

How a Psychoanalytic Ethos Informs Clergy Sexual Abuse

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Karen Klein Villa, Ph.D.

January 18, 2024



In the Name of the Father, Son, and Holy Spirit.

Grant us your deep and holy peace as we come together
to grow in love and understanding of the problem of
clergy sexual abuse.

Help us to do your will and to be strong, wise, and loving
in how we respond to victims, perpetrators, and
bystanders.

Psychoanalytic perspective
refers to three things:

- Type of treatment
- A body of knowledge-
 - (clinical practice, theory, empirical research)
- A kind of sensibility or ethos





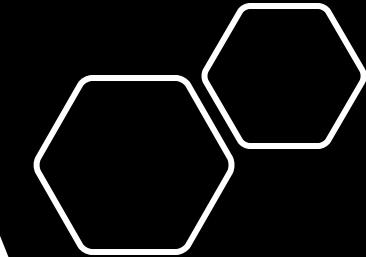
The psychoanalytic ethos

- self understanding
- authenticity
- empathy and compassion
- egalitarianism
- adaptation to unchangeable realities
- growth in agency and personal responsibility
- acceptance of normal dependency
- respect for others as subjects rather than as objects

McWilliams N. (2019). The future of psychoanalysis: Preserving Jeremy Safran's integrative vision.
Psychoanal Psychol. 37(2),98-107.

Clergy sexual abuse

Experiences of sexual abuse profoundly impact development.



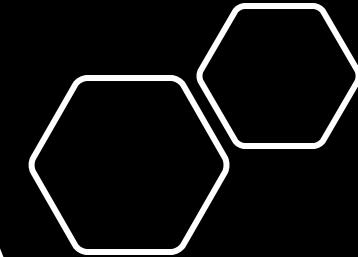
Far reaching effects in the individual and our community.

Massive defenses employed in the face of horror and evil.

So we stop the conversation.

The psychoanalytic ethos ‘forces’ the Church to deal with problems of sexuality, aggression, narcissism, etc. and not rely on spiritual bypassing.

“A defensive psychological posture cultivated by a tendency to privilege or exaggerate spiritual beliefs, emotions, or experiences over and against psychological needs creating a means of avoiding or bypassing difficult emotions or experiences.”



e.g., abuse victims should forgive and move on

Fox, Caswell, & Picciotto (2017).

According to Fr. Hans Zollner,
psychologist and former member of the
Pontifical Mission for the Protection of
Minors.

Currently, 3-7 % of clergy are accused
of **abuse of minors** across 25 countries.
Covering up and moving abusive priests
around is “still going on.”

**“Clergy abuse and cover up is far from
over.”**

“Psychology of sex abuse in Catholic Church” EWTN News in Depth Exclusive, September 22, 2022





“What are some
of the more
difficult
challenges in
addressing
Clerical sexual
abuse?”

Father Zollner:

“The biggest issue remains the hesitancy in many cultures and contexts to **discuss the reality that this has happened and is happening.**

When the topic of clerical sexual abuse is brought up, **many people simply shut down and stop the conversation.**”

<https://www.catholicprofiles.org/post/an-interview-with-father-hans-zollner-s-j>

Obstacles to facing clergy sex abuse.

- Don't talk about sex, let alone sexual abuse by clergy
- Our own sexual problems/abuse
- Lack of courage
- Lack of concern
- Idealization
- Clericalism
- It's just too painful to face such evil.

In the face of evil,...

We fall back on our character defenses.

Melanie Klein

The “paranoid-schizoid position” and “depressive position”

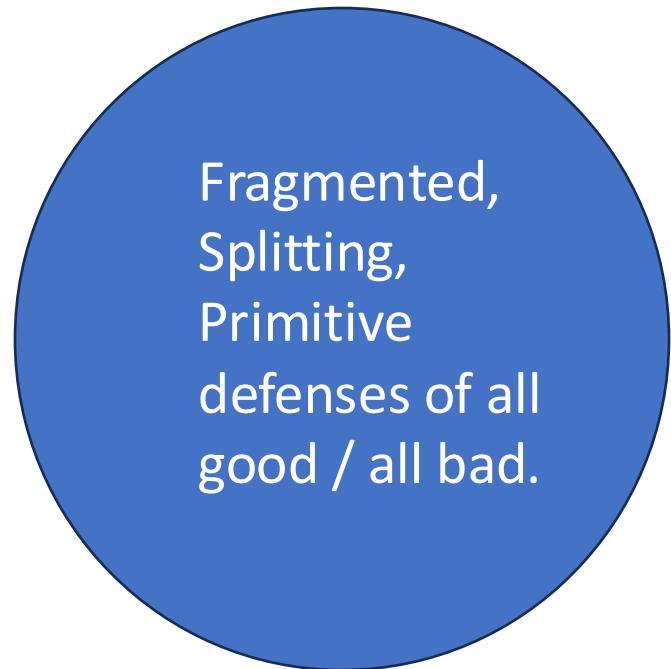
The paranoid- schizoid position involves a primitive way of handling emotions, characterized by splitting of others and self into all good and all bad

while the depressive position represents a more integrated, mature state marked by a capacity for ambivalence, guilt, and a more nuanced understanding of self and others.

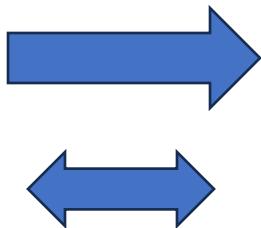
Klein, M. (1932). The Psychoanalysis of Children

Klein M. (1996). Notes on some schizoid mechanisms. J Psychother Pract Res.;5(2):160-79

Paranoid-schizoid position



Depressive position





In facing clergy sex abuse, the paranoid-schizoid position splits the Church into all good or all bad.

- “These are a few abusive men who slipped through the cracks.” “The anti- Catholic media are sensationalizing the problem” (minimizing, blaming, changing the subject, etc.).
- OR
- The institutional Church is completely corrupt.



In facing clergy sex abuse, the depressive position

- able to confront the painful realities and the severe harm
- experience a broader range of emotions.
- feelings of guilt, loss, anger, grief and a more profound sense of the impact on their identity and faith.
- “The Church has serious problems in policing herself and has failed to screen and restrain very sick and evil men. Yet, the Church still has a lot of good to give.”



Obstacles to
facing clergy sex
abuse

Idealization of clergy

Idealization as a Primitive Need

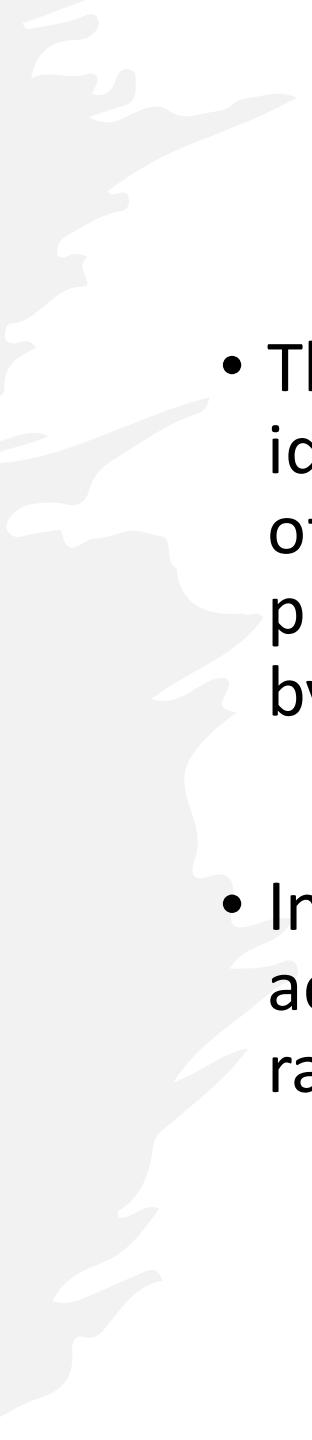
(a supernatural one too)

- In psychoanalysis, idealization is seen as basic psychological need that comes from the early vulnerability in development.

- During infancy and childhood, mental images, or "objects," are created based on their relationships with caregivers, idealized representations of caring and protective figures, providing comfort and security.

Idealization as a Defense Mechanism

- In the face of threat, idealization allows us to maintain a positive, comforting image of significant figures.
 - (“My Daddy is the best Daddy in the world!”)
- In the context of clergy abuse in the Church, idealization can become a defense against acknowledging the wrongdoing of religious authorities.
- Facing the reality of abuse by idealized figures is too unbearable.



