More specifically, we examine how to address spirituality when it is a problem for the client and when it represents a potential solution to the client's problem.

CLINICAL IMPLICATIONS

Traditionally, mental health professionals have tended to overlook the spiritual dimension of human problems or “psychologize” this aspect of life. Neither approach is likely to be effective, especially in the context of CPSA. The problem of CPSA raises powerful spiritual issues that cry out for attention in any effective approach to treatment. Reducing struggles with God, church, or matters of faith to epiphenomena—expressions of something presumably more basic, such as unresolved conflicts with parents and authority figures—is also unlikely to help the client who experiences spiritual struggles as significant realities in and of themselves.

If the spiritual dimension should not be ignored or “explained away,” how is it best addressed in the process of psychotherapy? A complete answer to this question would require a book and, in fact, a number of valuable texts have been written on religion, spirituality, and psychotherapy (e.g., Griffith & Griffith, 2002; Pargament, 2007; Propst, 1988; Richards & Bergin, 2005; Shafranske, 1996). In this section, we will briefly review

three practical implications of a spiritually integrated approach to treating survivors of CPSA: creating a spiritual dialogue, accessing spiritual resources, and addressing spiritual problems. Following this review, we will examine one promising manualized spiritually integrated treatment program designed to work specifically with adults who experienced sexual abuse as children.

CREATING A SPIRITUAL DIALOGUE

Studies suggest that many clients, including those facing the most serious of problems, would be more than happy to talk about spiritual matters if clinicians were open to the topic (Lindgren & Coursey, 1995). It is not difficult to convey an interest in this dimension of life to clients. In the initial interview, the clinician can note, "We've talked about how the sexual abuse affected you physically, emotionally, and socially. I wonder how it might have affected you spiritually?" Embedded in this question is an invitation to the client to enter into a conversation about this potentially important but often neglected topic. Some clients may welcome the invitation and respond immediately with significant thoughts and feelings. Others may be more hesitant or unsure how to respond, perhaps because they are reluctant to share such personal information until they have formed a more trusting relationship with the therapist or perhaps because they are unaware of the role of spirituality in their lives. Thus, the clinician should remain alert to signs of spirituality even among clients who initially express disinterest in spiritual conversation. For example, ostensibly nonspiritual clients may draw on quasi-spiritual language to describe their experience of CPSA (e.g., "I felt desecrated," "When will my suffering end?" "I feel an emptiness in my soul"). By responding to this language with spiritual questions of his or her own, the therapist can facilitate surprising and important new conversation.

Spiritual dialogue is fostered by an open, curious attitude on the part of the clinician. It is not the therapist's place to criticize or proselytize the client's spiritual or nonspiritual orientation. Conversation is encouraged most importantly by the clinician's evident interest in learning more about the client's spiritual perspective. "Tell me more" is perhaps the most helpful of all questions. Remember though that spirituality, for many clients who have encountered CPSA, is an emotional landmine, a subject capable of eliciting the full range of explosive affects, from shame and despair to grief and anger. Listen, for example, to the rage one victim of incest voices to God:

How could you in all your greatness have abandoned me, a little girl, to the merciless hands of my father? How could you let this happen to me, I demand to know why this happened? Why didn't you protect me? I have been faithful, and for what, to be raped and abused by my own father? I hate and despise you. I regret the first time I ever laid eyes on you; your name is like salt on my tongue. I vomit it from my being. I wish death upon you. You are no more. You are dead. (Flaherty, 1992, p. 101)

These are powerful feelings, feelings that are often difficult for clients to admit and express, but they are not unusual to those who have experienced such a fundamental betrayal. The client, in this case, is following a time-honored tradition in religious circles—lamenting—a process of voicing anger toward God that may be a necessary step toward healing (Novotni, 2001). By accepting and normalizing the full range of spiritual emotions elicited by CPSA, the clinician can help lift the client's burden of spiritual shame and set the stage for positive spiritual transformation.

