

The Struggles of Victims of Sexual Abuse Who Seek Pastoral Care

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Abstract The main focus of this research was on sexually abused individuals' experiences and their perceptions of the benefits and shortcomings of pastoral care, including their experiences of raising faith-related issues in psychotherapy. Our interest was upon sexual abuse that occurred outside religious congregations, that is, that was not perpetrated by a minister or a representative of the Church. Interviews were conducted with seven women and one man, and transcripts were analyzed according to inductive thematic analysis. The informants described their struggle to get help, their difficulty in raising the topic of sexual abuse in pastoral care, their need to be recognized, their feelings of ambiguity, and their sometimes contradictory needs. They described their struggles with faith, their need to express their doubts, and their wish not to be rushed toward forgiveness. It was important to the informants that pastoral caregivers be aware of their therapeutic limits and be willing to refer them to another helper if necessary. They also described feeling misunderstood from a faith perspective in psychotherapy and wished psychotherapists would gain a deeper understanding about the faith implications of sexual abuse.

Keywords Forgiveness · Interview study · Pastoral care · Psychotherapy · Sexual abuse · Vow of silence

Introduction

Many studies point to the benefit of religion to people trying to work through traumatic experiences (Pargament 2002), and researchers have shown the usefulness of spirituality in treating victims of sexual abuse (Lemoncelli and Carey 1996; Farrell 2009). Clerics are trained to deal with spiritual matters; therefore, they may come to play an important role in addressing the spiritual and existential implications of sexual abuse (Weaver, Koenig, and Ochberg 1996). Clinicians, on the other hand, often receive little or no training in religious or existential aspects of experience, and many therapists may be unfamiliar, or uncomfortable, with addressing spiritual implications in treatment (Smith 2004).

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Pastoral care

Parishioners often turn to their religious leaders for help with personal or family problems, for example, through seeking pastoral care (Young, Griffith, and Williams 2003). Pastoral care has been described as being with people in their times of need to promote their well-being and strengthen them in their faith (Wilkes et al. 2011).

Today, the clergy is increasingly identified as an important mental health resource (Hendron, Irving, and Taylor 2011), and caring for people suffering from psychological trauma forms an important part of pastoral care (Weaver et al. 1996). To confide in someone, to put words to experience, and to share what is difficult to talk about with a caring other can have positive effects on psychological well-being (Pennebaker, Kiehl-Glaser, and Glaser 1988). In addition, pastoral care is often more accessible to individuals needing help than are traditional mental health services because, unlike other therapeutic and helping professions, the pastoral caregiver is often familiar with, or has an ongoing relation with, the individual seeking help (Shannon-Lewy and Dull 2005). Consequently, clerics are able to have a more personal relationship with their congregants, and there may be less of a stigma attached to this way of seeking help (Weaver et al. 1996). However, this personal relationship may also be in conflict with some of the pre-requisites of a helping relationship, since besides pastoral care sessions the confidant is often interacting socially with the cleric as well as listening to the cleric when she or he gives sermons. These dual relationships may be problematic and cause confusion. In comparison to non-confessional help, pastoral care is free of charge and there is no formal limitation on how many care sessions will be offered, providing a valuable opportunity for those who cannot afford psychotherapy. However, clerics often lack necessary training in the psychological counseling of traumatized individuals (Smith 2004; Weaver et al. 1996), as reported in a study of Catholic priests who did not have the training and education they needed to meet with people in need of counseling (Lount and Hargie 1997).

Sexual abuse is associated with many long-term psychological, behavioral, social, and physical effects (Chen et al. 2010). Besides the psychological implications, victims of sexual abuse are often angry at God, who they feel has abandoned them (Murray-Swank and Pargament 2005). Consequently, among the many issues people bring to pastoral care that beg a religious perspective is the struggle with the consequences of sexual abuse.

Pastoral care in the Swedish context

In Sweden, most clerical posts include pastoral care as one of many work assignments. The majority of clerics are involved in various forms of pastoral care, including counseling, visiting the sick, and listening to confessions (Bengtsson 2005). In Sweden, clerics are bound by an oath of confidentiality (the “vow of silence”) regarding all information that is received during confession or individual pastoral care sessions; the cleric may not be released from the vow of silence even by the person confessing or being counseled (Church of Sweden 2010; Persson 2004). Consequently, the vow of silence overrides the obligation to report, even if the victim of the sexual abuse is a minor. However, all denominations urge their clerics to try to get the person to tell someone else, for example, social services or the police, about any experiences of sexual abuse (Church of Sweden 2010; Persson 2004).