Idealization: Impact on Perception of Clergy Abuse

- The cognitive dissonance between the idealized perception and the awareness of abusive behavior can lead to denial, projection, or resistance to facing abuse by clergy.
- Individuals may unconsciously resist accepting evidence of abuse or may rationalize such behavior

- Why did it take so long—more than 10 years—before Gauthe [serial pedophile] was stopped?
- Consider his role in those young lives: *He was a man before whom they saw their parents kneel, showing deference, receiving communion; a man to whom parent and child alike confessed sins; a guest at family dinners; a surrogate father and figure of consummate authority.*

Berry, J. (1985). The Tragedy of Gilbert Gauthe

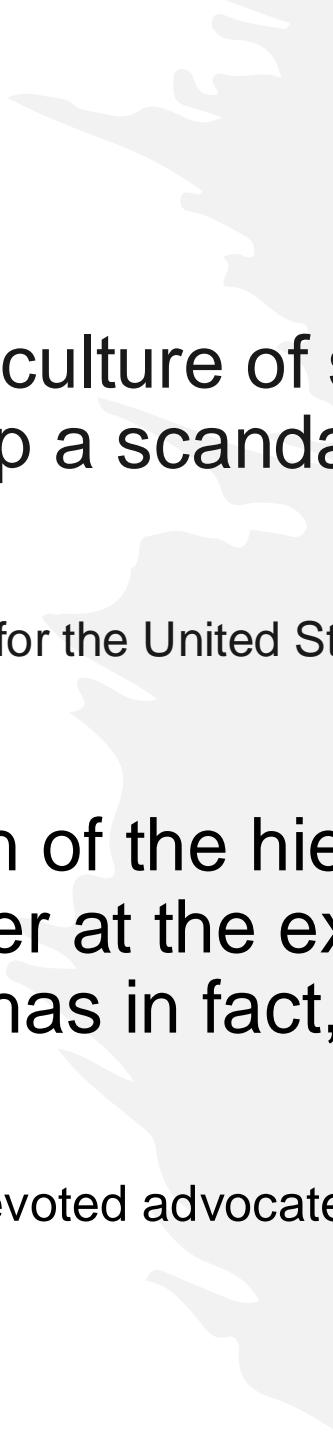
https://www.bishop-accountability.org/news/1985_05_23_Berry_TheTragedy.htm

Clericalism

an obstacle
to facing
clergy sexual
abuse by
clergy

- Clericalism is the conscious or unconscious concern to promote the particular interests of the clergy and to protect the privilege and power that traditionally has been conceded to those in the clerical states...
- Among its chief manifestations are an authoritarian style of ministerial leadership, a rigidly hierarchical worldview, and a virtual identification of the holiness and grace of the church with the clerical states and thereby with the cleric himself.

Conference of Major Superiors of Men. (2000). “In solidarity and service: Reflections on the problem of clericalism in the Church,” quoted in *The changing face of the priesthood*, by Donald B. Cozzens, Liturgical Press, 118, 187.



“Clericalism results in a culture of secrecy and elitism that is conducive to covering up a scandal like the sexual abuse of minors by priests.”

— Russell Shaw, former spokesman for the United States conference of Catholic bishops.

“The constant obsession of the hierarchy with protecting its image, stature and power at the expense of the victims has had the opposite effect and has in fact, produced an erosion of respect and trust.”

— Fr. Thomas Doyle. (2019). A devoted advocate for individuals abused by clergy for about 40 years.

Clericalism, akin to narcissism

narcissistic personality style—arrogance, unaccountability, aloofness, entitlement, and authoritarianism (Burnham, 2023). Empirical evidence supports a link between clericalism and narcissism (Burnham et al., 2020).

- In 1957, Fr. Fitzgerald wrote to the Bishop of Manchester, New Hampshire

*We are amazed to find how often a man
who would be behind bars if he were not
a priest is entrusted with the cura
animatorum [care of souls].*

“We have a boundless capacity for self-deception.”

Dr. Glen Gabbard speaking on Sexual Boundary Violations

As a Catholic community we need to understand our own narcissistic injury which needs to be worked through rather than acted out.

We idealize our Catholicism and in our own narcissistic idealization, we can disavow dangerous narcissistic qualities such as omnipotence (e.g., idealization, clericalism) and the destructiveness of sexual abuse.



Clergy who
abuse – not a
homogeneous group

In truth, none of us knows very
much about sexual predators
because the majority of them
never are identified.

— Mary Gail Frawley-O'Dea (2007)

Pathological narcissism of many clergy abusers

- **Exploitation** - Abuser exploits the victim to receive admiration, ‘narcissistic supplies’ and gratification of sexual impulses.
- **Lack of empathy**- Victims are seen as an object for their own gratification and are unable to view them as persons with their own needs, thoughts, and feelings. Empathy may be present but limited to being used as a tool for grooming or a defense against aggression.
- **Entitlement** - Abuser feels justified in being exploitive, hurtful, and free of regret.

It was like a game.

I never used force.

I had the strong impression he didn't object.

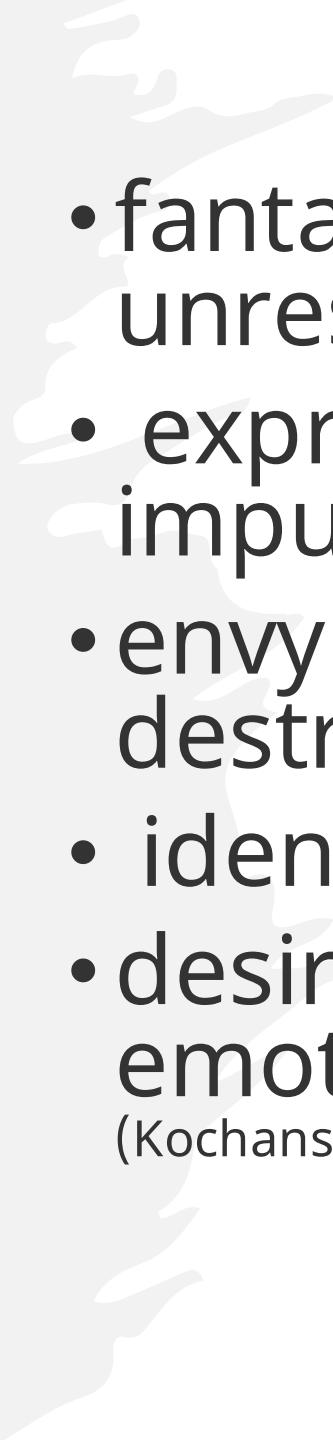
I didn't think of it as being very wrong.

It was sex education for them.

It was God's love.

“Underdeveloped affective maturity” and
“unintegrated psychosexual identity” in
dependent, hysterical, narcissistic, and
avoidant personality styles (Kappler et. al. 2020)

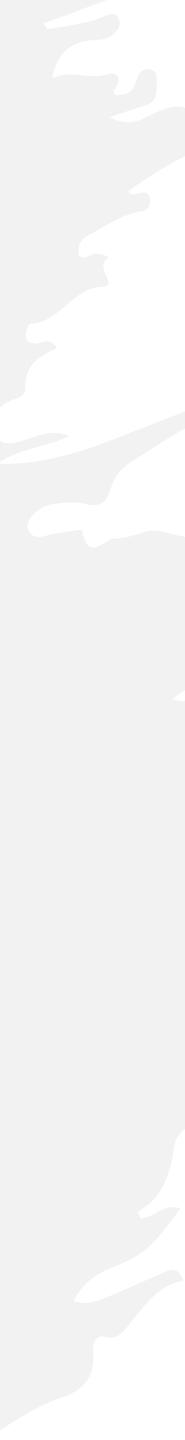
- 605 priests over 16 years at Southdown
Institute referred for sexual boundary
violations with adults



It's not just about
sexual
gratification...

Unconscious
motives for clergy
sexual abuse

- fantasied attempts to heal unresolved conflicts (Celenza, 2004)
- expression of self-destructive impulses
- envy of the victim and wish to destroy them (Frawley O'Dea, 2007)
- identification with the aggressor
- desire to fuse with child at the emotional age of perpetrator (Kochansky & Cohen, 2007)



It's not just about
sexual
gratification...

Unconscious
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sexual abuse

Sexual Misconduct in the Clergy The Search for the Father

Andrea Celenza, Ph.D.

This paper explores how clergy sexual misconduct occurs at the intersection of spirituality, sexuality, and unchallenged omnipotence. Pathological relations to sexuality and power often reflect a narcissistic refusal of certain existential givens, such as difference, limit, separateness, and lack. The teachings of Christianity, the hierarchy of the Catholic organization, and the demand for celibacy can offer pathological solutions for problems with sexuality, power, and narcissistic vulnerability. Fantasies of merger can collapse the boundaries of time, space, difference, and separateness, as well as offer a triumph over oedipal rivalry without competition, aggression, or envy. Through the Holy Spirit, the third vector of the Trinity, a priest may become one with Christ and God. He finds maternal holding through merger with *her*, the church, while taking in and becoming one with a masculine and omnipotent ideal with *him*, Christ and God. In this way, the hierarchy of the church may support omnipotence rather than challenge it while at the same time offering a vehicle for its disavowal.