Through the spiritual conversation, the clinician also assesses where the client is in the search for the sacred. How does the client understand and experience the sacred? What pathways is the client taking to the sacred? Is the client in a process of discovery, conservation, struggle, transformation, or disengagement? And most important, how might spirituality be a part of the solution to the client's problems? How might spirituality be a problem in and of itself?

ACCESSING SPIRITUAL RESOURCES

Although CPSA can damage if not destroy many spiritual resources, other resources may remain intact and new ones may develop. Mental health professionals can assist their clients by helping them identify and draw on these remaining spiritual assets or new ones. Spiritual support represents one such potentially powerful resource. For example, in her book on spirituality for survivors of childhood sexual abuse, Flaherty (1992) described a number of visualization exercises she uses to help people gain spiritual support. In one exercise, she asks her female clients to sit in the place of Mary Magdalene weeping outside of the empty tomb of Jesus. The empty tomb, the woman is told, symbolizes all of the losses she has experienced. She is asked to imagine Jesus approaching her and

asking, "Woman, why are you weeping?" (p. 56). The woman is encouraged to feel the presence and support of Jesus in her pain.

Biblical stories can also help people frame their suffering in a larger religious context (Schwartz & Kaplan, 1998). For instance, the story of slavery of the Hebrew people in Egypt and exodus to the Promised Land can place both the client's suffering and yearning for peace and freedom into a broader and, ultimately, more hopeful framework.

Rituals of purification can assist survivors of CPSA in replacing their feelings of contamination, shame, and guilt with a sense of spiritual cleansing and reconciliation. Testimony is an important part of the process of ritual purification, for it provides the client with an opportunity not only for catharsis but also to make meaning of, take control over, and experience dignity in one's own life narrative (Agger & Jensen, 1990). Therapists can help their clients "bear witness" to their pain by encouraging them to tell their stories. By responding to these stories with caring and acceptance rather than rejection and blame, clinicians may help many clients experience feelings of purification akin to religious confession. Among clients who can identify a trusted spiritual figure, the healing process could be promoted further by involvement in more formal confession and reconciliation rituals. For example, the organization Healing Voices, devoted to survivors of CPSA, offers a Service of Atonement where survivors, friends, and church leaders come together for healing and reconciliation.

Implicit in this latter point is the importance of helping survivors of CPSA distinguish between unsafe and safe clerical figures. Many survivors will not be able to make this kind of differentiation for many years, if ever. However, clinicians should not automatically assume that survivors of CPSA will have rejected religion in its entirety. With encouragement, many may be able to identify authentically committed religious figures who represent invaluable and perhaps unique sources of support. Consider, for example, the words of one survivor:

Fortunately, I was blessed to trust a priest with my story, who instinctively knew that I needed even more than a psychiatrist could offer. This priest, Father A, has been able to pick up where my psychiatrist readily admits he could not go. There are some wounds that only God and Christ working through his people and his church can heal. Not only has Father A spoken to me tirelessly of God's love, but he alone has offered me healing through the sacraments. Last spring there were times when I believed I could not go on . . . I actually thought that driving my car into a brick wall would be

better than living this daily hell. Father A used his priesthood to offer me healing. His humility, his holiness, his sincerity, and his honest desire to help allowed me to accept what I probably would not have accepted from anyone else. (Smith, 2004, p. 9)

In short, although CPSA often leads to spiritual damage among survivors, other spiritual resources that continue to support and sustain the individual, or help the individual grow, may remain untouched. These resources will vary from person to person. The mention of God to one client may elicit deep feelings of bitterness and anger, while another may be deeply comforted by his or her religious faith. A ritual that triggers traumatic memories for one client may continue to hold a great deal of meaning for another. By helping clients identify and draw on their distinctive spiritual resources, mental health professionals can facilitate the process of healing.