In studies of pastoral caregivers in Sweden (Rudolfsson and Tidefors 2009; Rudolfsson, Tidefors, and Strömwall 2012), a majority of the responding clerics state that they have met with victims of sexual abuse in their clerical role, that they understand this to be a part of being a pastoral caregiver. However, clerics in the Church of Sweden and in the Swedish Free

Church Movement also report that they lack the psychological training necessary to meet with victims of sexual abuse in pastoral care (Rudolfsson and Tidefors 2009, 2013). In a focus group study, pastoral caregivers described their difficulties in meeting with victims of sexual abuse in pastoral care and said that they sometimes felt a need to distance themselves from both the people and their stories (Rudolfsson and Tidefors 2013). This distancing may make it difficult for the person to talk about the sexual abuse and further hinder the possibility of working through the religious implications of the abuse. These earlier studies aroused our interest in speaking with those who had been sexually abused and sought pastoral care in order to understand pastoral care from their perspective.

The main focus of the research reported here was on informants' experiences and their perceptions of the benefits and shortcomings of pastoral care, including their experiences of raising faith-related issues in psychotherapy.

Method

Interviews were conducted with eight individuals, all victims of sexual abuse who had sought pastoral care to talk about their experiences.

Informants

Seven women and one man, aged from just over 20 to 70 years, participated in the study. All informants had been abused in the past, and to our knowledge no one was suffering ongoing sexual abuse at the time of the interview. Two had been raped as teenagers and six had been sexually abused as young children. Four of the informants were victims of incest—three of these were abused by their biological father or a close male relative and one by her biological mother. One informant was abused by an adoptive father and one by a nanny. Five informants were abused over a long period during their childhood, while the two who were raped as teens and the one abused by a nanny during childhood suffered occasional abuse. One informant, a victim of incest as a child, was also raped by a non-relative as a young adult.

Four of the informants had sought and accepted pastoral care within the Church of Sweden and four within the Swedish Free Church Movement. All of the informants had received several years of pastoral care, often seeking help from several pastoral caregivers.

Procedure

The informants were recruited through an advertisement posted on a national website for a Swedish organization offering support and help for victims of sexual abuse (www.hopp.org) and on billboards in different churches around the country. The advertisement explained that participation was voluntary and anonymous and that informants had to be 18 years or older. Six informants responded to the advertisement on the website, one to the notice posted in a church, and one after receiving information about the project through a pastoral caregiver. This study was approved by the regional ethical review board in Gothenburg, Sweden.

The interviews were semi-structured, and informants were allowed to decide for themselves what they wanted to share. The interview guide included questions about when and why pastoral care had been sought; whether some aspects of the care had been helpful or less helpful; their experiences of help outside the Church; and whether questions of faith had been raised. Thus, the interview guide was built on broad questions related to the areas of interest.

Each interview then developed through different follow-up questions depending on what the informants chose to tell us.

Four of the interviews were conducted by the first author and four by the second author. During the interviews, we focused on being empathic and non-judgmental listeners and encouraging the informants to share their experiences freely. The informants were given opportunities to present new angles and themes during the interviews, and at the end of the interviews all were asked whether there was anything else that they wanted to tell us. Because the topic of sexual abuse is sensitive, we tried to be aware of the negative feelings that telling their story might evoke. We made sure to allow time for them to talk about their experience of participating and asked them how they thought they might feel later. The informants were urged to contact us afterwards if they had any further questions or if they wanted to elaborate or clarify some of their thoughts. No compensation was offered for participation.

The interviews took approximately 1.5 h each. Five were conducted at the Department of Psychology, Gothenburg, two at conference locales close to where the informants lived, and one at the home of the informant. All interviews were audio recorded and transcribed verbatim by the first author.

Analysis

Our starting point in understanding our findings could be described as agnostic, in that we tried to stay open to the possibility of God's existence. The transcripts were analyzed according to inductive thematic analysis, which can be described as "data driven" or "bottom up" (Braun and Clarke 2006).

