Mental Health, Religion & Culture
September 2005; 8(3): 191–203

Routledge
Taylor & Francis Group

God, where are you?: Evaluating a spiritually-integrated intervention for sexual abuse

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Abstract
This study evaluated the effectiveness of an 8-session, spiritually-integrated intervention for female survivors of sexual abuse with spiritual struggles. Two clients (ages 39 and 49) participated in manualized sessions from the intervention, Solace for the Soul: A Journey Towards Wholeness©, with an individual therapist. An interrupted time-series design included daily measurements of positive and negative religious coping, spiritual distress, and spiritual self-worth, as well as comprehensive measures of spiritual well-being, religious coping, and images of God pre and post-intervention, and 1–2 months later. Both clients increased in positive religious coping, spiritual well-being, and positive images of God. In addition, ARIMA intervention analyses revealed significant changes during the course of the intervention (e.g., increased daily use of positive religious coping). Spiritually-integrated programs, such as Solace for the Soul, show promise in enhancing spiritual recovery from childhood sexual abuse.

Introduction

Within the past decade, researchers have started to illuminate the spiritual realm of sexual abuse. They paint a picture of mixed results: turning to spiritual beliefs and practices on the one hand, and the experience of intense spiritual struggles on the other. In general, many survivors of traumatic events rely on spirituality as a valuable coping resource, turning to God and faith communities in difficult times (Pargament, 1997). In the words of one childhood sexual abuse survivor: ''God was the only one who was always there for me'' (Murray-Swank, 2003). Researchers have demonstrated that survivors of sexual abuse frequently use spirituality as an important coping resource (e.g., Falsetti, Resick, & Davis, 2003; Kennedy, Davis, & Taylor, 1998; Valentine & Feinauer, 1993). In addition, spirituality may prove helpful in the recovery process, as positive forms of religious coping (e.g., developing a collaborative partnership with God, seeking spiritual connection and support) have been related to improved mental health, increased stress-related growth,

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ISSN 1367-4676 print/ISSN 1469-9737 online
DOI: 10.1080/13694670500138866

lower levels of mortality, and less hostility in people struggling with major life events (e.g., Koenig, Pargament, & Nielsen, 1998; Pargament, Koenig, Tarakeshwar, & Hahn, 2001).

Despite the resource that spirituality can offer in the coping process, sexual abuse also creates a fertile environment for the development of spiritual struggles. For example, childhood sexual abuse survivors often experience a sense of spiritual disconnection and isolation, anger at God, and feelings of abandonment by God (Murray-Swank, 2004). Cross-sectional research indicates that survivors of sexual abuse report less religiosity and less involvement in organized religion than nonsurvivors (e.g., Finkelhor, Hotaling, Lewis, & Smith, 1989; Hall, 1995). In addition, survivors of sexual abuse report decreased spiritual well-being and hold more negative images of God than those without a history of sexual abuse (e.g., Hall, 1995; Kane, Cheston, & Greer, 1993; Pritt, 1998). Furthermore, these types of spiritual struggles may lead to poor physical health and psychological well-being. For example, certain spiritual struggles (e.g., feeling punished by God and abandoned by God) have been associated with poor mental health, impaired physical health, and mortality (e.g., Koenig et al., 1998; Pargament, Smith, Koenig, & Perez, 1998; Pargament et al., 2001). In addition, anger towards God and alienation from God has been associated with increased depression and anxiety (Exline, Yali, & Lobel, 1999; Exline, Yali, & Sanderson, 2000).

While typically neglected in mental health treatment, spiritual struggles deserve clinical attention (see Pargament, Murray-Swank, Magyar, & Ano, 2005). Interventions targeted at these types of struggles can result in improved mental and physical health. In addition, spiritual well-being deserves attention in its own right. To summarize, it is important to intervene with clients who are in the midst of spiritual struggles to aide in their process of mental, physical, and spiritual recovery.