ADDRESSING SPIRITUAL PROBLEMS

CPSA can strip old systems of spiritual belief and practice of their ability to generate spiritual meaning, comfort, or guidance for many survivors. When this occurs, spirituality becomes more a source of stress and strain than a source of solutions to problems. The yearning for the sacred may remain, but the client is unlikely to grow spiritually until these spiritual problems are addressed and a fundamental change takes place. Spiritually sensitive therapists can assist their clients in this process of spiritual transformation.

Many survivors of CPSA struggle with their representation of the sacred. Patriarchal images of God, so prevalent in the United States, may no longer be viable for those who have been abused by male clergy. Clinicians can help survivors seeking another way to envision a higher power. In this process of spiritual re-creation, the survivor may shift from the image of a distant God to a sacred power that lies within oneself, from a disinterested uncaring God to a compassionate deity, or from an all-powerful Father to a nurturant Mother. Flaherty (1992) suggested a number of images of an immanent God for survivors of sexual abuse:

God is part of us, suffers with us, joins in our weeping, becomes one with us as we suffer. God shares our brokenness. God does not watch us weep. God weeps with us. . . . The immanent God is not distant but is involved with our rhythms, our emotions, our dying

and rising. . . . When we experience the immanent God, we begin to view God's relationship to our abuse in a new way. God did not stand by and do nothing as we experienced sexual abuse; rather God was one with us in this tragedy. As we were abused, so also was God broken and wounded. As we heal, God heals with us; as we become enraged as a result of our violation, so does God experience anger. (p. 109)

Similarly, Meehan (1991) provides people with a variety of ways to imagine God as a strong, empowering, feminine figure:

Imagine God as a Mother Eagle carrying you on her wing . . . empowering you with her strength . . . giving you the courage you need to be a risk-taker . . . challenging you to change unjust situations and structures . . . liberating you from every kind of oppression . . . filling you with love. (p. 21)

Clients may also need help in replacing old rituals, those that have become problematic by virtue of their association with a perpetrator of sexual abuse, with new and more vital rituals. Fortunately, there is no shortage of spiritual practices that can be adapted to the particular needs of clients. For example, though meditation may bring to mind the image of people sitting motionless in a lotus position for extended periods of time, this is only one of many forms of meditation (Wachholtz & Pargament, 2004). Meditation can also focus on the repetition of a meaningful meditative phrase (i.e., sacred meditation), reflection on a particular passage from a sacred text (i.e., devotional meditation), meditative singing and dancing, or walking through the sacred space of a labyrinth. Though these spiritual practices are quite varied, each is designed to help the client go beyond ordinary experience and the stresses of day-to-day life to deeper levels of the mind. Therapists can also help survivors of CPSA create their own distinctive rituals and spiritual narratives. As with meditation, these rituals can take a number of forms, but as a group, effective rituals have several common elements: they allow for the telling of a story of crisis, loss, and transition; they draw on nonverbal symbols as a way of expressing what words fail to express; they are tailored to the particulars of an individual's experience; and they tend to be simple rather than complicated (Anderson & Foley, 1998).

For example, in the spiritually integrated intervention we will review later, survivors of sexual abuse participate in a ritual titled the "Basket of

Shame” (Murray-Swank, 2003). In this ritual, survivors write down the “lies of shame” that they believe such as “I am worthless,” “I caused the abuse to happen,” “I am damaged,” or “I am bad at the core of me.” If they feel comfortable, clients are encouraged to speak these and other messages of shame out loud. Next, they rip up the pieces of paper, and place them in a Basket of Shame, which is filled with dirt, sticks, and stones representing the shame and areas of dryness in their lives that long for love and new life. After listening to a reflection and prayer on letting go of “the sticks and rocks we carry deep in our souls,” a rose is placed in the Basket of Shame. A reflective prayer is then read about the rose of beauty, fullness, and spiritual worth that each individual carries within. Clients bring the roses home with them as a reminder of the true nature of their souls.