The transcripts were first read and reread by both authors. The dataset was then coded by the first author, who made no attempt to fit data into a pre-existing framework. Ideas that arose for possible structures for the data were noted. These ideas were then discussed by both authors and new ideas were used in re-coding. Codes were first organized into three themes: feelings about being abused and seeking help; feelings about being both a congregant in pastoral care and a client in psychotherapy; and similarities or differences in how questions of faith were handled in pastoral care versus in psychotherapy. The coded data extracts were reviewed to investigate whether the themes captured and fit the dataset. The codes were then reorganized under two main themes found to capture the material: (1) my struggle to get help and (2) my struggle with faith. Subthemes were created to structure the material. All data extracts were reviewed to find quotations that best captured the essence of each theme and subtheme.

Findings

The different aspects of experiencing pastoral care in the aftermath of sexual abuse are presented in themes and subthemes. These themes are discussed and the informants' thoughts and experiences are highlighted. Quotations were edited and abbreviated to facilitate the reading. Quotes are presented with minimal information about the informants to protect their confidentiality. To give some context, the denomination in which pastoral care had been conducted is stated after each quote.

My struggle to get help

Many informants described experiences that made it difficult for them to trust other people when as teenagers or adults they had tried to find someone who could tolerate talking about

their experiences of sexual abuse. Most informants who were sexually abused as children also described being betrayed by the non-abusive parent and other adults in their lives. They spoke about the families in which the sexual abuse had occurred and sometimes described other kinds of abuse that had been going on at the same time, such as neglect and/or physical abuse. These earlier experiences of abuse and betrayal made the decision to seek help difficult, and informants described their struggles to find someone they could trust enough to tell their story.

I need to be recognized The informants described wishing that someone had asked them about the abuse, even if they had not wanted to tell. They wished to be asked about it at the right moment yet thought this might be too much to ask. Some expressed feeling seen and understood when asked about their childhood and family, and such questions slowly made it possible for them to open up and talk about the abuse. However, informants also often described a hesitance on the part of the pastoral caregiver to talk about sexual abuse. In hindsight, it seems that having the first need to be recognized met by the pastoral caregiver made informants hesitant to criticize the pastoral caregiver. In a gentle way, though, most informants gave examples of how difficult it had been to raise the topic of sexual abuse in pastoral care.

I sought pastoral care with a hospital chaplain with whom I had contact for 2 years. I tried to talk about sex, but it was like I didn't dare to say it out loud; but I tried to raise the topic all the time. But it was like I couldn't get through, so eventually I stopped trying. (Free Church Movement).

Informants also described feeling that their experiences were minimized by the pastoral caregiver. This minimizing led not only to sadness but to doubts about the importance of what they had been through, and sometimes to an inability to talk to someone else about what had happened. The informants expressed feeling misunderstood, which was painful and sometimes made them feel that they had to scream to be heard. And sometimes they just gave up trying.

It felt hopeless, very hopeless, and it felt like, "I will always have to live this." Very sad. And I wish that someone would have helped me, without me having to scream my way in. (Free Church Movement)

Doubts about whether the pastoral caregiver believed their story were also expressed, along with the feeling that the pastoral caregiver had sometimes taken a stand for the abuser, not for the victim. Some informants tried to understand this, knowing that the pastoral caregiver also knew the abusers and therefore did not want to believe that they were capable of abusing a child.

And I kind of got this feeling that he didn't believe me. He didn't want to recognize that my adoptive parents could be like that. (Church of Sweden)

Out of a fear of not being recognized and listened to, the informants described strategies for finding their way to someone who could tolerate listening to their stories. Some informants adopted the approach of a detective to find the right person to confide in. Some described searching for clues as to whether or not the pastoral caregiver was trustworthy, perhaps by asking other people or attending masses, trying to find out whether particular pastoral caregivers were sensitive and aware of sexual abuse issues. However, these clues were also often talked about as building upon an intuitive feeling of whether a particular pastoral caregiver could be trusted or not. When contact was established, the search continued as the informants searched the caregivers' responses for clues. If they felt unsure that the pastoral caregiver would be able to listen to their story, the safest thing was not to tell. Informants

related that many times they had chosen to stay silent because they could not be sure how they would be listened to. The choice not to tell was also often built on intuition.

