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Chapter 6

‘I was able to go to confession’

– Mrs Helen, a survivor of military sexual trauma perpetrated by a religious leader

Valerie C. Sanders

Introduction

The reality of sexual assault in the military has received more attention since the early 1990s when military service members were encouraged to report any incidents of sexual harassment or rape to their commanding officer. Reports of sexual assault and harassment among active duty personnel and cadets have informed public law and increased research specifically focused on the potential traumatic stress associated with these experiences. The Department of Veterans Affairs has adopted the term military sexual trauma (MST), defining it as psychological trauma resulting from a physical assault of a sexual nature or sexual harassment which occurred while the veteran was serving on active duty, active duty training, or inactive duty training.

Although the term MST was coined some decades ago, the history of sexual harassment and assault extends back to the early years of the US military (Hyun, Pavao and Kimerling 2009). Efforts to estimate the prevalence of MST among veterans indicates that 41 per cent of women and 4 per cent of men reported MST (Barth *et al.* 2016). Under-reporting incidents of MST has skewed the statistical data. The reluctance to report MST continues to be rooted in fear, specifically the fear of the unknown, expressed in the question, ‘What would happen next?’ Barriers to

reporting have included embarrassment or stigma, fear of a negative career impact, and confusion about what behaviours constitute sexual harassment or assault. Other barriers included lack of consequences for the perpetrator, negative reactions from peers, and uncertainty about confidentiality. The widespread fear of reporting sexual assaults is well grounded. Many women have come forward with their stories of sexual assaults and experienced mistreatment by the military and the subsequent destruction of their military careers (Cook *et al.* 2005).

Although there is data regarding sexual assault of adults by both Protestant and Catholic clergy, much of the data that has been gathered over recent decades regarding priests has been focused on minor children or adult survivors of childhood sexual abuse. Less is known about the sexual assault of adults by clergy, either in a one-time sexual encounter or in repeated sexual encounters over a prolonged timeframe, which often implies a consensual relationship (Frawley-O'Dea 2004). Evidence suggests that religious authorities have not responded appropriately to reported cases of adult sexual encounters with priests. 'Catholic church [*sic*] spokesmen point out that priests are only human, subject to irresistible passion, even as they invoke the holiness of church rules and their institution's special treatment under the First Amendment' (Schneider 1993). During court proceedings involving two priests serving the Roman Catholic Diocese of Madison, Wisconsin, the Diocese maintained that it had dealt adequately with the misconduct of two priests who both admitted to having sexual relationships with women in their parish. The two women involved accused the priests and sued them for violating a fiduciary trust as counsellors and priests. The emotional and psychological damage the women suffered was exacerbated by the Church's refusal to take their claims seriously and its unwillingness to provide support to them once the violations were exposed (Schneider 1993).

Background

This case study reports my care for 'Mrs Helen' (a pseudonym), a 65-year-old married, Caucasian veteran and a devout Roman Catholic. The case describes the use of acceptance and commitment therapy to help Mrs

Helen begin viewing the events of her life without being overwhelmed by thoughts and feelings that accompanied her past memories of sexual violation. My work with Mrs Helen focused primarily on her desire to confess formally the anger she felt towards the priest who molested her while she served as a nurse in the Navy during the Vietnam era of the early 1970s. Since that time, Mrs Helen kept the incident a secret from both her family and her friends, primarily because of shame, guilt, judgement and self-condemnation. Although MST is a significant focus of this case, more significant and of greater impact on Mrs Helen was the abuse of power and sexual molestation that was perpetrated by a military chaplain, a Roman Catholic priest who was the trusted leader of her faith community. Consistent with her current desire to have her story told, Mrs Helen extended her consent and was grateful that part of her experience would be shared in this clinical case presentation.