Solace for the soul: A spiritually-integrated intervention

Solace for the Soul: A Journey Towards Wholeness© (Murray-Swank, 2003) was developed to target the spiritual struggles that female survivors of sexual abuse experience, and to enhance spirituality as a coping resource. Based on a review of the empirical literature and theoretical contributions in clinical psychology, pastoral counseling, and theology (e.g., Flaherty, 1992; Langberg, 1997, 1999) seven themes were identified: images of God, abandonment and anger at God, spiritual connection, shame, the body, and sexuality. These themes were integrated into an 8-session spiritually-integrated intervention for female survivors of sexual abuse (see Murray-Swank, 2003; Murray-Swank & Pargament, 2004).

Solace for the Soul is a non-denominational intervention that is rooted in a theistic, spiritual worldview similar to the one proposed by Richards and Bergin (1997). In general, this theistic perspective is consonant with the five major monotheistic world religions (Judaism, Christianity, Islam, Zoroastrianism, Sikhism) to which over 80% of people in North America and Europe belong (Hoge, 1996; Richards & Bergin, 1997). A trained therapist meets individually with each client for 1.5 hours each time. 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. Session 2 focuses on current images of God, and exploring varied images of God through imagery (e.g., God's

love as a waterfall within; God as a spirit of freedom). In session 3, clients express their spiritual struggles (e.g., abandonment and anger at God) and complete exercises such as two-way journaling to God to work through these struggles. Session 4 focuses on enhancing a sense of spiritual connection with God and others. For example, clients practice loving kindness meditation to connect to a peaceful center within and to reduce feelings of isolation in their struggles concerning 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. In sessions 6 and 7, clients work on deeply held thoughts and feelings about the way sexual abuse impacted their bodies and sexuality. 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. Finally, session 8 focuses on future directions and solidifying progress made in the intervention.

Current study

The primary aim of the current study was to examine the effectiveness of the spiritually-integrated intervention, *Solace for the Soul*, in the spiritual lives of female survivors of sexual abuse. This pilot study considered the question: can we effectively intervene in the spiritual struggles of survivors of sexual abuse? This paper focuses in detail on the spiritual process and outcomes in two clinical cases in which spiritual struggles were salient. A more extensive evaluation of the intervention with a larger sample is reported elsewhere (Murray-Swank & Pargament, 2004).

Method

Participants and procedures

Two adult female survivors of childhood sexual abuse were referred from mental health agencies in the Midwest to participate in the spiritually-integrated intervention, *Solace for the Soul: A Journey Towards Wholeness*© (Murray-Swank, 2003). Advertised as an adjunct treatment for individuals in ongoing psychotherapy, referred participants called the primary investigator (the first author) to schedule a screening interview. At this interview, participants obtained information about the intervention, screening for exclusion criteria were conducted (i.e., recent abuse, imminent suicidality, and active psychoses), informed consent was obtained, and baseline measurements were collected. To note, only individuals who believed in some form of a God/higher power, and who stated that they were comfortable discussing spiritual content and using spiritual approaches, were included in the spiritually-integrated intervention.

A single-case interrupted time-series design was used to examine the effects of the 8-session intervention. The primary investigator conducted individual sessions with the participants 1–2 times a week, following the structure of the manualized intervention (see Murray-Swank, 2003). Sessions ranged from 1.5–2 hours each time. All participants completed a seven to eleven day baseline period of daily measurements before the start of the intervention. Next, they participated in the intervention for the remaining weeks, completing daily logs of spiritual functioning throughout the intervention period.

In addition, they completed comprehensive questionnaires at the beginning of the baseline period (T1), at the end of the spiritually-integrated intervention (T2), and at a 1–2 month follow-up (T3). Finally, the statements of the participants in therapy were examined qualitatively.

Measures

Questionnaire

The demographic information and sexual abuse history were obtained during the baseline measurement. The measures on religious coping, images of God, and spiritual well-being were administered at baseline, post-intervention, and at 1–2 month follow-up.

Demographics. Participants answered interview questions about their age, marital status, number of children, religious affiliation, medications, health status, general religiousness, therapy status, and past experience with therapy.