I think that many of us are, or at least I know that I am, very sensitive to feelings. Like, “Can I talk about this in this context?” “Can I tell this person, or not?” So, I have probably sorted a lot of people out along the way that have made me feel like, “I would never tell this minister.” (Church of Sweden)

I need a woman, someone good and pure Informants expressed needing help to connect to God. Some described an intense relationship to the pastoral caregiver who could offer a bridge to God. Many thought a woman was the best possible listener, because memories of a male abuser had led to a distrust of men and made it threatening to confide in a male pastoral caregiver.

You could say that I have chosen women. . . . It would take a whole lot to talk to a man about this, it’s . . . in truth, I don’t trust men. (Church of Sweden)

Some informants had childhood memories of male ministers they perceived as threatening; these memories may have become intertwined with those of the male perpetrator. As a consequence, trusting in a male pastoral caregiver was difficult for some. In comparison, female helpers were seen as safe, non-threatening, and possible to confide in.

I think a lot of it had to do with . . . women are safe . . . yes, they are safe. I am still suspicious towards men. It’s not only in my mind; it’s in my body as well. . . . It felt a lot easier to talk to a woman about sexuality, God, and sexual abuse. (Church of Sweden)

The pastoral caregiver was sometimes described as an instrument of God to help the informant. In this context, the pastoral caregiver sometimes became idealized as a representation of what was pure and good in the world. Some informants described the pastoral caregiver as a counterbalance to earlier experiences of destructiveness and negative feelings.

In some ways, she represented what was . . . sound, what was pure, if you can use that word. (Free Church Movement)

I need an ordinary human being Having a safe and trusting relationship with the pastoral caregiver was a prerequisite for an informant’s revealing that she or he had been sexually abused. The need for someone to stay with them and to follow them was recurrent. Some informants doubted whether their pastoral caregivers understood how much pastoral care had helped them learn to live with their wounds and how important they (the caregivers) personally were in that process. Some informants also expressed a wish to be friends with their pastoral caregivers outside their professional role. For those informants, the clerical collar was seen as a barrier for meeting person-to-person.

Something that I have perceived as negative, when it comes to pastoral care, is that most of the ministers wear their clerical collar, she has her collar, and it has felt like a wall between us. It has created distance; been an obstacle in the conversation. . . . You wish for a meeting person-to-person. (Church of Sweden)

All informants wished to be seen clearly and to have their feelings validated. Sometimes it seemed that the informants needed to be seen in the same loving and non-demanding way that a child should be seen by its parents. When they felt truly seen, the informants felt they were able to

handle questions about life and what it is to be a human being. It was helpful when the pastoral caregiver could stay with them and follow them, being strong when the informant was weak and representing them by expressing things the informants themselves did not dare to formulate.

He followed me on this path and he was my advocate. So, in some ways, in that situation he became the representative of my anger. (Church of Sweden)

When the informants described feeling comforted, some attributed that feeling to a pastoral caregiver who had been authentic and genuine, no matter what was revealed. Pastoral caregivers perceived as brave were those who could show themselves as ordinary human beings. Pastoral caregivers who dared to show that the informants' stories touched them gave informants a basis for trust and hope that they found helpful in better understanding life and relationships.

How she could listen, completely without judgment. . . . And then I noticed that she was moved, she was very much moved. That she, you could see, that she was hurt by what I have had to go through. And that helped me a lot. . . . If she was hurt by listening to my story, then maybe I too have the right to be sad about this. (Free Church Movement)

I need you to both speak out and stay silent The clerical vow of silence was talked about with ambivalence. Some informants described the vow of silence as something that made it possible for them to tell their story; others saw it as something that restricted the pastoral caregiver's ability to act toward putting an end to the abuse, making it pointless to tell them anything.

Well, I think that it's wrong that ministers have their vow of silence. Then, what's the point? (Church of Sweden)

Sometimes the pastoral caregivers' vow of silence evoked informants' memories of their abuse, which was also governed by the vow of silence imposed on the child by the abuser. And it was not only the abuser, but also other people around them, who had signaled to the informants that their experiences of abuse were "unspeakable."

To me, it has been like a vow of silence; "You cannot speak about this; you mustn't tell anyone." (Free Church Movement)

Some informants wished to be saved by the pastoral caregiver and described the pastoral caregiver's refusal to break the vow of silence as yet another betrayal. However, in one story, the pastoral caregiver *had* broken his vow of silence and acted to stop the abuse, and the informant had seen that as a betrayal at the time. In retrospect, however, the informant could see that the pastoral caregiver made escape from the abusive context possible, which transformed the pastoral caregiver's decision into something good.