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The “grooming” process

- Abuser targets certain vulnerable victims.
- Ingratiate themselves in a family through fake acts of kindness.
- Befriends targeted victim, make them feel special.
- Give them attention, affection, gifts, favors, etc.
- Earns child’s admiration, respect, and trust.
- Lowers child’s defenses gradually



- Victims develop an emotional attachment to the abuser.
- They may not recognize it as ‘sexual abuse.’
- Victim feels complicit, blames himself.
- Intense guilt, shame, self-loathing.
- “This is love. It is good for you.”
- Confusing sexual arousal, confusing emotional and moral development

Consequences of sexual
grooming on victims:

Betrayal trauma

Conscious
reasons victims
remain silent



Participants in this study describe sophisticated and effective manipulation by perpetrators to secure their silence, including

- being told that they were dirty or evil,
- they invited or caused the perpetrator to have sex with them,
- they were not to be believed by others,
- they would be punished for what they did,
- they would be taken from their home,
- they deserve to be abused,
- they were “chosen” over others to receive either abusers or God’s “love,”
- they would show love of God by not telling,
- or they would be hurt if they told.

Isley, P.J., et al., (2008). A qualitative study of men abused as children by Catholic clergy.

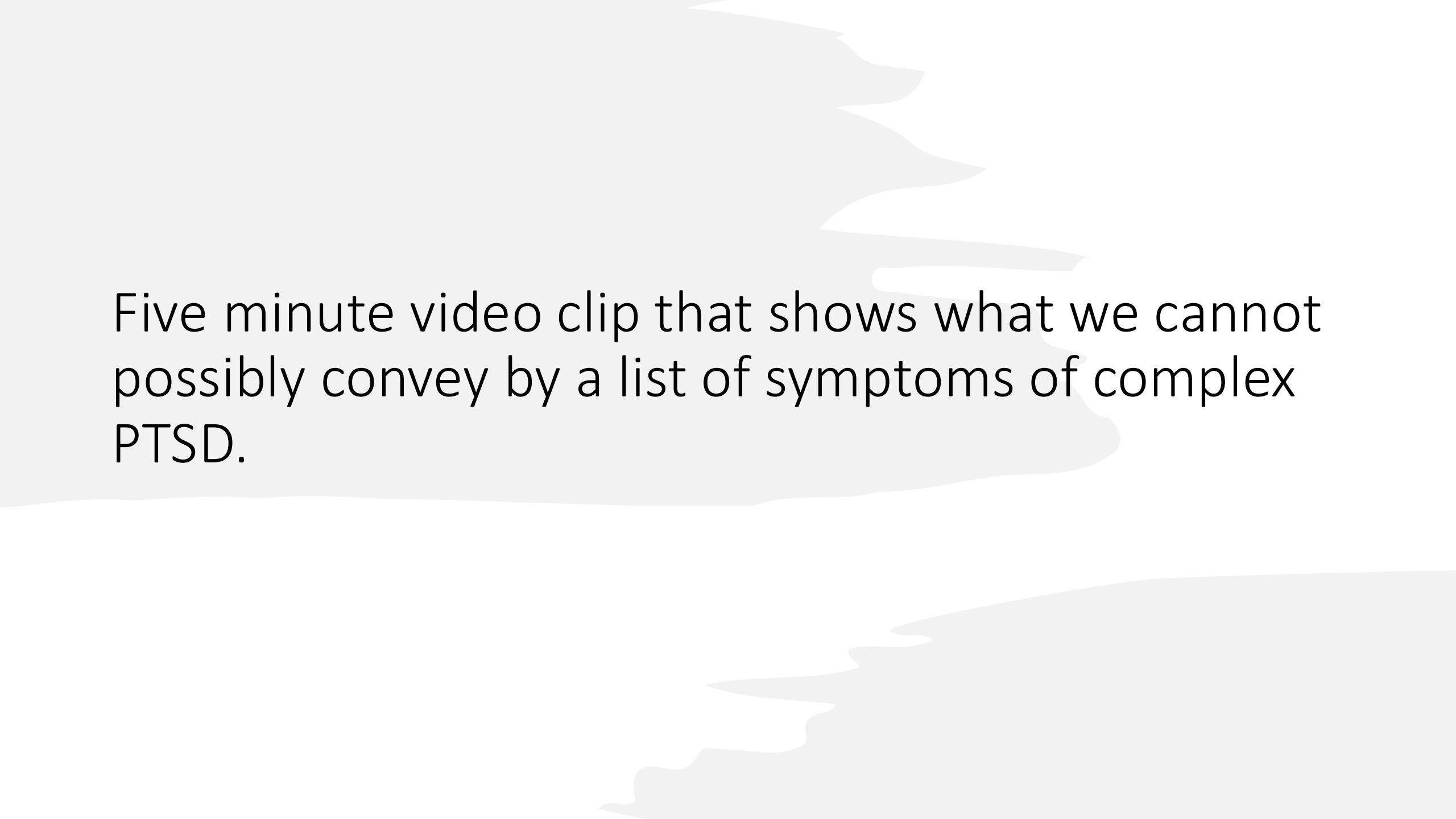
“Many children and teenagers do not disclose the sexual abuse secret because they care for the perpetrator.

A central cruelty of sexual abuse, in fact, is the perpetrators trampling of the young persons generously and freely bestowed affection and respect. It is from this epicenter of betrayed trust that the mind splitting impact of sexual abuse ripples outward.”

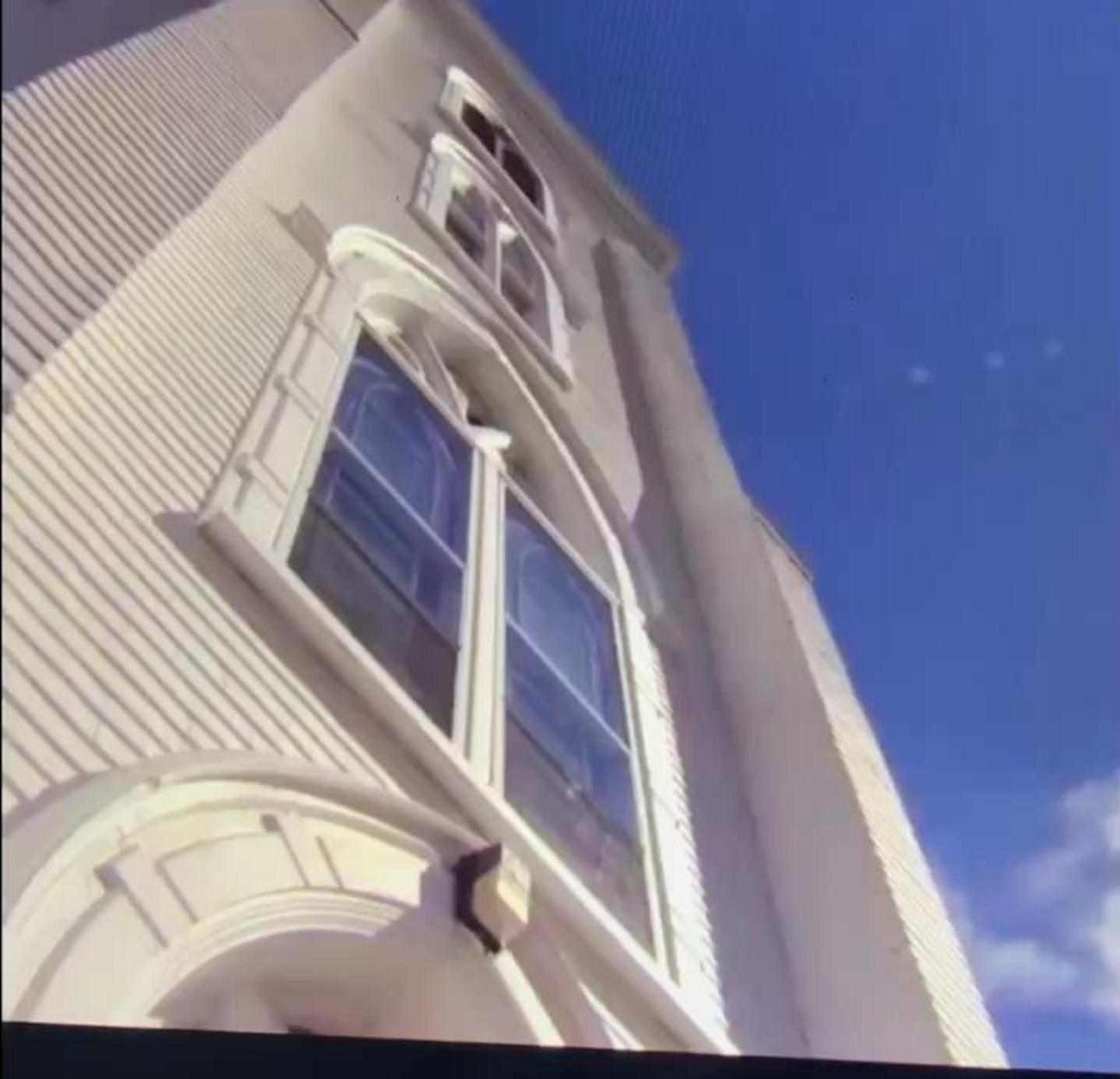
Frawley-O’Dea, M. G. (2007). Can you imagine? (Eds.), *Predatory priests, silenced victims: The sexual abuse crisis and the Catholic Church.* (pp.73-83). New York, NY: Taylor & Francis Group.