Sexual abuse history. Leserman, Drossman and Li's (1995) screening instrument includes six items to assess childhood (13 and younger) and adult (14 and over) sexual abuse. This instrument has good test-retest reliability (86% agreement) and construct validity when compared with a structured clinical interview of abuse history (81% agreement). In addition, several items were used to assess duration of abuse, relationship of the abuser(s), age at which abuse first began, the most frequent abuser, and total number of abusers.

Religious coping. The RCOPE (Pargament, Koenig, & Perez, 2000) is a comprehensive, multi-dimensional measure of how people use religion to cope with major life events. The RCOPE has demonstrated incremental validity above measures of general religiousness, and the subscales have demonstrated adequate internal consistency and reliability (Pargament et al., 2000). Three subscales were used to assess positive religious coping in the current study: Collaborative religious coping (5 items), seeking spiritual support (5 items), and spiritual connection (5 items). The spiritual discontent subscale (5 items) and two additional items (i.e., ''Wondered what I did for God to punish me'' and ''Believed the devil was responsible for my situation'') captured negative forms of religious coping. Total scores were generated for the Positive Religious Coping scale (PRC; 15 items) and the Negative Religious Coping scale (NRC; 7 items).

Image of God. Twenty-five adjectives from the Religious Concepts Survey (Gorsuch, 1968) were used to examine both positive (PGI; e.g., ''Comforting'') and negative (NGI; e.g., ''Distant'') images of God. The positive God image subscale (PGI) portrays a kind, loving, nurturing image of God. In contrast, the negative God image subscale (NGI) represents a wrathful, distant image of God. Participants circled a response to indicate how well each adjective described God on 3-point scale from ''does not describe God'' to ''describes God particularly well.''

Spiritual well-being. Lawrence (1997) created the God Image Scale (GIS; 36 items) to reflect the affective experience of God in a person's life. This scale provides a

comprehensive assessment of a participant's level of spiritual well-being, including subscales to measure God's Presence, Challenge, and Acceptance. The total score was used in this study.

Daily measurement log

Participants completed a 12-item daily measurement log of spiritual functioning for 7–11 days before the start of the intervention, and each day during the intervention period. Each participant rated the items based on the past 24 hours (0 = not at all; 4 = extremely). Seven items from the RCOPE (Pargament et al., 2000) reflected both positive (PRC; e.g., "God working right along with you,") and negative forms of religious coping (NRC; e.g., "Questioned God's love for me"). In addition, three items from the Spiritual Assessment Index (SAI; Hall & Edwards, 1996; Tisdale, 1999) examined spiritual distress *that was not connected with coping efforts* (i.e., disappointment with God, anger at God, spiritual isolation). Finally, one item from the God Image Scale (i.e., "Not good enough for God to love;" Lawrence, 1997) was coupled with an item created for the study (i.e., "Like a beautiful creation of God") to form a spiritual self-worth subscale.

Results

Statistical analyses

There were two sources of empirical data for each client in the intervention. First, raw scores were used to assess change on the questionnaires at three time points: Baseline (T1), the end of the intervention (T2), and 1–2 month follow-up (T3). Second, time-series Auto-Regressive Integrated Moving Average (ARIMA) intervention analyses were used to assess statistically significant change across time on the daily measurement logs.

ARIMA modeling is a widely used, powerful mathematical modeling procedure that includes components of autocorrelation, trend, seasonality, and error, thereby permitting its use in single-case methodologies. The SPSS Trends statistical package was used in this study. As shown in Table II, three parameters are estimated in each ARIMA model, reflecting the number of each parameter necessary to model the data: p (autoregressive parameter), d (differencing parameter), and q (moving average parameter). Three additional parameters can be estimated for seasonal components (P, D, and Q). For example, Client One (TS)'s ARIMA model for negative religious coping (100; see Table II) revealed that 1 autoregressive parameter provided the best fit for her daily measurements, demonstrating that her day-to-day reports influenced each other across time. In general, the autoregressive component (p) reflects how much a value is influenced by the values before it. The integrated or differencing parameter (d) reflects the systematic trend in the data, and is used to meet the assumption of stationarity in the time-series. The moving average parameter (q) reflects the influence of previous random shocks over time.