In retrospect, I think that there was a meaning to that, too; there was probably a meaning in that he broke his vow of silence. But when it happened, I mostly felt betrayed. (Church of Sweden)

My struggle with faith

The need to work through the dimensions of faith affected by the trauma was recurrent and was often the main reason the informants sought pastoral care. Many informants described

how they had jumped back and forth between pastoral care and psychotherapy, trying to handle different aspects of their suffering in different contexts.

I need to express doubt The informants described the value of pastoral caregivers who dared to be in dialogue, listening to feelings of anger and disappointment in God. When the pastoral caregiver allowed room for the informants to express these feelings, it made the informants feel respected and safe.

She didn't defend God, but she gave her view all the time. That's how I feel, that's how you can describe it. I got to say whatever I wanted, how I perceived it; and then she told me how she perceived it, and then it was up to me what to do with that . . . there was no force. (Free Church Movement)

When the informants felt that they could not express any doubts, a gap between the pastoral caregiver's solid faith and their own struggles emerged. Sometimes the informants felt pressured, ashamed, and guilty that they did not have the capacity to trust in God the way that they thought they were supposed to. Some sometimes felt that they were pressured to believe in the same way as the pastoral caregiver, which they perceived as being silenced. In such situations, they had no opportunity to explore all the implications of their experiences of abuse, and they wished there were room for criticism of religious ideas.

The person sitting on the opposite wants so badly for me to believe, that their faith will help me. . . . And I have kind of felt guilty and shameful that I don't have that faith. . . . So, the negative about pastoral care is that in all situations they have thought that . . . faith will help me, that faith will make it pass. . . . Well, that their faith will become the tool in my life as well. . . . Sometimes their faith has gotten so strong that my own doubts have become silenced. (Church of Sweden)

An image sometimes emerged of a pastoral caregiver who took matters of faith for granted, and the lack of the informant's faith became visible in a sometimes painful way.

And it's such a given that God exists. . . . I feel like, there is no other way for them, their faith has been that strong . . . and sometimes I feel like things are taken for granted. . . . They carry a trust that I do not have. (Church of Sweden)

Some informants talked about how they sometimes felt they had been left alone after the caregiving session. Because the pastoral caregiver was described as someone resting on faith, able to leave all hurt in the hands of God, the informant who did not have the same faith felt abandoned.

Sometimes I feel like they leave the responsibility up to God. . . . And they rest on their faith and on their payers that God will be with me in my hurt tonight. . . . They trust in their faith and their prayers . . . and I, who do not share that faith, have felt like I'm falling into the abyss. (Church of Sweden)

I need to go at my own speed Some informants described how, once they had told their stories, the pastoral caregiver quickly signaled that they needed to forgive and forget. However, the informants stressed their right to suffer through the hurt until they had worked it out. They needed the pastoral caregiver to be patient and to respect that learning to live with having been sexually abused is a process that takes time. Sometimes the informants felt that the pastoral caregiver expected their healing to come from their turning to God and praying to Him to end

the suffering. The wish that God would remove the pain also sometimes came from the informants themselves.

And I needed to try to sort it out in some way. And I think it was then that I kind of wanted someone to pray for me; make it go away. (Church of Sweden)

All informants spoke of the hazards of pushing forgiveness too quickly, and they stressed the need to work towards, and possibly reach, forgiveness in their own way. They described how the concept of forgiveness was sometimes talked about in an inattentive way—not acknowledging the meaning of forgiveness for those who had been sexually abused. When the informants talked about forgiveness, it was always described as a process stretching over several years, with a goal that might never be reached.

Because it has taken time . . . well, what I definitely can say about forgiveness is that you cannot rush it; you cannot put pressure on it. That's very important. . . . I do not need to forgive; I need to learn how to live with this. (Church of Sweden)

Although the informants stressed the importance of respecting their feelings that forgiveness cannot be rushed, they also spoke about their own need to reach some kind of forgiveness. This need to forgive was easier to recognize on their own when the pastoral caregiver did not press upon them strong opinions about forgiveness. The informants sometimes spoke about forgiveness as a continuum, with various stages of forgiveness possible. Letting go of anger and the need for revenge were important stages in the continuum. Carrying hate was felt to be painful, and many informants spoke of their need to forgive as a way to be relieved from the hatred they had carried toward the perpetrator, often since they were very young.