Finally, some survivors of abuse seek help in letting go of their intense feelings of anger, rage, and resentment toward their perpetrator, the larger religious institution, and the world more generally. Though these negative emotions are natural responses to the experience of sexual violation, they are not emotions that survivors have chosen for themselves. In the experience of emotional pain, many survivors feel they continue to be controlled and victimized by their perpetrators. Moving from anger to peace then represents a spiritually meaningful, empowering, transformational goal for at least some survivors (Pargament & Rye, 1998). It is important to stress that the process of letting go of anger should not be confused with forgetting the offense, condoning, exonerating, or reconciling with the perpetrator. The survivor can choose to develop greater mastery of his or her own emotions without minimizing the severity of the trauma.

It is important to consider a related but controversial topic—forgiveness. Some evidence suggests that forgiveness might be helpful to survivors of sexual abuse. Freedman and Enright (1996) evaluated the impact of a forgiveness intervention for 12 female incest survivors. Participants were assigned to the forgiveness intervention or a wait-list control. In contrast to the control group, the women who received the forgiveness intervention reported significantly greater gains in forgiveness and hope, and significantly greater reductions in anxiety and depression. Moreover, these gains were maintained when the treatment group was reexamined one year later. Though the results of this study of incest survivors were promising, we believe clinicians must be very cautious in using the language of forgiveness with survivors of sexual abuse. The term may be inappropriate for many survivors who believe that the concept delegitimizes their natural feelings of bitterness and betrayal. Furthermore, forgiveness

interventions are often based on the development of greater empathy for and sensitivity to perpetrators, a task that may be simply Herculean for most survivors. Finally, the concept of forgiveness may elicit feelings of guilt among survivors who feel unable to practice what is often described as a cardinal virtue in our culture. For these reasons, rather than broach the topic of forgiveness, we believe it is generally more helpful to speak to survivors about the shift from anger to peace or “letting go of anger” for their personal well-being.

In this section, we have illustrated some of the diverse ways clinicians can help their clients draw on their spiritual resources and address their spiritual problems. Though spiritual resources and spiritual problems are likely to vary from person to person, there are a number of spiritual issues that are prevalent among survivors of CPSA. Manualized treatment approaches could be developed that focus on these common spiritual resources and problems. We turn our attention now to one such promising program developed by Nichole Murray-Swank.

SOLACE FOR THE SOUL: FACILITATING SPIRITUAL TRANSFORMATION

Solace for the Soul: A Journey Towards Wholeness (Murray-Swank, 2003) is a spiritually integrated intervention that helps survivors of sexual abuse both conserve and transform the experience of the sacred in their lives. This intervention directly opens the door to an ongoing spiritual dialogue with survivors of sexual abuse, with the goals of accessing spiritual resources, and, in particular, addressing spiritual problems.

As mentioned earlier, CPSA may create a fertile environment for the process of spiritual growth and transformation. As survivors are stripped of old systems that no longer can be conserved in light of their experiences of CPSA, new grounds for transformation are cultivated. However, as discussed, this is unlikely to occur until spiritual problems and spiritual struggles are addressed. Therefore, one of the primary aims in the development of *Solace for the Soul* is to address the spiritual struggles that can result from experiences of sexual abuse and to enhance the process of spiritual transformation.

Broadly, *Solace for the Soul: A Journey Towards Wholeness* is an eight-session manualized intervention for individual clients that focuses on seven themes: images of God, spiritual journeys, abandonment and anger at God, spiritual connection, shame, the body, and sexuality (see

Murray-Swank, 2003; Murray-Swank & Pargament, 2005b). A 10-session group format is also available for the spiritually integrated intervention (Murray-Swank, 2002). *Solace for the Soul* is a nondenominational intervention that is rooted in a theistic, spiritual worldview similar to the one proposed by Richards and Bergin (2005). In general, this theistic perspective is consonant with the five major monotheistic world religions (Judaism, Christianity, Islam, Zoroastrianism, and Sikhism; Richards & Bergin, 2005). A trained therapist meets individually with each client for 1.5 hours each session. Overall, the spiritually integrated intervention includes opening and closing prayers, focused breathing, spiritual imagery, poems and reflection, two-way journaling to God, spiritual rituals, and discussion throughout the eight sessions.