After controlling for the influence of daily reporting across time, ARIMA intervention analysis was used to answer the questions: "Is the intervention effective? When is the intervention most effective?" (Jensen, 1990, p. 430). By adding components in the model, such as the start of the intervention (Pre-Post change; see Table II), and sessions (e.g., session 7), it can be determined whether an intervention or a discrete event (i.e., session) "interrupts" the time-series pattern, after removing the effects due to trend, autocorrelation, and cyclicity. With the systematic error removed, changes in level may be tested for statistical significance (see Box & Jenkins, 1976; Mark, Reichardt,

& Sanna, 2000; McCleary & Hay, 1980; and Suen & Ary, 1989 for a more detailed discussion). For example, TS demonstrated a significant decrease in her daily reports of negative religious coping after session 7 (S7 decrease; see Table II). The ''B'' reflects the change in level ($B = -2.49$). In addition, the Pre-Post change reflects the change from baseline to after the start of the intervention (session 1). For TS, there was no significant change from baseline to after the start of the intervention.

In summary, ARIMA intervention analyses provide a powerful way to assess an individual's changes in reports across time. This methodology is advantageous because of the capabilities to control for autocorrelation, cyclicity in the data, trends due to the passage of time, and error. To note, this is a data-driven procedure that allows for an examination of changes in patterns across time. Discrete events, such as sessions, can be added in the model to determine whether there is a significant shift in level (increase or decrease) that occurs after the chosen event(s). To review briefly, first the data was modeled (i.e., ARIMA model). Next, changes in level as a result of the initiation of the intervention (i.e., Pre-Post change) were examined. Finally, significant changes during the course of the intervention were examined (i.e., Intervention changes).

Client One

Client description. Client One (TS) was a 49-year-old, married, Caucasian female who had participated in psychotherapy for the previous 10 years on a weekly/bi-weekly basis. She was taking several psychotropic medications, including Serzone, Depakote, and Effexor. TS described her religious preference as Reorganized Church of Latter Day Saints, and considered herself ''Very religious'' and ''Moderately spiritual.'' She attended religious services once a month, prayed once a week, and held a literal interpretation of the Bible. TS reported a long history of childhood sexual abuse by her step-father, beginning as a child and terminating after high school graduation. She experienced molestation, forced touching of genitals, and forced intercourse 2–3 times a month.

Therapeutic process: Spiritual struggle. As indicated in the manual for session 1, TS discussed her hopes for her involvement in the spiritually-integrated intervention: ''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. I blame Him for what happened and I am very angry at Him. He wasn't listening to me when I prayed for it to stop. He betrayed me.''

During session 2, which focused on images of God, TS described God: ''He is a man looking at me, with red hair, red eyes, and a red mouth. The red means he's angry at me for allowing what happened. At the same time, I am angry at Him. It really doesn't make sense, why God doesn't come to children who need Him.'' She used the words, ''disconnected from me, uncaring, angry, unloving, and punishing'' to describe her image of God. In session 3, which focused on spiritual struggles, TS continued to express her anger with God. At the same time, she reported comfort in hearing about other survivors who also experienced anger at God and abandonment by God. After reading a poem in the intervention, TS replied: ''I feel the pain and anger at him (God), as well as my father. Although it's hard to hear (another's pain), it is a little comforting.'' In this session, TS started to shift the blame for the sexual abuse to both God and the perpetrator of her abuse. She also began to identify an active role in her relationship with God: ''I have tried to pray . . . I'm sure he feels that He can't come in if I am not willing.''

During session 4, which focused on establishing a sense of spiritual connection, TS continued to build a more active relationship with God. For the first time, she connected with the suffering of Jesus. She remarked, ''It's awful that God made Jesus suffer. Even Jesus wanted to be saved. But He remained true to God. He must have had a good amount of strength.'' In addition, she continued to shift the blame of her sexual abuse to her father: ''I don't understand *why Dad did this*, and I can't ask him because he's gone!'' During session 6, she commented: ''I am getting there actually. I have moved from Hate down one step. I don't hate God quite as much . . . I am on my way. After I started this program, at least there is a light. I have taken a few steps forward.'' TS began to feel hope regarding her relationship with God and her healing process.