Clergy sexual
abuse:
Destruction to
mind, body,
and soul





Five minute video clip that shows what we cannot possibly convey by a list of symptoms of complex PTSD.





“I feel
like
damaged
goods.”

Why “damaged goods”?

Why is childhood sexual abuse destructive?

- Most people would say childhood sexual abuse is destructive because it's introducing children to sex before they are ready to integrate it into their (psychological) personalities.
- The Catholic view adds the spiritual significance - sexuality is a sacred and important good, involving cooperation with God in the creation of new life. So sexual abuse is damaging because it's the exploitation of a spiritual good.

Pope Saint John Paul II's Theology of the Body

The Theology of the Body regards human sexuality as sacred and essential for collaborating with God in creating new life. It emphasizes the dignity of the human body, recognizing its spiritual significance. In light of this theology, childhood sexual abuse is seen as particularly destructive, violating the sacred nature of the body and the intended purpose of sexuality.



Sexual Boundary Violations

We put a boundary around what is good in
order to protect it

“Post Traumatic Stress Disorder” or
“Complex Post Traumatic Stress Disorder”
results from childhood neglect, abuse or trauma.

New code in ICD-11 (April 2019) when ongoing sexual abuse invades many areas of personality.

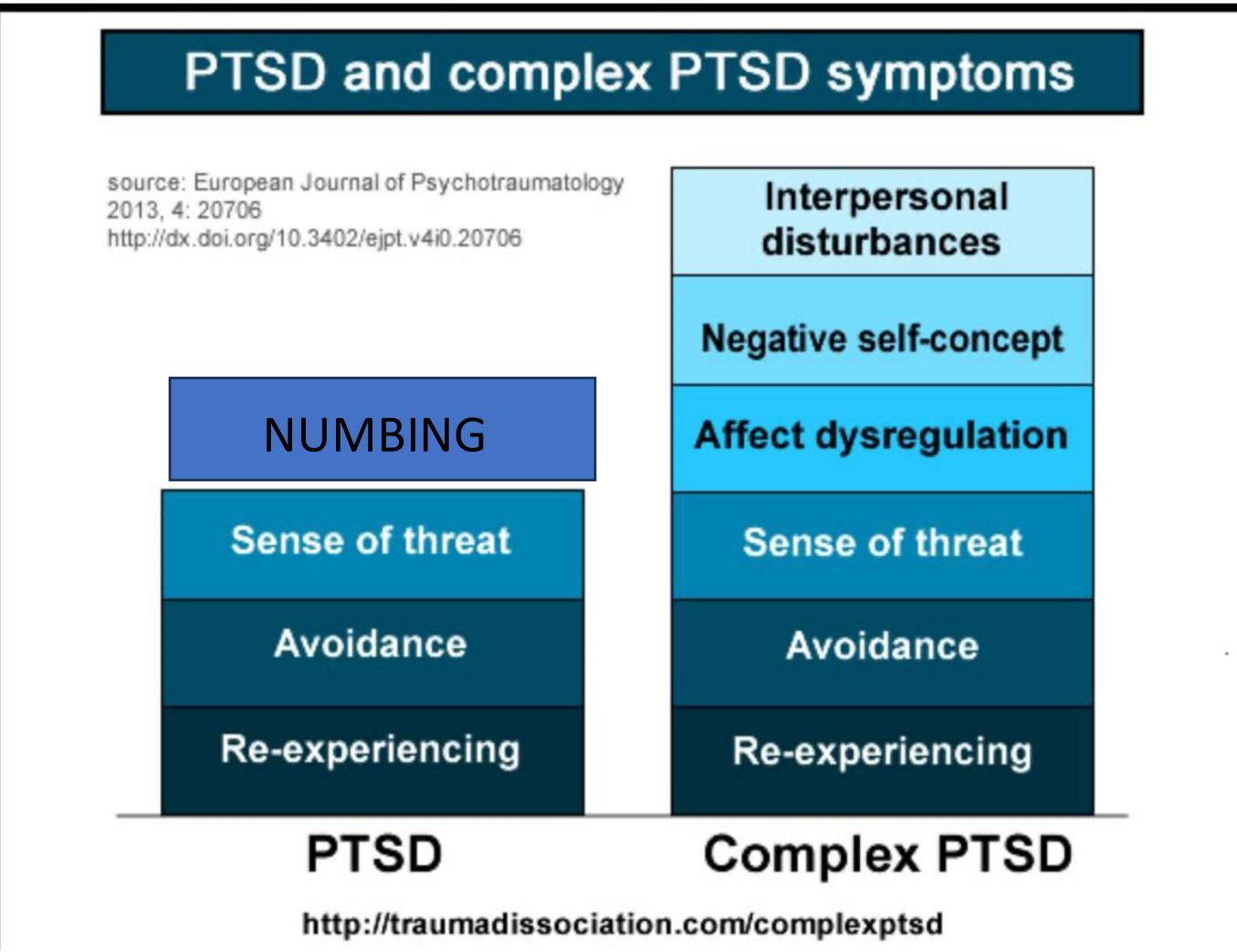
Also called
“Developmental
trauma disorder”

- Impairs individual’s identity-dissociation
- Self-worth, guilt/shame
- Emotional regulation
- Substance abuse
- Inability to trust/relate to others
- Ongoing despair, suicidal
- Crisis of spirituality/ loss of God
- Feel different than “normal people”

Differences between PTSD and Complex PTSD

This has been updated in DSM 5 which separates **numbing** (amnestic- affective- somatic) from **avoidance** (intentional)

Numbing & re-experiencing both considered dissociative and generally occur in alternation.



Silenced by God—An examination of unique characteristics within sexual abuse by clergy.

Complex Post Traumatic Stress Distress

- self-blame, guilt, psychosexual disturbances
- self-destructive behaviors (including suicidality and parasuicidality)
- substance abuse
- revictimization (repetition compulsion)

- Farrell, D. P., & Taylor, M. (2000). Silenced by God—An examination of unique characteristics within sexual abuse by clergy. *Counseling Psychology Review*, 15(1), 22-31.

Repetition compulsion

- In the psychoanalytic perspective, the repetition compulsion refers to the unconscious and repetitive reenactment of past traumas or unresolved conflicts in an individual's current life.
- Traumatized individuals may unconsciously recreate situations, behaviors, or relationships that resemble or parallel earlier experiences, either as abuser, victim, or both in a complex attempt to achieve mastery over trauma.

Repetition compulsion- Freud

Remembering, repeating, and working through
(1914) : Patients are compelled to repeat,
through action, what they cannot remember

Beyond the pleasure principle (1920):

Repetition compulsion as an attempt to master trauma

Repetition compulsion

- It's important for us to have an understanding of repetition compulsion because it leaves the victim in a perpetual cycle of harm to self and others.
- If we fully appreciated this, we would be more focused on healing victims, transparency within the church and protection of vulnerable persons.

Turning passive into active

- “Through self-destructive behaviors, the survivor regulates the timing, pace, and severity of her victimizations, paradoxically experiencing a sense of empowerment.” (Davies & Frawley, 1994).
- Attempt to *master the victimization* by “*taking charge of the timing and execution of the harm*” (van der Kolk, 2015).
- By turning passive into active, **even as they play the victim role**, they gain a sense of control and relief from the overwhelming helplessness in being victimized. Being in control and powerful is better than being helpless and afraid.



“Each time I did it,
it became less
traumatic. I didn’t
care anymore.”



Self-medication of unbearable pain

- Self destructive acts release opioids and serve to temporarily relieve psychic pain.
- Self injury as emotional regulation. (Functional brain imaging has provided strong evidence to support the hypothesis that self injury serves to down regulate the limbic system.)



Abuse / pain is fused with love/ attention

Some victims learn to receive attention and affection through an abusive relationship.

Sexuality and seduction constitute interpersonal currency, means of getting needs met. (Davies & Frawley, 1994)



Self-blame and punishment to alleviate guilt

Revictimization for perceived badness resulting from self-blame for the sexual abuse.