I am an African American and an ordained itinerate elder in the African Methodist Episcopal Church. I have served as a spiritual care professional for over 20 years. I currently serve as a staff chaplain in a large healthcare system in the south-eastern region of the United States. I am also a licensed marriage and family therapist and have established a pastoral counselling clinic in an outpatient clinic, about four miles from the primary medical centre campus. I was referred to work with Mrs Helen as a chaplain but the complexity of her situation required the integration of both counselling skills and pastoral care. My sessions with Mrs Helen engaged the six core processes of ACT (Hayes and Lillis 2012). ACT is client-centred and based on the premise that clients are whole and complete individuals who possess everything that they need to move forwards and grow. In ACT, clients set their course in the counselling relationship. The psychological changes that need to occur are more like learning to embrace oneself than repairing something that is broken (Hayes and Lillis 2012). In these ways, ACT principles and processes are conducive to integrating with pastoral care.

Case study

Before contacting the Chaplain's Office, Mrs Helen had participated in group therapy with mental health providers in the MST clinic, followed by 19 weeks of individual psychotherapy with a psychologist using cognitive processing therapy (CPT), a specific type of cognitive behavioural therapy often used to treat post-traumatic stress disorder. Mrs Helen was referred to the Chaplain's Office because her psychologist identified Mrs Helen's understandings of her faith as 'barriers' to her recovery. Mrs Helen had not responded well to CPT, because she felt that she was being challenged to identify what her role was in the molestation and felt she was being blamed.

The referral to a chaplain was informal, and Mrs Helen was given the pertinent information in order to contact a chaplain on her own. The psychologist informed her that '*maybe* a chaplain could help' her sort out the issues that evolved during their counselling. After she had collaborated with the psychologist, the initial treatment plan was to meet with the chaplain and work through the 'barriers' and then, if therapy was still indicated, to return to the referring psychologist for additional CPT. After scheduling an initial appointment with Mrs Helen, I reviewed her chart and contacted the referring psychologist to discuss her work with Mrs Helen. The psychologist shared that she believed Mrs Helen was stuck due to some of her spiritual understandings.

In lay terms, ACT is utilised to encourage clients to 'hold and move' (Nieuwsma 2016) – holding their pleasant and pleasurable experiences along with the daunting and devastating, yet simultaneously moving, experiences. In spite of the more common reaction of becoming stuck either in wanderlust or sadness, moving forwards in the direction of our values is the desired goal of ACT. Following the ACT model, the goal of Mrs Helen's care was to enhance her ability to exhibit signs of cognitive flexibility, no longer condemning herself for the actions of others and beginning to live out her values more consistently. Although many of Mrs Helen's values were strongly evidenced in her life, some had been compromised for decades due to living and suffering privately with MST. At the point at which Mrs Helen sought pastoral counselling with a chaplain, the pain of her private suffering was unbearable. Another

primary goal of ACT is to move towards 'transforming unbearable pain into liveable disappointment' (Meador and Nieuwsma 2016) by achieving psychological flexibility. This flexibility is evidenced by one's ability to adapt behaviour to varying contexts and situations in the pursuit of one's core values (Nieuwsma 2016). Mrs Helen described the pain caused by her suffering as deep and often overwhelming. I will describe some of our key sessions and the ACT core processes associated with them.

Session 1: Confiding her story

Mrs Helen arrived promptly for her appointment and appeared relieved to finally have an opportunity to share her story. During this session, she described her time of military service and her fulfilling nursing career. She shared that as a young adult in the military, serving in Europe, it was important to her that she continued to live out the faith that she was baptised and confirmed into. To that end, she attended Mass regularly. She knew all of the priests who served on the military base where she was stationed and respected each of them, also experiencing a few of them as friends.

While on a bus excursion with military personnel and some military chaplains, she was the last one to board the bus and had to take the last remaining seat next to one of the priests. Mrs Helen had enjoyed this priest because of the way he led Mass and also because he was very personable. She shared that she was a little bit excited to sit beside him during their extended trip. They shared good conversation, reflecting on the richness of the tour that they had experienced and life in general. Eventually, Mrs Helen drifted off to sleep, only to be awakened by the priest fondling her breasts. She was mortified and very confused as she remained silent for the remainder of the bus ride back to the base. Her shock and confusion kept her silent about this significant violation. She spoke to no one about the incident, not even her closest friends. She continued to hold on to the anger that she felt towards the priest and had a strong desire to confront him, while also acknowledging that she had no idea where he was residing. In this first encounter, I explored the possibility of Mrs Helen writing a letter to her perpetrator as a means of

venting and releasing some of her anger. She thought that it would be extremely difficult but said she would consider it.