I wanted to go as far in forgiving as I could. And to me that means, in relation to my father, to . . . let go. Not to have contact, and not feel like you want to get on a plane and put an axe in his head . . . to no longer carry that feeling. (Church of Sweden)

Those who had previously felt rushed and pressured to forgive were sometimes fearful to engage again in pastoral care. However, not all pastoral caregivers pushed towards forgiveness. It was more helpful when the pastoral caregiver was able to handle forgiveness with caution, respecting the informant's need to work things through in their own time. Those who decided against forgiving an abusive parental figure sometimes gained a greater feeling of safety with further assurance that being unable to forgive would not provoke God's anger.

My minister said, "One can never really . . . get in a position where you need to forgive someone who does not ask for forgiveness. Before that happens, the question of forgiving does not exist." That helped me a lot, because I believed that it was something I had to do, otherwise I would surely burn in hell. . . . Being told that did me a lot of good; I was able to let go of a lot of things. (Church of Sweden)

I have to split my soul between pastoral care and psychotherapy For some informants, pastoral care was the first step in their seeking psychotherapy. Most informants described meeting with psychotherapists who could offer help and care as crucial to their learning how to live with having been sexually abused, and they stressed the importance of pastoral caregivers recommending and helping them finding their way to another helper.

I think that all pastoral caregivers need to know about this and that they should be able to recommend psychological help. (Church of Sweden)

Those informants who had found their way into psychotherapy sometimes spoke about how, just as the pastoral caregiver could not stand to listen to their experiences of sexual abuse, psychotherapists sometimes had similar difficulties. There were many examples of recommended professional psychological helpers who had been unable and/or unwilling to meet with some of the informants, which exacerbated their feelings of unworthiness and hopelessness.

It was hard, because it took so much to even go there. All the tension, the worries, I went back and forth around this big building before I dared to go in. And then, one meeting and that was that. I wasn't allowed to come back. . . . And at that moment I had just started to open up. (Church of Sweden).

Some informants talked about psychotherapists who had respected the existential and religious consequences of being sexually abused; others described feelings of not being understood from a faith perspective. Some described their trials to “educate” the psychotherapist about the religious dimensions of their traumatic experiences. These trials were talked about as a necessity to reach some kind of common religious understanding before discussion of how it is to be a victim of sexual abuse.

Well, the therapists have viewed me through their prejudice and assumed that, “Well, you must see it like this,” and it has taken me a lot of effort to explain, and then I feel like, “No.” I need to talk to someone where I won't have to do all that preparatory work and explain, and so on. (Church of Sweden)

Struggles were described in terms of which aspects of the trauma belong to psychotherapy and which to pastoral care. The informants often felt they had to split their souls between the different professionals, but although the pastoral caregiver was usually seen as respectful to psychotherapy, some psychotherapists were felt to be neglectful of the religious dimensions.

In my experience, ministers have a huge respect for therapists and therapy methods. But the therapists, they don't have the same respect for ministers and pastoral care. (Church of Sweden)

Some informants seemed to have reconciled with the need to work on two parallel tracks, one belonging to pastoral care and the other to psychotherapy. Others expressed a wish to find someone who could help them put the pieces together so they did not have to go back and forth between a pastoral caregiver and a psychotherapist. They wished to find a therapist skilled in religious beliefs or a pastoral caregiver educated in psychotherapy.

Everyone that I have talked to has known that I struggle with this; that I have my faith and my need to believe. It has been respected, but . . . with some, those questions have not been taken as seriously. . . . I would have wished that they had, because to me everything is intertwined. (Church of Sweden)

Discussion

We start this discussion with a quote from one of the informants —“To me everything is intertwined”—since we found that complex feelings and needs emerged in the analysis of the data. Some aspects of sexual abuse and of pastoral care were described as related: the pastoral caregivers' vow of silence and the abuser's demand for silence, and memories of male abusers and authoritarian male clergy that prompted informants to search for female pastoral

caregivers. The benefits and shortcomings of pastoral care were also related, sometimes in contradictory ways. This complexity could partly be understood through how the informants had been met in pastoral care and partly through the informants' own ambivalence.