Identification with the aggressor

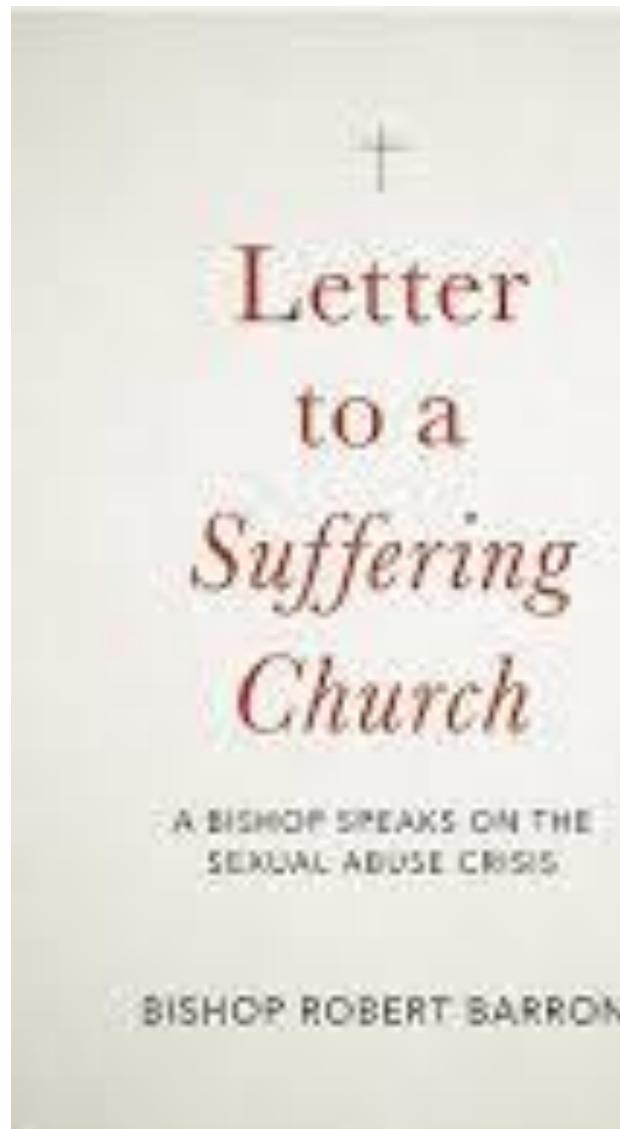
Involves the victim adopting the behavior of a person who is more powerful and hostile towards them.



Psychoanalytic ethos

- Self – understanding and authenticity
- Empathy / compassion and egalitarianism
- We must shift our focus from the priests to victims in order to fully heal and protect the Church

Stay and
fight.



Questions ?

Part II

January 25, 2024

No easy path to healing

There is no easy or short-term means of treating traumatic sexual abuse.

The journey of healing for most patients of sexual abuse is long, complicated, non-linear, and often terrifying.

“As a general rule, the earlier, more severe, and more prolonged the trauma, the more negative and far reaching its effects” (Cozolino, 2016),

and thereby, the more complicated and multifaceted is the treatment.

Do those who have been sexually abused become abusers?

4/5 males abusers were abused in childhood, while only 1/5 sexually abused boys goes on to become an abuser.

(Lisak, Hopper, & Song,
1996)

Journal of Traumatic Stress, Vol. 9, No. 4, 1996

Factors in the Cycle of Violence: Gender Rigidity and Emotional Constriction

David Lisak,¹ Jim Hopper,¹ and Pat Song¹

A sample of 595 men were administered self-report assessments of childhood sexual and physical abuse, perpetration history, gender rigidity and emotional constriction. Including noncontact forms of sexual abuse, 11% of the men reported sexual abuse alone, 17% reported physical abuse alone, and 17% reported both sexual and physical abuse. Of the 257 men in the sample who reported some form of childhood abuse, 38% reported some form of



Therapeutic frame/alliance

“How do you perceive the role of therapeutic frame and alliance in addressing the complexities of clergy sexual abuse?”

Therapeutic alliance

No manualized treatment approaches

The relationship and adaptation to the individual is more curative than any particular brand of therapy

We do not treat ‘the sexual abuse.’ We treat the whole person by means of our relationship.

“evidence-based therapies” ?

- EBTs are weak interventions, their benefits are trivial, most patients don't get well, even the trivial benefits don't last.
- The ethical absurdity of insisting on an ‘evidence-based’ treatment from which 2/3 of patients were excluded during the trials!
- Who decides the outcome measure? Disconnected researchers or the patient and therapist?

Where Is the Evidence for “Evidence-Based” Therapy?



Jonathan Shedler, PhD

KEYWORDS

- Evidence-based therapy • Empirically supported therapy • Psychotherapy
- Psychotherapy outcome • Cognitive behavior therapy • CBT • Depression • Anxiety

KEY POINTS

- The term *evidence-based therapy* has become a de facto code word for manualized therapy—most often brief, highly scripted forms of cognitive behavior therapy.
- It is widely asserted that “evidence-based” therapies are scientifically proven and superior to other forms of psychotherapy. Empirical research does not support these claims.
- Empirical research shows that “evidence-based” therapies are weak treatments. Their benefits are trivial, few patients get well, and even the trivial benefits do not last.

This article is part of the *Journal of Clinical Psychology in Practice* Special Issue on “Evidence-Based Psychotherapies.”

“Who decides what is a good outcome?”

- Symptom reduction (e.g. Statistically significant, but clinically meaningless, difference in scores on depression rating scale)
- Vs.
- Changes in overall life satisfaction
- Attachment security
- Authenticity
- Emotional tolerance and regulation, flexibility of response to stress,
- Resiliency, vitality
- capacity to reflect on the self, capacity to mentalize others,
- realistically based self-esteem,
- acceptance of what cannot be changed,
- capacity for gratitude and forgiveness, trust in God

The Efficacy of Psychodynamic Psychotherapy

Jonathan Shedler

University of Colorado Denver School of Medicine

Empirical evidence supports the efficacy of psychodynamic therapy. Effect sizes for psychodynamic therapy are as large as those reported for other therapies that have been actively promoted as “empirically supported” and “evidence based.” In addition, patients who receive psychodynamic therapy maintain therapeutic gains and appear to continue to improve after treatment ends. Finally, nonpsychodynamic therapies may be effective in part because the more skilled practitioners utilize techniques that have long been central to psychodynamic theory and practice. The perception that psychodynamic approaches lack empirical support does not accord with available scientific evidence and may reflect selective dissemination of research findings.

Keywords: psychotherapy outcome, psychotherapy process, psychoanalysis, psychodynamic therapy, meta-analysis

There is a belief in some quarters that psychodynamic concepts and treatments lack empirical support or that scientific evidence shows that other forms of

over time. Finally, I consider evidence that nonpsychodynamic therapies may be effective in part because the more skilled practitioners utilize interventions that have long been central to psychodynamic theory and practice.

Distinctive Features of Psychodynamic Technique

Psychodynamic or psychoanalytic psychotherapy¹ refers to a range of treatments based on psychoanalytic concepts and methods that involve less frequent meetings and may be considerably briefer than psychoanalysis proper. Session frequency is typically once or twice per week, and the treatment may be either time limited or open ended. The essence of psychodynamic therapy is exploring those aspects of self that are not fully known, especially as they are manifested and potentially influenced in the therapy relationship.

Undergraduate textbooks too often equate psychoanalytic or psychodynamic therapies with some of the more outlandish and inaccessible speculations made by Sigmund Freud roughly a century ago, rarely presenting mainstream

Therapeutic frame/alliance

- Safe frame with predictable and professional boundaries. The therapeutic frame signifies trust and safety and in the spirit of Winnicott (1960) creates a “holding environment.” The therapeutic holding environment provides the patient with a safe space to begin to recognize and meet previously neglected ego needs and facilitate the emergence/recovery of a true self.
- Testing professional boundaries to see if the therapist is safe. Are you an abuser?
- Unconsciously provoke or consciously request a therapist to violate boundaries. Will the therapist’s caring shift to grooming?
- Usually, all touching of patients should be strictly avoided.
- When patients see that the therapist is serious-minded enough to handle their deep pain, they will be more likely to open up. In our view, being serious and professional is more important than being super-friendly and accommodating.
- Overall, a safe therapeutic alliance is the basis of healing. When patients feel safe, then they can learn to reoccupy their bodies, minds, and thoughts and subsequently visit themselves and their memories more deeply.

A large, abstract graphic element on the left side of the slide consists of three overlapping circles in varying shades of blue. The top circle is a light teal, the middle is a medium blue, and the bottom is a dark navy. They overlap in a way that suggests depth, with the bottom circle being the most prominent.

"How might transference
and countertransference
dynamics manifest in
therapeutic relationships
when addressing clergy
sexual abuse?"

TRANSFERENCE:

Repetition of a
forgotten past

Abuser,
victim,
rescuer, or
unresponsive bystander

TRANSFERENCE

Patients may experience therapists as abusers. For example, in our asking about their abuse, they believe we are interested in being sexually gratified by their stories, thereby reenacting the abuse. (e.g., Patient who was terrified when I smiled at her)

Patients may experience us as unresponsive bystanders as we just “sit there doing nothing” and relive rage at those who failed to protect them.

Patients treat us the way they were treated and watch to see if we can handle it differently than they did. If I try to violate your boundaries, can you do something I wasn’t able to do as a child?

“If only you would love me outside of therapy, then I would be whole and healed.” Or beg their therapist to hold them or touch them to act out their abuse.