As Mrs Helen continued to share her narrative, she revealed that prior to the molestation by the priest she had been raped by a fellow service member with whom she worked. She described that she and a group of other service members had been out together to attend a special concert in a nearby town. The comrade, who offered to give her a ride home after the concert, forced himself on her and raped her in her own home. After the rape, Mrs Helen continued to see the perpetrator on a regular basis while performing her normal duty functions. After a short period of time, Mrs Helen told one of her closest friends about the rape, but they did not believe a sexual assault could be reported without experiencing retaliation. Mrs Helen understood that there were no vehicles for reporting sexual assault at that time, but she continued to carry guilt for remaining silent.

During her time in the military, after the acquaintance rape and priest molestation, Mrs Helen met her husband. He also worked in the medical field and was also a devout Catholic. Mrs Helen never mentioned either violation to him, believing these incidents to be secret parts of her life that were never to be revealed. They were married within a year of beginning their courtship and had a son and daughter within the first five years of their marriage. The couple always lived a very modest lifestyle, consistently living out their faith by attending Mass weekly as a family and participating in activities and events in their local parish. Mrs Helen shared that, although the rape had been difficult and traumatic, the greater damage had been experienced as a result of the molestation by the priest. She expressed that she had 'gotten over' the rape but struggled with anxiety and depression because of the molestation.

Session 3: Present-moment awareness

In this session, I made efforts to help Mrs Helen observe the difficult feelings and memories of her past along with the anxieties she may have had about her future. It provided a step towards releasing the power or influence of the feelings and memories in her life.

Chaplain: It sounds like all of your thoughts and fears are preventing you from fully embracing the Sacrament of Reconciliation.

Mrs Helen: I just feel like everything would be better if I could just take it to confession and have the priest tell me what to do to get rid of my anger.

Chaplain: As we begin to work towards that goal, I know that you are aware of some types of meditation that were introduced to you during the group sessions in the MST clinic. I remember that you shared that you have not had the opportunity to experience the potential benefits of meditation.

Mrs Helen: Yes, it's not a part of my tradition, but in the group that I participated in, several women mentioned that they have tried it and it has helped them.

Chaplain: Along similar lines as meditation, are you familiar with mindfulness practices?

Mrs Helen: No, and it sounds like it may not be consistent with my faith; remember, I am Catholic.

Chaplain: I remember that your Catholic faith is very important to you, and exercising your faith is one of your core values.

Mrs Helen: Yes, it is my life.

Chaplain: Mindfulness provides the opportunity to pay attention to things that we may not regularly pay attention to, such as our thoughts and feelings. Throughout the course of a day we probably have thousands of thoughts and feelings that come and go, and although we share space with them, we often don't see them when they are with us.

Mrs Helen: That's interesting.

Chaplain: Being mindful allows us to maintain complete awareness of our thoughts, emotions, or experiences without having any judgement about them. It can be helpful to just pay attention for a

few moments. They are neither good nor bad; they just are. Would it be okay if I led you in a brief mindfulness exercise?

Mrs Helen: Okay.

Chaplain: Allow your body to sit in a comfortable position, and when you are comfortable, you can feel free to close your eyes. Become aware of your body sitting on the chair and your feet in contact with the floor.

Mrs Helen: I need to open my eyes. I cannot get comfortable with my eyes closed. When that priest touched me, I was either falling asleep or waking up and my eyes were closed.

Chaplain: That would be perfectly fine. Try to focus your gaze on one particular spot on the floor. Now imagine that you are standing by the bank of a gently flowing stream, watching the water flow past you. Imagine feeling the ground beneath your feet, hearing the sounds of water flowing past, and observe how the stream looks as you watch it. Imagine that there are leaves from trees, all different shapes and sizes and colours, floating by you on the stream. You are simply watching these float on the stream; this is all you need to do for the next few moments. Now, I'd like you to notice each sensation, feeling and thought that you become aware of and imagine placing each individual one on a leaf as it floats on by. Do this regardless of whether the thoughts and feelings are positive or negative, pleasurable or painful. Whatever they are, place them on a leaf. If your thoughts stop, just watch the stream. Sooner or later your thoughts will start up again. Allow the stream to flow at its own rate. Notice any urges you may have to speed up or slow down the stream, and let these be on leaves as well. Let the stream flow how it will.