Finally, at the end of the spiritually-integrated intervention, TS articulated the shift in blame that occurred and commented about her anger at God: ''This program has really helped me to come together with God a little more. I might go back to church and try praying and listening to God. Although I haven't let go of the anger completely, I am working towards God. Every day I fill out the papers, I notice the anger coming down. I see myself growing in that way. 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*.''

Quantitative results: Spiritual well-being, images of God, and religious coping

Consistent with the qualitative session material that revealed a renewed sense of hope and spiritual connection, TS demonstrated an increase in her spiritual well-being (GIS) at the end of the intervention and at the two-month follow-up (see Table I). More specifically, TS's acceptance by God (Acceptance) and belief in a God that wanted her to grow (Challenge) increased, particularly from baseline to the end of the intervention. In addition, TS showed a gradual increase in her positive image of God (PGI), using such words as ''comforting,'' ''guiding,'' ''helpful,'' ''kind,'' and ''warm'' to describe God. Regarding her negative God image (NGI), TS maintained a moderately negative image of God across the intervention and at the two-month follow-up, describing God as ''wrathful,'' ''critical,'' and ''punishing'' (see Table I). Finally, TS demonstrated an increase in all aspects of positive religious coping (i.e., collaborative religious coping, seeking spiritual support, and spiritual connection) at the two-month follow-up. In addition, she demonstrated an increase in her use of negative religious coping, endorsing such items as: ''Voiced anger that God didn't answer my prayers,'' and ''Questioned God's love for me.''

Table I. Spiritual functioning across time.

	Time	GIS (36–144)	PRC (0–45)	PGI (19–57)	NRC (0–21)	NGI (9–27)
Client One (TS)	T1	55	8	21	10	18
	T2	67	7	24	18	17
	T3	60	15	28	15	18
Client Two (CF)	T1	81	25	24	6	20
	T2	88	21	42	6	13
	T3	111	31	51	1	9

Note. Ranges are presented in parentheses. GIS = God Image Scale; PRC = Positive Religious Coping; PGI = Positive God Image; NRC = Negative Religious Coping; NGI = Negative God Image; T1 = Pre; T2 = Post; T3 = 1–2 month follow-up.

Time-series daily measurements: Religious coping, spiritual self-worth, and spiritual distress

There were a total of 33 time points for Client One (TS). She completed 7 baseline daily measurements and 26 daily measurements across the intervention period. After modeling, intervention analyses revealed no significant change in the level of TS's daily use of positive religious coping upon the initiation of the intervention (see Table II). Instead, a significant gradual step function demonstrated an increase across the course of the intervention ($B = 3.35$, $p < 0.05$), with another significant increase in level of positive religious coping after sessions 6 and 7 ($B = 4.40$, $p < 0.0001$). Therefore, TS demonstrated a gradual increase in her daily use of positive religious coping across the course of the intervention, with her largest increases after sessions 6 and 7. Regarding spiritual self-worth, ARIMA intervention analyses demonstrated no significant change from baseline to the intervention period. An additional step function revealed a significant increase in perceptions of spiritual self-worth at the end of the intervention, after sessions 5, 6, and 7 ($B = 1.80$, $p < 0.0001$).

After modeling, ARIMA intervention analyses revealed no significant change in TS's use of negative religious coping from baseline to the intervention period (see Table II). TS demonstrated a significant decrease in her daily use of negative religious coping at the end of the intervention, after session 7 ($B = -2.49$, $p < 0.05$). Regarding spiritual distress, intervention analyses revealed no significant shift in level from baseline to intervention period, while a step function demonstrated a significant reduction in spiritual distress at the end of the intervention, after sessions 5, 6, and 7 ($B = -3.14$, $p < 0.001$).

Client Two

Client description. Client Two (CF) was a 39-year-old, single, Caucasian female who had participated in ongoing individual psychotherapy for the previous two years, and was

Table II. Time-series analyses for daily measurements of spiritual functioning.