Countertransference

feelings and reactions
the therapist
experiences in response
to the patient

vicarious or secondary
trauma

reactivated trauma in
our own histories

feelings of helplessness
inadequacy, anger at the
abusers, Church
hierarchy

“rescue fantasy”
endemic to us
“wounded healers.”

patient’s repetition
compulsion in therapy
(transference)

supervision or peer
therapist support, self-
forgiveness

Fear, anxiety, and physiological hyperarousal become associated with sexual arousal.

“The realization that frightening and painful situations or fantasies are likely to stimulate intensely sexual responses ...confirms and maintains the survivor sense of inner badness and blame...very fleeting moments of pleasure are proof positive of complicity and unconscious participation in dreaded events.” (Davies & Frawley, pp. 136–137).

“I don’t know which was stronger in me,
the denial or the shame.”

showing how the reality of such evil cannot be stably contained or integrated in awareness.

The loss of God

“I was taught to believe that for a Roman Catholic priest, his hands are holy and sacred; yet these same hands molested me. How do you make sense of that?”

“The next day after sexually abusing me, he would be saying mass.”

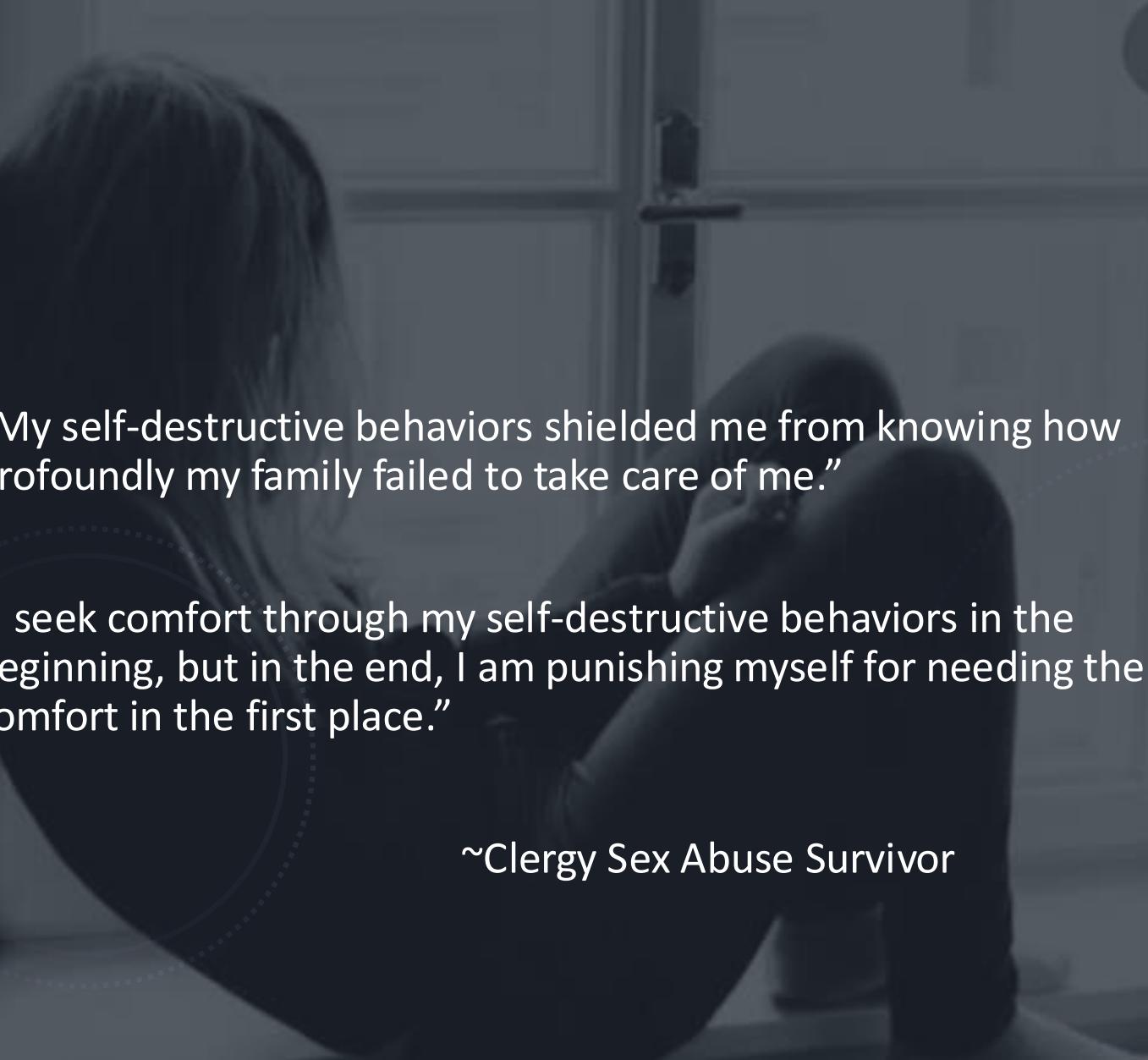
“After abusing me, he would tell me that I needed to go to confession.

“If God is meant to be so good, why didn’t he intervene and stop what was happening? Why didn’t he help and protect me?”

Farrell (2008)

No words





“My self-destructive behaviors shielded me from knowing how profoundly my family failed to take care of me.”

“I seek comfort through my self-destructive behaviors in the beginning, but in the end, I am punishing myself for needing the comfort in the first place.”

~Clergy Sex Abuse Survivor

It is unfair, but the task of the survivor who truly wants to heal is to *mourn the unrecoverable loss of a deserved childhood*, to go through the sickening process of relinquishing the hope of restoration in order to live into the hope of resurrection.



“I will never know the person
who I could have become.”

Easton, SD, Leone-Sheehan, DM, & O’Leary, PJ. (3/2019). “I will never know the person who I could have become”: Perceived changes in self-identify among adult survivors of clergy perpetrated sexual abuse. *Journal of Interpersonal Violence*, 34(6), 1139–1162. Article, Thousand Oaks: Sage Publications, Inc.

- 
- Ultimately, grief and mourning is required in order to heal from sexual abuse trauma.
 - Beneath all the shame, fragmentation, and acting out, there is a core pain that is excruciating to face: Grief.
 - In order to experience and achieve an imperfect healing, the grief of having lost their childhood, sense of safety, and/or innocence, of not having been protected or cared for by important others, and of not having been nurtured in the way they both deserved and profoundly craved, are central to recovery.
 - This layer of sexual abuse treatment is often under-stated, but is so necessary for deeper healing.

“Like the perpetrator who once kept his victim in the state of fearful anticipation of the next abusive episode, the survivor, session after session, holds a therapist hostage to the possibility of the patient’s impending self mutilation or death. As the situation goes on, the therapist may move from feeling deep concerning empathy to experiencing terror, impotent rage, eventually numbness and seeming indifference in the outcome, countertransferentially enacting the abused child’s early responses to abuse.” Page 134

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Sexual abuse in the Catholic Church has been making headlines for years. Some priests have been punished, but what about...



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The New York Times

Nearly 20 years ago, an investigation by The Boston Globe into sexual abuse by Roman Catholic priests ignited a firestorm of ...

CC

A Church in Crisis (Documentary)

CBS News, (2019, February 21). Catholic bishops in the Netherlands covered up church sex abuse for decades, reports say. [Video]. YouTube. <https://youtu.be/fwzW5KYFj88>

Collins, C. (2018). Over half of Dutch bishops shielded priest abusers. The Crux.
<https://cruxnow.com/church-in-europe/2018/09/17/over-half-of-dutch-bishops-shielded-priest-abusers-according-to-report/>

The magnitude of the problem

- Under reporting – 1/3 of female victims and a greater % of male victims never tell anyone of sexual abuse *
- repressed memory, suicides, decades delay in reporting
- 20% of religious priests not included in the John Jay study. 29% of religious communities failed to provide data in the 2004 study. Data depended on willingness of Bishops to self report relevant data.
- Sex abuse not limited to clergy. (Religious sisters, youth leaders, lay ministers also sexually violate)
- Vulnerable adults also sexually abused by church personnel
- International problem

* Jenkins, P. (1996). Pedophiles and priests: Anatomy of a contemporary crisis. Oxford: Oxford Press.