If you have thoughts or feelings about doing this exercise, place these on leaves as well. If a leaf gets stuck or won't go away, let it hang around. For a little while, all you are doing is observing this experience – there is no need to force the leaf down the stream. If you find yourself getting caught up with a thought or feeling, and the stream disappears, just notice what you got caught up with, and

gently turn this into a leaf and let it float on the stream. You are just observing each experience as a leaf on the stream. It is normal and natural to lose track of this exercise, and it will keep happening. When you notice this, just bring yourself back to observing the leaves on the stream. Gently allow the image of the stream and leaves to dissolve and bring your awareness back to sitting in the chair, in my office. How was that experience for you?

Mrs Helen: Well, it was very different for me. I have never done anything like that before. It was definitely hard to stay focused. My mind kept wandering to all of the things that I need to get done today.

Chaplain: And were you able to place those thoughts on the leaves as they passed by?

Mrs Helen: I tried. What is the purpose of this exercise?

Chaplain: So often, our thoughts and feelings cause us distress. Mindfulness practices, specifically the 'Leaves on a Stream' exercise, can help you not become overwhelmed by your thoughts and emotions but to simply see them for what they are – just thoughts and emotions. Sometimes difficult memories or thoughts can greatly impact or limit the decisions that we make in our daily lives.

Mrs Helen: Yeah, I see how that may be true in my life.

Chaplain: Do you think that this is an exercise that you would use when you are alone and feeling overwhelmed by your thoughts and feelings?

Mrs Helen: I'm not sure if I will. I just pray that God will take it all away.

Session 5: Defusion

Mrs Helen was bound by the shame that had kept her secret locked in her heart along with the guilt that she carried with her for possessing feelings of anger towards her perpetrator. In ACT terms, inflexible

belief in the literal meaning of one's own thoughts is termed 'cognitive fusion'. I introduced the idea of 'cognitive defusion' and invited Mrs Helen to observe her own thoughts and see them for what they were: just thoughts. We spent significant time on the thought, 'Who would believe me?' which informed her feelings of shame; and on the thought, 'God won't forgive me for my anger towards a priest', which informed her feelings of guilt that she was unable to forgive him. Here, I was inviting Mrs Helen simply to *observe* her thoughts. Despite her concentration being periodically interrupted due to the unfamiliarity of the practice, Mrs Helen found it helpful to engage the present moment. I invited her to share what she felt while observing the thoughts and what she felt about how the thoughts had informed her life.

Chaplain: I want to invite you to look at your thoughts, feelings and memories, those barriers that cause you to feel stuck and prevent you from moving to the place where you want to go, to be able to confess your anger to a priest. For the purpose of this exercise, imagine that they are passengers on a bus that you are driving.

Mrs Helen: Okay. Is there anyone else on the bus?

Chaplain: Yes, but they are passive participants in this ride.

Mrs Helen: This would have to be a pretty big, bus because I have a lot of thoughts and feelings, all of the time.

Chaplain: Mrs Helen, can you name the thoughts, feelings and memories? They will be identified as passengers on the bus that you are driving.

Mrs Helen: I am ashamed that I was violated by a priest. I feel guilt and shame because I can't let go of the anger. I am embarrassed that as a practising Catholic I have been unable to forgive him. I am afraid that no one would believe me. Why would anyone believe me over a priest?

Chaplain: All of those thoughts and feelings are passengers on your bus and they are a very controlling and scary bunch. Picture them as if

they were a gang, working together to make you drive the bus where they want to go. What are some of the things that these passengers are saying to you?

Mrs Helen: How could you have let that happen? Who would ever believe your story? You have to keep this a secret. God will never forgive you for your unforgiving heart.

Chaplain: So as you continue to drive the bus, the gang moves from the back of the bus to the front, directly behind you, and they have got louder.

Mrs Helen: It really feels like that at times, I just feel overwhelmed by the gang of thoughts.