		Positive religious coping	Negative religious coping	Spiritual distress	Spiritual self-worth
Client One (TS)	Range	0–12	0–16	0–12	0–8
	Baseline mean	0.43 (1.33)	10.71 (1.89)	9.00 (1.41)	1.14 (0.38)
	Treatment mean	1.65 (2.46)	11.04 (1.61)	8.84 (2.19)	1.77 (1.31)
	ARIMA model: p, d, q	100	100	002	001
	Pre-Post change	Grad: B = 3.35*[a]	ns	ns	ns
	Intervention changes	S67: increase B = 4.40***	S7: decrease B = −2.49*	S567: decrease B = −3.14**	S567: increase B = 1.80***
Client Two (CF)	Range	0–12	0–16	0–12	0–8
	Baseline mean	3.36 (2.01)	2.09 (3.78)	3.91 (4.39)	3.55 (1.13)
	Treatment mean	3.13 (2.28)	1.58 (2.72)	2.73 (3.72)	3.39 (1.20)
	ARIMA model: p, d, q	100	200	100 100[b]	100
	Pre-Post change	ns	ns	ns	ns
	Intervention changes	S45: increase B = 2.09**	ns	S45: decrease B = −0.68*	ns

Note. Standard deviations are presented in parentheses. The ARIMA model shows the number of each parameter in the model (p, d, q). Pre-Post change reflects a significant shift in level from baseline to after the start of the intervention (session 1). Intervention changes reflect significant increases or decreases in the level of the time-series after the sessions shown. For example, a S567 change reflects a significant change in the level of the time series beginning after session 5 until the end of the intervention (session 7). B reflects the amount of change in level. [a]Grad denotes a gradual increase across time. [b] The ARIMA model reflects a 4-day cycle of systematic variation in the data. *$p < 0.05$. **$p < 0.01$. ***$p < 0.001$.

regularly taking anti-depressant medication. CF described ''none'' as her religious denomination, and considered herself ''Very spiritual'' and ''Slightly religious.'' She attended religious services about once a month and prayed more than once a day. CF reported a long history of childhood incest, starting at the age of 5. Her father, older brother, and older sister sexually abused her; her older brother was the primary perpetrator. She reported forced intercourse with her brother and sister (vaginal and oral), and weekly molestation, from the ages of 8–12.

Therapeutic process: Spiritual struggle. CF started the spiritually-integrated intervention with the desire: ''To move on, to let go of the pain, to grow and trust. I want a true spiritual connection with God.'' She harbored deep feelings of anger at God and spiritual abandonment, declaring: ''As a kid, I prayed for the incest to stop. He didn't answer my prayers. I became angry and disconnected.'' When discussing a poem about a survivor's spiritual struggle during session 3, she replied, ''I could have written this poem. God didn't reply, didn't care. Doesn't care . . . I am not important enough. He wasn't there for me, just the sadness, total loneliness, and emptiness.'' In addition to the anger, abandonment, and spiritual isolation, CF struggled with intense feelings of shame. During session 5, which focused on letting go of shame, she stated, ''I never feel that I am beautiful. *I am ugly at my core.*'' She discussed how she hid from others and from God, in case they might see ''how ugly I truly am.''

Across the course of the intervention and at the follow-up, CF began to develop a trusting relationship with God and experienced a decrease in her feelings of shame. She emphasized how the sessions on spiritual connection and shame (sessions 4 and 5) were important for her healing process. In session 4, CF realized the importance of the ''Vertical,'' and she began to build a personal and nurturing relationship with God. She played a song during the session that expressed her yearning for God in her life: ''Desperate for changes, starving for truth . . . I'll take your invitation.'' CF began to feel ''invited'' by God to communicate with Him. After the two-way journaling in the session, she continued writing letters to God at home, noting that this helped her to feel closer to God.