Resources for sexual abuse survivors



Road to Recovery



Grief to Grace



SNAP (Survivors Network for those
Abused by Priests)

Clergy Abuse Worldwide

- Australia - https://youtu.be/5_EQ5oy6mIQ
- Portugal <https://youtu.be/H7sqAZh2hC0?si=Wj0xmuL9maEfbaclU>
- Ireland https://youtu.be/_Ij6IyOibak?si=0CREgYkjgGwSCVFw
- Philippines- https://youtu.be/CP6XU_Hymbo
- Nova Scotia – https://youtu.be/_jmpu3TopHc
- Newfoundland- <https://youtu.be/NNMFnDPlPfI>
- England - <https://youtu.be/R6yTF8TdLiM>
- Chile - <https://youtu.be/dPzBKImExPc>
- India - <https://youtu.be/HP2IROSZdek>
- Germany - <https://youtu.be/qae2UTsAKBc>
- <https://youtu.be/rxTSdZzBMww>
- USA - <https://youtu.be/jW-S9Ddws4w>
- Boston - <https://youtu.be/03Z5s6xRMaE>
- Pennsylvania- <https://youtu.be/OQcbtLOcHtg>

Fr. Fitzgerald's warning

- In fact, as early as 1952, we have this warning from Fr Fitzgerald in his work with sexual predator priests: *I myself would be inclined to favor laicization for any priest, upon objective evidence, for tampering with the virtue of the young, my argument being, from this point onward the charity to the Mystical Body should take precedence over charity to the individual, [...] Moreover, in practice, real conversions will be found to be extremely rare [...] Hence, leaving them on duty or wandering from diocese to diocese is contributing to scandal or at least to the approximate danger of scandal.*[3]
- In 1957 Fitzgerald wrote to the bishop of Manchester, New Hampshire: *We are amazed to find how often a man who would be behind bars if he were not a priest is entrusted with the cura animarum* [care of souls].
- [3] Letters: Catholic bishops warned in '50s of abusive priests by Rachel Zoll of Associated Press in USA Today, Daily News (New York) and The Age

► In 1957, Fitzgerald mentioned this idea in a letter to Archbishop Byrne, his ecclesiastical sponsor and co-founder of the Paracletes:

May I beg your Excellency to concur and approve of what I consider a very vital decision on our part - that we will not offer hospitality to men who have seduced or attempted to seduce little boys or girls. These men Your Excellency are devils and the wrath of God is upon them and if I were a bishop I would tremble when I failed to report them to Rome for involuntary laicization....It is for this class of rattlesnake I have always wished the island retreat - but even an island is too good for these vipers of whom the Gentle master said - it were better they had not been born - this is an indirect way of saying damned, is it not? When I see the Holy Father (i.e., the Pope) I am going to speak of this class to his Holiness.

► In 1965 Fitzgerald put a \$5,000 deposit on an island in Barbados, near Carriacou, in the Caribbean that had a total purchase price of \$50,000. However, Byrne having died in 1963, Fitzgerald found that Byrne's successor, James Peter Davis was opposed to the project. Fitzgerald was forced to sell the island and abandon his long-cherished vision for isolating priest sex offenders

Fr. Fitzgerald developed a vision for a retreat on a remote island in the Caribbean in which sexually predatory priests would be sequestered for the remainder of their lives. His motives were a desire to save the church from scandal and to save children from being victimized.

Goodstein, 2009



- ▶ The CPG (2017) recommends treating PTSD using individual trauma-focused psychotherapy (e.g., PE, CPT, EMDR) over medications based on the current state of the PTSD treatment research. (1) Although there have been few direct head-to-head comparisons of trauma-focused psychotherapy and a first-line medication for treating PTSD, two recent meta-analyses compared the treatment effects of psychotherapies and pharmacotherapies. (2,3) The results showed that trauma-focused psychotherapies lead to greater improvement in PTSD symptoms than medications, and that these improvements last longer. In addition, the risks for negative side effects or negative reactions are generally greater with medication than with psychotherapy.
- ▶ Individual trauma-focused psychotherapies may not be available in all settings and not all patients choose to engage in these treatments. In such cases, the CPG recommends treatment using medication (specifically, sertraline, paroxetine, fluoxetine, or venlafaxine; see [Clinician's Guide to Medications for PTSD](#)) or certain individual, manualized psychotherapies that are not trauma-focused (specifically, Stress Inoculation Training [SIT], present centered therapy [PCT], and Interpersonal Psychotherapy [IPT]; see below). There are no data to guide whether medication or non-trauma-focused psychotherapy is more effective in cases where trauma-focused psychotherapy is unavailable or not desired. Results of recent meta-analyses suggest that either one can reduce PTSD symptoms. (2,3)

Overview of Psychotherapy for PTSD

- https://www.ptsd.va.gov/professional/treat/txessentials/overview_therapy.asp
- Examine evidence based treatments.
- “There is disagreement regarding the extent to which eye movements add to the effectiveness of EMDR”
- Two meta analyses on EMDR compared to other exposure shows no benefit to adding eye movements. Third meta analyses shows EMDR reported higher on reported distress but not PTSD symptom.
- Van der Kolk suggests EMDR not effective for complex PTSD

Empirical evidence for the power of validation

- Shenk, C. E., & Fruzzetti, A. E. (2011). The impact of validating and invalidating responses on emotional reactivity. *Journal of Social and Clinical Psychology, 30*(2), 163-183.

Written exposure therapy (WET)

- Over five sessions, patients come to the office and write about their trauma, with attention to details of the event and emotions experienced at the time. The writing is very briefly processed with the therapist during the subsequent session and there is no homework. Written narrative exposure therapies have been shown to be effective as stand alone treatment for PTSD. (References:
- Resick, P. A., Galovski, T. E., Uhlmansiek, M. O., Scher, C. D., Clum, G. A., & Young-Xu, Y. (2008). A randomized clinical trial to dismantle components of Cognitive Processing Therapy for posttraumatic stress disorder in female victims of interpersonal violence. *Journal of Consulting and Clinical Psychology*, 76, 243-258. doi:10.1037/0022-006X.76.2.243
- Sloan, D. M., Marx, B. P., Bovin, M. J., Feinstein, B. A., & Gallagher, M. W. (2012). Written exposure as an intervention for PTSD: A randomized clinical trial with motor vehicle accident survivors. *Behaviour Research and Therapy*, 50, 627-635. doi:10.1016/j.brat.2012.07.001
- Sloan, D. M., Marx, B. P., Lee, D. J., & Resick, P. A. (2018). A brief exposure-based treatment vs Cognitive Processing Therapy for posttraumatic stress disorder: A randomized noninferiority clinical trial. *JAMA Psychiatry*, Advance online publication. doi:10.1001/jamapsychiatry.2017.4249

11,000 youth were abused by 4,392 Catholic priests (approximately 4% of priests in ministry) in the United States between 1950 to 2002.

The inclusion of known cases from the following decade increases the numbers to 5% of priests and 15,000 victims.

(Terry, 2015)

Restorative Justice Views

Crime is a violation of people and interpersonal relationships.

Violations create obligations.

Justice and the obligation involves victims, offenders, and community members in efforts to make things right and repair the harm caused by wrongdoing

Adapted from Voice of the Faithful website -
http://votf.org/Survivor_Support/HealingCircles/VOTF-RestorativeJustice.pdf

Restorative justice provides "a deliberate opportunity for offender and victim to restore their relationship, along with a chance for the offender to come up with a means to repair the harm done to the victim."

Albert Eglash, "Beyond Restitution: Creative Restitution," in Restitution in Criminal Justice, ed. J. Hudson and B. Galavvay (Lexington, MA: DC Heath and Company, 1977)

Zehr in particular saw crime as a "wound in human relationships" and an action that "creates an obligation to restore and repair."

A criminal justice process often leaves the following four areas neglected, areas which are necessary for transformation and healing:

- 1) Information: Victims, families, and communities that have been harmed need answers to questions they have about the offense or the offender
- 2) Truth-telling: An important element in transformation to healing is the ability to tell the story of the abuse and have it publicly acknowledged
- 3) Empowerment: Victims, families, and communities need to be involved in the justice process in order to restore control over their lives
- 4) Restitution/Vindication: Gives a symbolic recognition of efforts to correct or right the harm caused.

From Pain to Hope. Report from the Ad Hoc Committee on Child Sexual Abuse.

Canadian Conference of Catholic Bishops (1992)

- We are convinced that pastoral care for the victims of sexual abuse consists above all in compassion, justice and healing of a grave injury inflicted upon those powerless to protect or defend themselves. Moreover, this pastoral concern is rooted in one of the most important commandments Jesus gave to his disciples:
- to care for the development of children in the candour, confidence, innocence and sanctity of their youth (see Matthew 18:2-5; Matthew 19:14; Mark 9:36-37; Mark 10:13-15; Luke 9:48; Luke 18:16-17).
- This commandment reflects the central message of the entire history of the Old Testament: the God of Abraham and of his descendants resolutely took the side of the weaker against the stronger who surrounded them, and came to the side of the poor against the powerful.

Bisson, J., Roberts, N.P., Andrew, M., Cooper, R. & Lewis, C. (2013). Psychological therapies for chronic post-traumatic stress disorder (PTSD) in adults (Review). *Cochrane Database of Systematic Reviews* 2013, DOI: 10.1002/14651858.CD003388.pub4
- Research indicates that CBT and EMDR therapy are superior to all other treatments.

Bradley, R., Greene, J., Russ, E., Dutra, L., & Westen, D. (2005). A multidimensional meta-analysis of psychotherapy for PTSD. *American Journal of Psychiatry*, 162, 214-227.