A main finding therefore was the feelings of ambiguity in these people who had suffered sexual abuse and sought pastoral care. The pastoral caregivers' vow of silence was an obstacle to ending abuse, but it also allowed informants still scarred by their own vow of silence to feel safe enough to reveal their hurt. Informants who revealed the abuse while it was ongoing all described feeling betrayed by the pastoral caregiver's refusal or inability to help put an end to the abuse. In a focus group study, clerics likewise described ambivalent feelings about the vow of silence. Though stressing the good in staying true to the vow, they also described it as a heavy burden and felt unsure about their ability to help the people who came to them (Rudolfsson and Tidefors 2013). It is interesting to note that in the Church of Norway, which is similar in many ways to the Church of Sweden, the vow of silence is practiced quite differently. In Norway, the obligation to report abuse always overrides the cleric's vow of silence when the victim is a minor, and the person under care can always release a cleric from the vow (Church of Norway/Bishops Assembly 2007).

A common aspect of the interviews was the interplay of fundamental and contradictory needs. Informants' needed the pastoral caregivers to be "ordinary human beings," yet they sometimes idealized them as representatives of all that is good, pure, and faultless. Although some informants expressed a wish to forgive their perpetrators, some stressed their need not to be pushed or hurried in this direction and were relieved when they were not pressured. Previous studies have discussed the helpfulness of forgiveness in working through emotions and thoughts such as revenge (McCullough and Witvliet 2002). Here, however, some informants expressed fear that if they could not forgive, they would provoke the anger of God. The same was found by Ganje-Fling and McCarthy (1996), who described how conflicts around forgiveness might make victims feel unworthy of God's grace. Although we could not distinguish any differences in how the informants from each denomination spoke about forgiveness, it is reasonable to assume that some general differences could be present. In a previous study (Rudolfsson, Tidefors, and Strömwall 2012), pastors working within the Pentecostal Church reported a more "literal" view of the Bible than did ministers working within the Church of Sweden. It is reasonable to assume that if the pastoral caregiver holds more literal views, the Christian demand to forgive might be stressed more heavily. Likewise, if the one seeking care holds more literal views, this can be assumed to affect their struggle as well.

The informants in this study also described how pastoral caregivers had sometimes signaled that praying would end their suffering. Informants sometimes perceived this as minimizing their feelings of being wounded. Most people wish to perceive sexuality as something good, so many may resist listening to stories of sexual abuse where something they understand as loving is used to coerce and harm (Tidefors and Drougge 2006). The rush towards recovery felt by some informants from pastoral caregivers might therefore be a mechanism for both the caregiver and the person under care to avoid fully exploring the depths of meaning in having been sexually abused. The rush to recovery might also interplay with the memory of sexual abuse as coercive and controlling. Furthermore, it is possible that the emotions that arise in pastoral care could influence how sermons in the congregational context are understood. The person who confided their story may know intellectually that the cleric whom they have met with in individual pastoral care is not speaking directly to her or him in the sermon, but the confidants' emotions related to pastoral care sessions may still affect how the sermon is understood (Holaday et al. 2001). For example, if the person who confided perceives that the pastoral caregiver is minimizing her or his experiences and rushing towards forgiveness

and recovery, these feelings might be transferred to the congregational context, complicating participation in mass and other church rituals.

Expressed wishes

Several studies show that victims of sexual abuse are often afraid to disclose their experiences because they fear the negative reactions of others (Ullman 2003). In this study, most of the informants said that pastoral caregivers' reactions to their stories made them feel that they were not believed and that their experiences were minimized. This was painful and made them feel lonely and unwilling to confide in someone else. The therapeutic impact of telling about having been sexually abused may depend upon whether the victim receives positive support from their listener. Some studies have even shown that without positive support, disclosure might lead to a worsening of psychological symptoms (McNulty and Wardle 1994). Research in nonclinical settings shows that if disclosure is met with belief, validation, lack of blame, and socio-emotional support (i.e., listening, asking helpful questions, and having an accepting attitude toward the victim's possible reactions), victims tend to have fewer psychological symptoms and higher self-esteem than those who do not receive support (Testa et al. 1992). Because the pastoral caregiver was the first person many of the informants had confided in, and most of them also described how difficult it was to raise the topic of sexual abuse in pastoral care, pastoral caregivers need to be better prepared for this task.