CF described an important shift after the session on shame (session 5): ''Something was different after last week. Last week the shame . . . feeling broken and damaged. I heard the song 'Hands' by Jewel. I was thinking about shame, and I heard positive affirmations in the song. In the song, the words are 'I am not broken. I am okay. We are God's hands.' And I realized, maybe I am not broken, it just seems like I am. Maybe I am *just in need of repair.*'' After years of feeling like a damaged, irreparable, and worthless person, CF began to experience hope and spiritual connection.

At the end of the spiritually-integrated intervention, CF continued with this insight: ''I believe in divine intervention that I heard 'Hands' in a new way just a day or so after I admitted aloud in your office that I feel and think I am broken . . . beyond repair. I AM NOT BROKEN-I can and will heal!'' CF, a severely depressed woman, began to feel more hopeful about her life, herself, and her future. She realized that the core of her was not as ugly as she once believed; still damaged, but with the hope for healing, growth, and beauty. In addition, she started to rely on her connection with God, feeling the presence of God in her life more strongly, and trusting that God was with her in her suffering. At the follow-up period, one month after the end of the spiritually-integrated intervention, she wrote:

> ''As difficult as it was at times; shame, body, sexuality, I know that going through this program was something that I was supposed to do. I know that God brought our paths together, I'm sure for you to help me to trust

> and care and grow. I believe Solace for the Soul was something that was meant to bring to the surface what I still need to deal with in a healthy, safe way. I don't believe that in all the therapy I have been through I ever dealt with some of the stuff that is now at the surface. I never in the past had the strength or courage to share and release all I did this time. I learned that I need to let go of the isolation and shame I still feel. As I take steps to heal I have opened up more with others as I gain the internal validation from myself and from God. To face the fear of loss and abandonment from my past, and focus on the joy and growth. I have learned that I need to go to the 'vertical' and trust.''

Quantitative results: Spiritual well-being, images of God, and religious coping

Consistent with the qualitative reports during the therapeutic process, Client Two (CF) demonstrated an increase in spiritual well-being (GIS) across the intervention and at the one-month follow-up (see Table I). More specifically, she reported less abandonment and distance from God, and increased in her sense of connection with God. For example, at the follow-up period she endorsed such items as ''God is always there for me'' and ''God nurtures me'' versus such statements as ''God feels distant to me;'' ''I often feel abandoned by God;'' and ''I am not good enough for God to love'' which she endorsed at baseline. In addition, CF demonstrated significant changes in her cognitive image of God. She increased her use of positive adjectives (PGI) and decreased her use of negative adjectives (NGI) when describing God on the Religious Concepts Survey (see Table I). CF started with a God whom she described as ''distant,'' ''impersonal,'' and ''absent.'' After the spiritually-integrated intervention, she described God as ''guiding,'' ''helpful,'' ''supportive,'' ''gentle,'' and ''giving.''

Finally, CF's use of negative religious coping remained stable during the course of the intervention, and then decreased at the one month follow-up period. In particular, she no longer endorsed such items as ''Felt angry that God was not there for me;'' ''Wondered if God really cares;'' or ''Questioned God's love for me.'' CF demonstrated a small decrease in her use of positive religious coping (PRC) from baseline to the end of the intervention, and then increased in her use of positive religious coping at the follow-up period. She increased her endorsement of such items as ''Looked for a stronger connection with God'' and ''Trusted that God was by my side.''

Time-series daily measurements: Religious coping, spiritual self-worth, and spiritual distress

Client Two (CF) completed 49 daily measurements of religious coping, spiritual distress, and spiritual self-worth. She completed 11 days of baseline measurements and 38 time points across the course of the intervention. After modeling, ARIMA intervention analyses indicated no significant change in CF's use of daily positive religious coping from baseline to treatment (see Table II). A step function revealed that CF demonstrated a significant increase in her use of positive religious coping after sessions 4 and 5 ($B = 2.09$, $p < 0.01$), returning to baseline by the end of the intervention. Regarding spiritual self-worth, intervention analyses revealed no significant changes from baseline to treatment, or across the course of the intervention.