More specifically, in Session 1, clients gain information about the program, discuss goals, and reflect on self-identified areas of strength and wholeness. For example, clients read the spiritual poem "The Weaver" (Foote, 1994) and reflect on the following quotes: "Out of the torn places, I reclaim wholeness. Out of the broken places, I reclaim strength." They write their responses to and discuss the following questions: "In what areas of my life do I desire wholeness? In what areas am I called to regain strength?" Session 2 focuses on clients' spiritual journeys and images of God. After clients "map" their spiritual journeys to date, they draw and describe current images of God. As discussed, masculine images of God may present challenges to those who have been abused by male clergy members and/or by males in general. Therefore, clients begin to reflect on and explore varied images of God, including immanent and feminine images of God. For example, clients participate in spiritual visualization exercises in which they imagine God's love as a waterfall within, God as a spirit of freedom, and God as a Mother eagle. Clients continue this work at home in between sessions.

In Session 3, clients begin the process of addressing their spiritual struggles surrounding their experiences of sexual abuse. First, feelings such as abandonment and anger at God are normalized, and clients read accounts of other survivors' spiritual struggles (e.g., Flaherty, 1992). Clients express their feelings of abandonment, anger, or spiritual disconnection and engage in a process of two-way journaling to God. In this exercise, clients write a letter to God and then "listen" for a reply and write the words or images they "hear." After beginning to express and work through their spiritual struggles, Session 4 focuses on enhancing a sense of spiritual connection with the sacred and with others (the "Vertical" and the "Horizontal"). Clients explore varied ways to connect to the

presence of God in their lives and to enhance their spiritual connection with others. For example, a spiritual imagery exercise of divine light followed by a loving kindness meditation connects clients to the spiritual presence in their lives and to other survivors of sexual abuse.

Session 5 raises the issue of shame, as clients explore distorted cognitions about the self and use spiritual affirmations and rituals to reduce shame-based views. For example, clients write out the “lies of shame” such as “I am worthless/damaged/inadequate” and then write and focus on the voice of God’s love including “I am sacred/lovable/not at fault.” The spiritual ritual of the shame basket described previously is used to close this session. Expanding on the difficult work completed in this session, clients next focus on deeply held thoughts and feelings about the way sexual abuse impacted their bodies and sexuality in Sessions 6 and 7. Spiritual affirmations, cognitive restructuring, and journal reflections are used to reduce sexual dysfunction and body disparagement (e.g., body loathing). For example, clients consider the ways that sexual abuse shaped their thoughts about sex (e.g., “sex is shameful; sex is frightening”) and consider alternate spiritual affirmations about sex (e.g., “sex is respectful; sex is sacred”). A primary goal of these sessions is to separate the abuse experiences from positive experiences of the body and sexuality, aiding in the transformation process.

Finally, Session 8 focuses on future directions and solidifying progress made in the spiritually integrated intervention. A spiritual ritual is used to highlight the strengths, courage, and vibrancy of each survivor of sexual abuse. This includes a bouquet of flowers used to represent each person the client knows who has experienced sexual abuse. The flowers are placed in a vase by both the client and the therapist, and a poem and reflection are read to close the intervention, focused on the growth, healing, and spiritual transformation of each survivor.