Chaplain: Imagine they are getting progressively louder and more intimidating. At this point you want them to get away from you, because it is overwhelming. So you decide to make a deal with them and not drive in the direction of your goal if they are willing to return to the back of the bus and sit quietly. This works only for a little while. In that moment, you may feel some relief from your thoughts and feelings, but you are still not making progress to get towards your goal. Although they may not be bothering you quite as much, the passengers have not gone away. They are still lurking at the back of the bus and can come forwards at any time.

Mrs Helen: They are always lurking and have been for 40 years.

Chaplain: What if these passengers could not hurt you or make you drive in a different direction? What if all they can do is come to the front of the bus and be scary?

Mrs Helen: Hmm.

Chaplain: If that's all they can do, then you have options in this situation. You can choose to fight with these unruly passengers, or you can choose to be willing to have them on the bus with you and continue driving in the direction that you were originally headed, moving towards your values.

Mrs Helen: I like the image, but it is so hard to ignore them. I'll try to keep that bus image in mind when I find myself feeling overwhelmed.

Chaplain: It is not an effort to ignore them or distract yourself from them but it's really about shifting your focus to what matters most to you and being able to navigate your bus in the direction that you want it to go in.

Session 6: Values clarification

Being able to identify and focus on how to live in a way that is consistent with the qualities that Mrs Helen valued was the theme of session 6. During this session, I introduced the ACT Values Sort Cards: 50 cards, each identifying a value. I instructed Mrs Helen to examine each card and place them in one of three categories: Not important, Somewhat important, or Very important. Once each value was categorised, I instructed Mrs Helen to identify her top values from the Very important category. These included: love (because Christ died for each of us); tradition (which helped to make her feel secure); and family. The core value of justice was evident in her desire to find and confront her perpetrator, as was demonstrated in her pursuit of receiving an acknowledgement and apology from the Catholic Church and the Archdiocese of the Military.

Session 8: Committed action

In ACT, committed action occurs when steps are taken that are guided and informed by values. The goal of committed action is to establish a pattern of consistently living our values or moving towards valued living, even in the midst of painful thoughts and feelings. In this session, Mrs Helen reported that she had found a parish priest to whom she could reveal the breach of her trust caused by the priest who had molested her and to confess her anger through the Sacrament of Reconciliation.

Mrs Helen: I did it! I was able to go to confession. There was a young priest, who I had never seen before. I had not planned to do it on

that day but something was pulling me, not pushing me but pulling me. It was as if I had no choice, I had to do it.

Chaplain: Wow, you did it! This is what you have been working towards and you have taken the risk to confess your anger to a priest.

Mrs Helen: Yes, although it was just about a week ago, it feels surreal. I can't believe that I actually did it.

Chaplain: Tell me about that experience.

Mrs Helen: I went to another parish for confession and this parish did not have a confession booth, like my home parish does. When I entered the sanctuary, I saw a short line of people waiting to speak with the priest. I considered coming back later but then I saw the priest on the opposite side of the sanctuary, sitting on the back pew, listening to confessions and I felt compelled to wait and then felt like I was being pulled to him.

Chaplain: It sounds as if it was the right moment for you.

Mrs Helen: Yes, I could not have ever planned it.

Chaplain: I am aware that you had some concerns and anxieties about how a priest would react to your story and your anger.

Mrs Helen: No, he listened to me and was very apologetic. He was sincerely grieved by my story. At the end, he actually asked if he could give me a hug.

Chaplain: Were you comfortable with that?

Mrs Helen: Oh definitely; he was really sad about it.

Chaplain: It sounds very affirming of your pain.

Despite leaving my office with a feeling of subdued satisfaction, a piece remained missing for Mrs Helen because she had held the hopeful expectation the young priest would tell her how to release her anger. He did not. When Mrs Helen had initially sought counselling, her primary focus had been to make the confession, believing that all of her inner

turmoil would be lifted if she received prescriptive instructions from a priest. So, in the absence of a quick remedy within the traditions of her faith, Mrs Helen continued engaging with the weekly pastoral counselling relationship utilising ACT with me, for about 15 additional sessions. She also continued to meet monthly with her mental health provider.