After modeling, ARIMA intervention analyses demonstrated no significant change in CF's use of daily negative religious coping from baseline to treatment, or across the course of the intervention (see Table II). Regarding spiritual distress, there was no significant change from baseline to intervention. CF demonstrated a significant decrease in her feelings of anger, disappointment, and disconnection from God after sessions 4 and 5 ($B = -0.68$, $p < 0.05$).

Discussion

This study examined whether a brief, spiritually-integrated intervention, *Solace for the Soul*, could enhance spirituality as a resource and address spiritual struggles in females coping with sexual abuse. Consistent with the research literature, the two clients in this clinical outcome study experienced numerous spiritual struggles surrounding their histories of childhood sexual abuse, including difficulties in their religious identity, anger at God, feelings of abandonment by God, negative images of God, and spiritual isolation. Across the course of the spiritually-integrated intervention and at follow-up, both clients reported spiritual changes in their use of positive religious coping, spiritual well-being, and images of God. Overall, they moved from a place of anger, abandonment, and spiritual disconnection to a place of increased hope, connection, and spiritual renewal. Both the qualitative process and the empirical results highlight the positive potential in intervening in the lives of sexual abuse survivors with spiritual struggles.

Interventions such as *Solace for the Soul* show promise in working with deeply rooted spiritual struggles. However, more clinical attention is recommended for survivors with chronic struggles, as evidenced in TS's statement: ''Although I haven't let go of the anger completely, *I am working towards God.*'' TS did not completely resolve her spiritual struggle; in fact, she demonstrated a small increase in her use of negative religious coping on the comprehensive questionnaire (e.g., ''Voiced anger that God didn't answer my prayers''). Instead, she initiated the active process of change. She changed her fear-based avoidant coping strategies, and began to confront and gain new insights regarding her struggles. TS demonstrated the increased coping activity, including expression of anger, which signifies the process of therapeutic change as she ''worked towards God.'' She began the slow process of opening and trusting God in her life, as indicated in the daily changes at the end of the intervention and at follow-up, after many years of isolation, fear, and depression. TS represents the significant change that can occur in the spiritual lives of sexual abuse survivors, as well as the longer-term work necessary with such types of clients.

The current study focused on an in-depth analysis of therapeutic change in two survivors of sexual abuse with significant spiritual struggles. The daily measurements allowed a much more detailed picture of the role of spirituality in the coping process. In clinical outcome research, assessing this *process of change* is vital to determining the most effective interventions for diverse individuals. For example, in the time-series analyses, CF demonstrated daily spiritual changes after sessions 4 and 5. For her, establishing a sense of spiritual connection and working on shame represented core issues. Clinicians and researchers can gain useful information through the use of daily monitoring and time-series methods, and can develop individualized, effective interventions for the diverse clients that present.

While this in-depth study provided a glimpse into some of the spiritual changes that are possible, it is limited in generalizability due to the small sample size. In addition, whereas a multiple baseline, interrupted time-series design attempts to address many concerns regarding external validity, events that coincided with the treatment cannot be completely accounted for. In general, a longer baseline period would strengthen conclusions drawn from this type of methodology, as the short baseline period in this study could have weakened the results from the ARIMA analyses. In addition, a longer-term follow-up and the use of standardized spiritual measures would strengthen future research. Overall, it is important to continue to evaluate spiritually-integrated interventions that address

spiritual struggles in individuals, groups, and communities. Both single-case designs and larger controlled outcome studies could include individuals with diverse religious affiliations, abuse histories, ethnicities, age, and gender. In general, the deep spiritual struggles that can result from sexual abuse and other traumatic events deserve clinical attention.

Sexual abuse has a pervasive impact on the psychological, physical, and spiritual health of both men and women. For many decades, psychologists, counselors, and ministers have been helping survivors confront and heal from these difficulties. Despite this, few interventions explicitly integrate spirituality in the recovery process and address spiritual struggles. Furthermore, research on the effectiveness of such interventions is in its infancy. As such, there is much more to do. Interventions such as *Solace for the Soul* represent one step towards empowering individuals to transform the significant impact of sexual abuse into restored health in body, mind, and spirit.

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