- EMDR is equivalent to exposure and other cognitive behavioral treatments and all "are highly efficacious in reducing PTSD symptoms.

Davidson, P.R., & Parker, K.C.H. (2001). Eye movement desensitization and reprocessing (EMDR): A meta-analysis. *Journal of Consulting and Clinical Psychology*, 69, 305-316.

- EMDR is equivalent to exposure and other cognitive behavioral treatments. It should be noted that exposure therapy uses one to two hours of daily homework and EMDR uses none.

Lee, C.W., & Cuijpers, P. (2013). A meta-analysis of the contribution of eye movements in processing emotional memories. *Journal of Behavior Therapy & Experimental Psychiatry*, 44, 231-239.

- The effect size for the additive effect of eye movements in EMDR treatment studies was moderate and significant (Cohen's $d = 0.41$). For the second group of laboratory studies the effect size was large and significant ($d = 0.74$).

Maxfield, L., & Hyer, L.A. (2002). The relationship between efficacy and methodology in studies investigating EMDR treatment of PTSD. *Journal of Clinical Psychology*, 58, 23-41

- A comprehensive meta-analysis reported the more rigorous the study, the larger the effect.

Rodenburg, R., Benjamin, A., de Roos, C, Meijer, A.M., & Stams, G.J. (2009). Efficacy of EMDR in children: A meta – analysis. *Clinical Psychology Review*, 29, 599-606.

- Results indicate efficacy of EMDR when effect sizes are based on comparisons between EMDR and non-established trauma treatment or no-treatment control groups, and incremental efficacy when effect sizes are based on comparisons between EMDR and established (CBT) trauma treatment.

Seidler, G.H., & Wagner, F.E. (2006). Comparing the efficacy of EMDR and trauma-focused cognitive-behavioral therapy in the treatment of PTSD: a meta-analytic study. *Psychological Medicine*, 36, 1515-1522.

- Results suggest that in the treatment of PTSD, both therapy methods tend to be equally

We must recognize that all members of the Church need healing from the harmful effects of sexual abuse.

The need is for healing and reconciliation, for repentance and conversion, and for deep ecclesial renewal

We must have an authentic interest in seeking the truth, taking responsibility for the injury to victims and families

A Catholic Guide to Understanding and Treating Clergy Sexual Abuse Survivors

Shasha Kleinsorge, Ph.D., OCDS

Karen Klein Villa, Ph.D.

Therese Cirner, LPC

September 4, 2019

Treatment of clergy sex abuse survivors

presented at the

Catholic Psychotherapy Association

May 2, 2020

Shasha Kleinsorge, Ph.D. &
Karen Klein Villa, Ph.D.

Clergy sex abuse: Why do we still need to talk about this?

2021, Homiletics and
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paper

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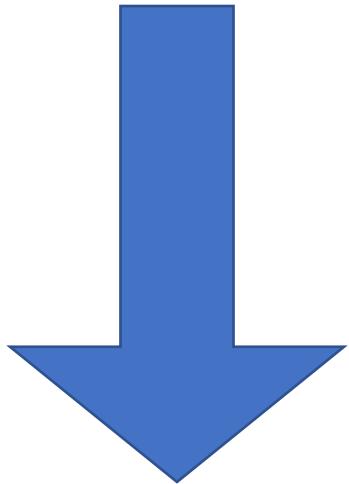
Clergy Sex Abuse: Why Do We Still Need to Talk About This?

JANUARY 14, 2021 BY [SHASHA KLEINSORGE](#), [THERÈSE CIRNER](#) AND [KAREN KLEIN VILLA](#)



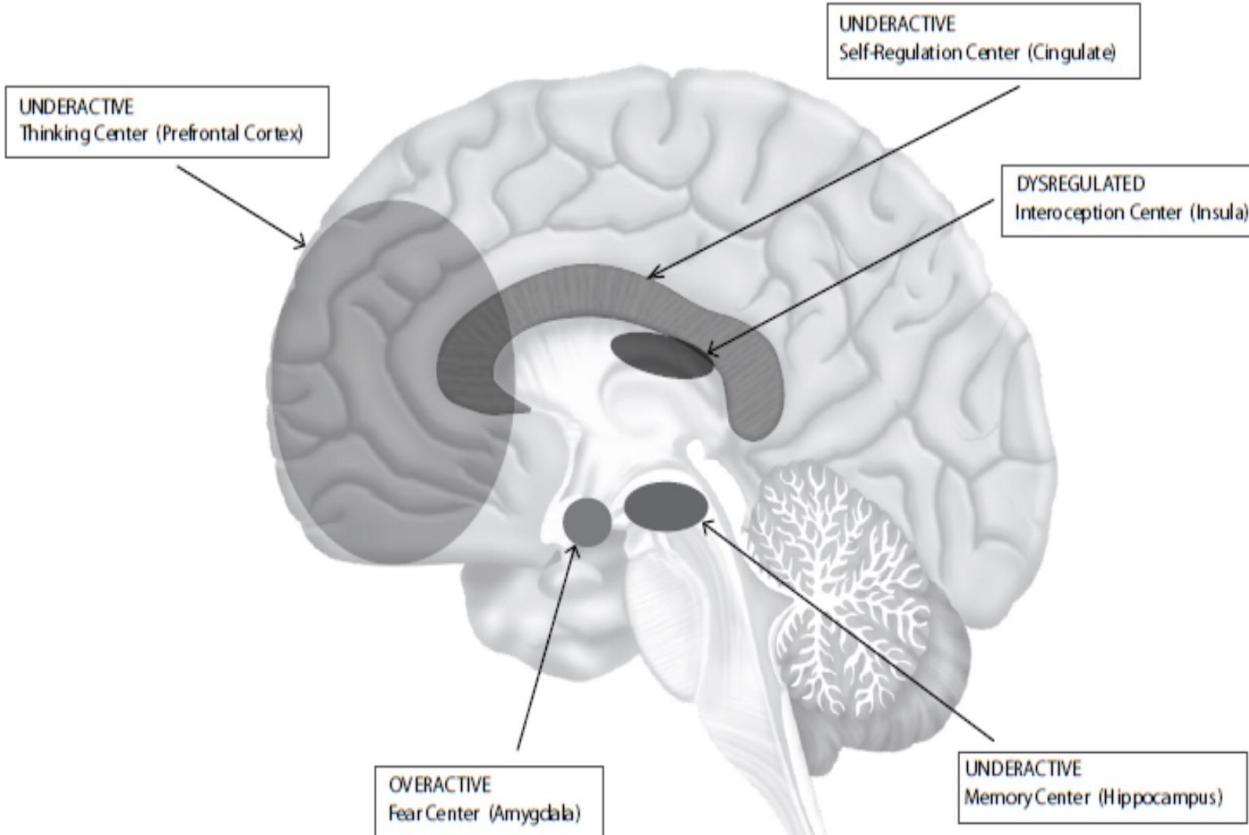
Often at the scene of a horrific accident, police will tell bystanders to "Move along. There is nothing to see here." The Catholic Church sex abuse scandal is a terrible tragedy and many laity feel they are being given this very message: "Stop talking about the priests' sexual abuse crisis. It's over. Move along now." This message implies that there are no or few new cases, there is nothing more to talk about and one is a disloyal Catholic if one thinks differently. We would suggest, however, "let us not grow weary of doing good" (Galatians 6:9) and face this sad and tragic problem as a searing global spotlight is now on the Church. Only true love and a clear-eyed, rational understanding will help heal the wounded and

Top-Down approaches

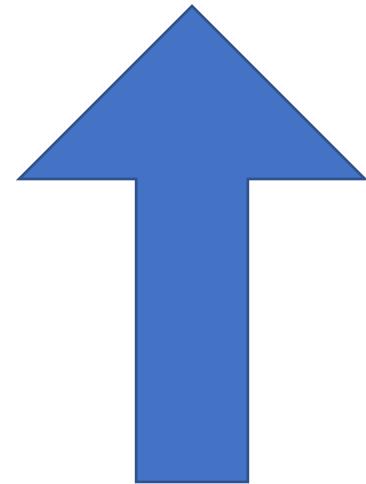


Talking
Writing
Thinking

The Brain On Trauma



Bottoms-Up approaches



Breathing
Exercise
Relaxation



“Bottom up” (Autonomic Nervous System) Interventions

- Van der Kolk (2015) states: **While we all want to move beyond trauma, the part of our brain that is devoted to ensuring our survival (deep below our rational brain) is not very good at denial. Long after a traumatic experience is over, it may be reactivated at the slightest hint of danger and mobilize disturbed brain circuits and secrete massive amounts of stress hormones. This precipitates unpleasant emotions, intense physical sensations and impulsive and aggressive actions, feeling out of control... (p. 2).**
- Hyper reactivity is one of the most robust long-term effects of traumatic childhood abuse.
- Hence, we educate survivors about brain changes due to traumatic experiences and how they automatically respond to and confuse real from perceived threat.