Discussion

Assessment

Mrs Helen's first encounter with MST was the result of being raped by an acquaintance a few months before she was molested by the priest. Mrs Helen had been unable to acknowledge or explore the possible significance of the acquaintance rape, because she articulated that the molestation shook her core values as defined by her theological understandings. Mrs Helen's faith tradition had taught her that men who receive Holy Orders are configured to Christ ('By the sacrament of Order, priests are configured [*configurantur*] to Christ' (Flannery 1975, p.885)), meaning that they fulfil their ministerial duties in the power of Christ and not by their own power. This special grace of the Holy Spirit creates a new man whose vocational calling is to serve Christ's Church faithfully.

Mrs Helen acknowledged that her anxiety would rise when she was in close proximity with a priest and that she had strategically avoided face-to-face confessional opportunities, opting for the traditional experience of engaging in confession within the safety of a confessional booth. Mrs Helen believed that through her faith in Christ, the risen Saviour, she could be made whole again. She was informed by her belief that her ability to be made whole was conditional, dependent on her willingness and ability to forgive her perpetrator. As a result of this belief, Mrs Helen condemned herself for not being able to forgive her perpetrator and believed that if others knew about her situation, they would also condemn her; therefore, her self-condemnation felt justified. Mrs Helen wrestled with feelings of betrayal by the Church while simultaneously desiring to be faithful in her relationship with God. She was fused with her theological understanding of the divine authority of

the priesthood and the divinely ordered relationship between a priest and the community of faith. Mrs Helen continued to cling to her faith as a source of strength and sought answers to difficult questions about how her faith was to be lived in light of her MST and other complexities of life.

Interventions

For over 40 years, Mrs Helen had tried to avoid her thoughts and feelings regarding the trauma. Recently, she had seen articles in magazines and newspapers that described the prevalence and impact of MST, and this had unearthed the narrative that she had hidden for four decades. She sought help from the mental health providers because she felt as if she was caught in an ‘undertow’, which she described in this way: when she believed that she was just about to reach the surface to catch some air, then another current grabbed her and she fought with the undertow in order to survive. Mrs Helen initially believed that she had to fight and that she was expected to fight or be drowned by her painful secret. After the first few sessions with me, she began to realise that she had been expending too much energy fighting the undertow and began trying to ride with the current, trusting that she would not drown. We discussed the purpose of this consistent fighting as a means of survival and of protecting herself from experiencing unwanted emotions without sufficient support from professionals or her community. Her avoidance had been in the service of her own desire to survive in order to fulfil all of her responsibilities and obligations.

In an effort to move towards psychological flexibility, I introduced several interventions, the first of which was a brief ACT willingness activity called ‘Creative Hopelessness’. This exercise, introduced during the second session, was designed to allow Mrs Helen to see the ‘unworkability’ of her efforts to control what was outside her control (for example, thoughts that emerged in her mind, memories, the actions of others). In ACT, the idea of acceptance does not imply that we embrace our thoughts and feelings but that we allow them to be what they are and make room for them, which releases the struggle (Harris 2009). When

difficult thoughts and feelings surface, often the first reaction is to get rid of the pain but in trying to do so, the pain is often exacerbated. It creates a paradoxical experience that ACT refers to as 'experiential avoidance' (Hayes and Lillis 2012): the more we strive to avoid an inner experience, the more enmeshed we become with it. I invited Mrs Helen to share every means of experiential avoidance she had tried, and in articulating her ineffective strategies, she began to move towards the realisation that there were significant limitations in her ability to control her thoughts and feelings. Later, during that session, Mrs Helen lamented her lack of control and expressed anxiety when thinking that those uncontrollable thoughts and emotions would always be with her. From an ACT and pastoral perspective, it was important for me to stay emotionally present with her lament and anxiety and thereby model the process of simply holding this discomfort.

Much of ACT is rooted in awareness, specifically encouraging awareness of each present moment. Present-moment awareness includes paying attention to the five senses, and being aware of body and environment (Nieuwsma 2016). ACT teaches seeking present-moment awareness through the vehicle of mindfulness practices. Mindfulness is essential in the practice of ACT but, due to the external conditions of her MST experience, inviting Mrs Helen to close her eyes caused her to feel insecure and vulnerable. When we explored cognitive defusion through mindfulness during session 3, it was challenging for her to remain focused, primarily because it was unfamiliar to her and mindfulness had not been introduced within the context of her Catholic faith community. The 'Leaves on a Stream' exercise provided an introduction for Mrs Helen to begin to learn how to simply observe her thoughts and feelings, difficult ones as well as pleasant ones. She over-identified with many of her thoughts, which had led to much of her suffering.