The gap between what informants perceived as the pastoral caregivers' solid faith and their own struggles with doubt made several informants feel ashamed and guilty. Telling their stories of sexual abuse, though, sometimes seemed to function as a test of the pastoral caregivers' capacity to listen. Informants wished that pastoral caregivers would gain psychological knowledge in order to listen and reflect more effectively. Conversely, psychotherapists' capacity seemed to be tested when the informants tried to talk about the implications of abuse on their faith and of their faith on their healing. Faith implications and the psychological trauma were described as closely bound together, but the informants found it hard to find someone who was skilled in both psychology and in faith-related implications. Previous studies indicate that spiritual struggles and psychological well-being are closely associated and that an integrated approach is needed for working through trauma (Murray-Swank and Pargament 2005). However, in this study the informants said they were sometimes forced to travel on two parallel tracks to work with the implications of having been sexually abused. It seems a heavy burden to have to split one's soul between pastoral care and psychotherapy. Perhaps this burden should not be placed on the victims but taken up by professionals.

Implications for pastoral caregivers

Victims of sexual abuse are usually reluctant to tell about the abuse spontaneously (Frenken & Van Stolk 1990), and actively asking questions about abuse has been described as important (Read, Hammersley, and Rudegeair 2007). People who have been abused need to put their hurt into words with someone who dares to listen (Pennebaker et al. 1988). Although questions about their sexual abuse were not in our question guide, all of the informants chose to talk about the abuse they had been subjected to, indicating their need to be given time to tell their stories. By asking questions, the pastoral caregiver shows both interest and psychological validation. Asking questions also communicates to the person "I dare to talk about this." In this study, the informants sometimes expressed a wish to be asked at the right time about the abuse, even if they did not want to talk about it at that time. However, the informants also stressed the need for pastoral caregivers to know the limits of pastoral care and thus the importance of

being able to refer them to psychotherapists. In a focus group study, clerics described their lack of psychological knowledge that would enable them to offer sufficient help, and they also stressed the importance of enlisting other helpers for the people they were seeing (Rudolfsson and Tidefors 2013). The informants in this study, however, described how difficult it was to find their way to another helper, and the stories about being turned away from psychotherapy were filled with sorrow. It seems that no field is willing to take responsibility for helping victims of sexual abuse, leaving them in an exposed position where help is hard to find.

During the interviews, we were deeply touched by the informants' stories and their sometimes unmet needs. Coming to the end of this work, even though many shortcomings in pastoral care were described, we could see that the pastoral caregiver is also put in an exposed situation. Pastoral caregivers are expected to be able to listen to hurtful stories, come face to face with the evil that other humans are capable of, and manage demanding and sometimes contradictory needs from the people they want to comfort. Perhaps the greatest challenge in pastoral care for victims of sexual abuse is to endure, to resist rushing forward, and to remain by the side of the people they are helping throughout their struggles.

In the process of gathering the material for this study, the stories told were sometimes hurtful to listen to. It helped that two interviewers conducted this research as it gave us the ability to share our experiences with each other. By sharing, we were able to talk about the feelings provoked within ourselves. It also offered us the opportunity to reflect about what we had been listening to and how we should understand it. The ability of pastoral caregivers to share with others what she or he is told needs to be considered, as the clerical vow of silence puts a restraint on this ability. The denominations therefore need to look into ways to help clerics take care of both the victims of sexual abuse as well as of themselves when they engage in pastoral care of victims of sexual abuse.

Methodological reflections and limitations

The informants in this study had suffered different forms of sexual abuse—occasional or repeated, as children or as young adults, and by a parental figure or by a non-relative. Many researchers point to the importance of differentiating between different types of abuse in order to understand the consequences of being sexually abused (Chen et al. 2010). However, the main focus of this study was not on psychological consequences following the abuse experience but on the victims' experiences of pastoral care.

In this study, the informants, whom had sought psychotherapy, described psychotherapists' lack of understanding from a faith perspective. It is important to note that psychotherapy in Sweden, as in other Scandinavian countries, takes place in a secular cultural context. The results of this study might therefore not be applicable in other cultural settings where religious beliefs are considered a part of the cultural context (Ulland and DeMarinis 2014).

Concluding remarks

The informants described the importance of working through their faith-related issues, but they also stressed their need to meet with professionals with psychological knowledge. It is important that the denominations, as well as the surrounding society, address these issues and help further cooperation between professions. The consequences of the vow of silence and the burden it puts on the pastoral caregiver, as well as its impact on the ability of victims of sexual abuse to receive help, need to be further investigated.

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