A pilot research study on the effectiveness of *Solace for the Soul: A Journey Towards Wholeness* yielded promising results (Murray-Swank & Pargament, 2005a, 2005b). Upon entering the program for this study, some survivors were searching for a way to conserve their spiritualities in the midst of coping with the long-term effects of childhood incest, and for some, additional clergy abuse. In the words of one survivor of CPSA: “The abuse by my pastor destroyed my faith. I needed to leave that denomination . . . yet my belief in God never wavered.” This client conserved her image of God and personal relationship with God, yet transformed her religious belief system, practices, and denomination. In the words of another survivor: “God was always there for me. The only

one . . . the one I turned to all those years. I always relied on God.” As a survivor of severe childhood satanic ritual abuse, this client entered the program searching to strengthen her spiritual life, stating, “I want to strengthen my relationship with God . . . not just when times are bad, but all the time.” In these examples, the survivors of sexual abuse sought to build on and maintain their relationship with the sacred in their lives.

Other participants began the program in the midst of spiritual upheaval and struggle. No longer able to conserve their spirituality or old systems of beliefs, they were seeking transformation. For example, one client said, “I hope to gain a better understanding of abuse and God. Why He abandoned me and why I can’t feel Him beside me now . . . I want a relationship with God back.” This process of spiritual transformation can be difficult and painful, yet ultimately rewarding. In the previous example, this female survivor of sexual abuse transformed her beliefs about God’s responsibility in the abuse, changing from anger at God to spiritual connection. At the end of the spiritually integrated intervention she declared, “I know now that God is not the person to be angry at. I am angry at the person *who’s fault it is* . . . my dad. I am on my way.” Another client experienced a connection with God for the first time, and changed her image of God from a distant, impersonal, and absent God to a God whom she described as supportive, gentle, guiding, and giving (see Murray-Swank & Pargament, 2005a for more details). In general, substantial spiritual transformations occurred for those in the midst of spiritual struggles.

The empirical results of this study highlighted both the psychological and spiritual transformation that can be achieved through a spiritually integrated intervention for survivors of sexual abuse. For example, the participants demonstrated significant decreases in psychological distress and psychopathology (e.g., depression, anxiety) in the long term (i.e., 1 to 2 month follow-up). In addition, the majority experienced a reduction in their trauma symptoms across the course of the intervention and at a 1 to 2 month follow-up. Finally, those clients who entered the program in the midst of spiritual struggles demonstrated increases in their use of positive religious coping, spiritual well-being, and positive images of God across time and at the follow-up period (see Murray-Swank & Pargament, 2005b).

In summary, *Solace for the Soul: A Journey Towards Wholeness* (Murray-Swank, 2003) encourages a spiritual dialogue that is frequently neglected in trauma treatment. In addition, it provides an avenue for survivors of CPSA, and other survivors of sexual abuse, to address the spiritual problems and struggles that frequently lead to spiritual disengagement and poor psychological health. Finally, it opens the door to spiritual

transformation, re-creation, and growth. In the words of one survivor, "Like a sunflower, I have opened and reached out towards the sun."

CONCLUSION

Researchers and practitioners are only beginning to learn about the spiritual dimension of CPSA. What we do know, however, is that CPSA is not simply a psychological, social, or physical event; it is a spiritual trauma. In their assessment of the damage that results from CPSA, clinicians should be sure to attend to the spiritual dimension. Progress in psychotherapy may rest on the clinician's willingness to address the spiritual problems created by sexual abuse. Yet spirituality can be a source of solutions as well as a source of problems. Therapeutic progress can also be facilitated by the clinician's willingness to help clients identify and draw on their spiritual resources. Perhaps the greatest challenge for mental health professionals is to become better acquainted with the multifaceted nature of spiritual life, both the bitter and the sweet. Formal course training, continuing education, and advanced clinical supervision in the domain of spirituality are all important prerequisites to practice in this area. Equally important is the clinician's openness to learning about the place of spirituality in the lives of clients and in the life of the therapist himself or herself. With a deeper knowledge of spirituality, therapists will be better equipped to integrate this dimension of life more fully into the process of healing.

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