For Mrs Helen, fusion to her thoughts was problematic because those thoughts were experienced in ways that prevented her from moving forwards and living according to her chosen values. Essentially, cognitive fusion served to keep her 'stuck' in problematic patterns of thinking that led to the familiar, inevitable consequences of emotional suffering. The difficult thoughts and feelings had been barriers to her

ability to move forwards. During session 5, we explored the function of her thoughts and what end they might be serving – whether they had facilitated movement towards her values. The theme of ‘Why would anyone believe me?’ was consistent within Mrs Helen’s narrative and questioned the validity of her story. This thought primarily informed her projected theological understandings: Mrs Helen shared that if she heard someone else share a similar story about a priest, she would question the victim’s integrity. In order to encourage her observation of both internal and external experiences, I introduced an ACT metaphor called the ‘Passengers on the Bus’. To begin this exercise, I needed to identify where Mrs Helen wanted to go and what would define her valued direction. She wanted to be able to confess her anger through the Sacrament of Reconciliation and begin to move towards forgiveness. To do this, she believed she must be relieved of the guilt and shame that she carried about negative feelings she had towards the priest, even though he was her perpetrator.

During session 6, I was able to facilitate the values clarification exercise with Mrs Helen. This brief activity allowed her to identify and re-engage the values that were consistent with her ability to fully live her understanding of her faith. Mrs Helen provided examples of how she had lived her values in the past, and she explored ways that she has been led to honour her values as she moved forwards. I was surprised in session 8 when Mrs Helen shared her moment of spontaneous confession due to her consistent level of cognitive fusion. Being able to acknowledge justice as a core value compelled Mrs Helen to spontaneously share her painful story with a priest whom she had not previously known.

Outcomes

The formal practice of Mrs Helen’s faith was demonstrated in her commitment to attending Mass and receiving the Eucharist weekly, even when she was travelling or on vacation. She believed in the reconciliation granted as a result of the confession of sins (her anger) to a priest, who then mediates God’s forgiveness through a prescribed penance and absolution. Although Mrs Helen’s committed action

involved making a confession to a priest, the confessional nature of our relationship allowed her to feel safe in sharing her narrative and to feel affirmed in the midst of her pain.

Mrs Helen experienced a few moments of committed action. The first demonstration of her moving from a place of being stuck and paralysed with fusion was being able to articulate her anger and embrace at least two opportunities to confess her anger to a priest during the Sacrament of Reconciliation face to face, without the traditional confessional booth. Making these steps allowed her to be vulnerable in the presence of a priest while also feeling supported. Mrs Helen has subsequently written a letter to the Pope as a cathartic effort to report the violation to the highest office within the Catholic Church, and she has taken the initiative to establish a relationship with an MST therapist to explore the significance of her response to the rape and the molestation.

Conclusion

Living her values has allowed Mrs Helen to move closer to psychological flexibility. She was no longer completely paralysed by her thoughts and feelings, even though she periodically became overwhelmed by feelings of shame. Although she continued to desire an external remedy for her internal turmoil, her desire for justice fuelled her letter writing and subsequent conversation with the Archdiocese of the Military. Her hope to experience relief from the MST was found in her search for accountability and a belief that she would be granted some emotional restitution by both the military and the Catholic Church.

As a fellow traveller with Mrs Helen for several months, I am humbled that she was able to share her secret and begin to process her understanding of her MST experience. Her willingness to receive pastoral care from a chaplain directly addressed some of her unique struggles. She experienced holding the pain of betrayal by one clergy member while taking the risk of trusting in another. The secret that she had tried to tuck away for 40 years was finally revealed, and she entered the early stages of being able to identify the impact that the molestation had had on her life. Hope, for Mrs Helen, lay in her belief in redemption and restoration.

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