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The spiritual healing potential in the relationship between clergy and those they serve is facilitated by inherent disparity in position, education, and power. Congregants attempt to muster courage and faith to trust the ministers and their Church and implement the instructions, traditions, and counsel given. Since the beginning of recorded history, standards of conduct and ethical codes have been established in every religious tradition. Yet, ministers are human and subject to the same maladies and shortcomings as those they serve. Although held to a higher moral and ethical standard, they sometimes fail to remain faithful to ordination vows in the discharge of duties. Sexual misconduct and offense are among the most common and egregious abuses of power and position. Almost all faith traditions establish fidelity to vows, faithfulness to a marriage partner, as a central moral virtue. Clergy are taught and expected to model this virtue whether they are married or not. Sexual misconduct by clergy abducts fidelity, both in the clergy themselves and in those they serve. With such an abduction, the potential for soul trauma is profound.

Professional sexual exploitation includes sexual misconduct or offense. Professional sexual misconduct is defined as overt or covert expression by the clergyperson toward the congregational member of erotic or romantic thoughts, feelings, or gestures that are sexual or may be reasonably construed by the congregant as sexual. Sexual offense is a direct or indirect attempt by the cleric to touch or make contact inappropriately with any anatomic area of the congregants body commonly considered reproductive or sexual. Offense also includes any efforts made to have the congregational member make contact with these same anatomic areas on the minister. The array of conduct that is considered exploitation includes sexual innuendoes, derogatory comments, verbal or physical improprieties (such as nontherapeutic hugs), erotically charged encounters with present or former congregants in or out of the sanctuary or office, overt sexual activity, and abuse through perpetration analogous with rape or molestation. This is a highly charged emotional, moral, and legal terrain that is quite irregular and filled with many ambiguities and gray zones.

The prevalence of professional sexual exploitation and sexual disorders in ordained ministers, professional staff and other Church workers is not precisely known. To date, within the particular field of ordained clergy, there have been no definitive studies completed in this population. Limited statistical information can be found buried within the narrative-related literature. Such information, however, remains inconsistent and often anecdotal. Its utility is further eroded by divergent denominational positions

that rarely agree on the definition of professional sexual exploitation, nor the theology concerning such conduct. Studies completed on other types of professionals suggest a significant rate of sexual exploitation in psychiatrists, psychologists, medical doctors, and teachers. Estimates vary considerably within and between professions, depending on the type of survey studies used and methodology, yet commonly a lifetime prevalence of seven per cent or more is quoted.

All these professions have in common with Church professionals a fiduciary responsibility to those they serve as well as a privileged relationship characterized by a covenant of trust. At this time we have no reason to expect the prevalence of sexual misconduct to be any less in ordained ministers. If this is true, then approximately one in fifteen religious professionals will engage in some type of sexual exploitation sometime during their ministerial career.

Despite the lack of authoritative data, it is commonly accepted that healthcare professionals, ordained ministers and pastoral counselors (especially those who offer assistance with relationship or sexual matters) are at increased risk for engaging in professional sexual exploitation. Many others will have allegations of such conduct or of sexual harassment brought forward against them that cannot be either substantiated, or readily dismissed, and there have been a number of accusations and allegations that have later been shown to have been false. It will be difficult if not impossible to identify and expel all sexually inappropriate or exploitive ministers. Furthermore, societies have never been able to create enough jail cells to incarcerate all of the sexual offenders in society, regardless of their vocational or socioeconomic backgrounds.

Who are these religious professionals we refer to as sexually exploitive? How are they fundamentally different than the rest of us? Why is it so difficult to predict which religious professionals will engage in exploitation and sexual offense? We know there is a personal risk associated with accepting the privilege and mantle of any helping profession; the ministry is certainly no exception. Clergy are expected to image the relationship of a loving God to the members of the religious community and to use this authenticating power with compassion and discrimination.

In general, religious professionals are unsupervised and independent in the performance of public and private duties. They devise their own work schedules and prioritize their activities. They work behind closed as well as open doors. The protection that the clergy and the congregants have in this spiritual ministry is the commitment of the clergy to their calling, the altruistic sublimation of the clergy toward their own sexual passions, and the responsibility of all religious professionals for their own actions.

There has been an effort to understand the dynamics involved in this type of ethical violation and breach of trust. Transference is ubiquitous in the relationship between a clergyperson and any congregational member. It is commonly defined as an idealized projected image of the professional (clergy) by the patient (congregant) that is positively or negatively charged emotionally. Feelings, reactions, expectations and unresolved conflicts from past experience with one's parents, family, and other authority figures are often transferred into the current relationship with the clergyperson. Another form of transference is the corporate social and cultural projections that attach deep symbolic moral authenticity and power to the role of ordained professional. As things currently exist in organized religion, male clergy have their preponderant contact with women, whether in staff relationships, in organizational projects, or with counselees. The male minister may often consciously or unconsciously be a living symbol or image of the earthly or heavenly father. In being the symbol bearer, male clergy may see themselves as protectors, as source of strength, and someone special to certain congregants. This representation may be beneficial to the Church, yet such power and authority may become harmful and damaging, particularly when the minister's source of strength, privilege, and power is an egocentric identification not only with the divine, but also in perceiving himself on some level as an earthly extension of divinity entitled to certain privilege. The symbol bearer has then fallen prey to the occupational hazards of ego inflation, and self aggrandizement. The love of power ultimately reduces other persons to objects for manipulation and self-gratification. Many of those who perceive themselves as entitled, believe that the role of symbol bearer gives them special protection. They have an increased risk of engaging in sexual misconduct and sexual offense.

Countertransference, the image of the patient (congregant) held by the religious professional, is also ubiquitous in these relationships, though commonly denied especially when it is either negative or sexualized. It is important for the reader to appreciate the fact that in the majority of cases involving clergy sexual misconduct, conscious appreciation of these projected images and emotions is not attained by victim or offender until after sexual contact has terminated, the consequences and trauma derived from the relationship are realized, and the relationship is disclosed to other parties. Many, but by no means all, sexually exploitive clergy will be found to have a mental illness which has significantly contributed to the events leading to formal evaluation. The presence of a mental disorder does not excuse or rationalize inappropriate or exploitive behavior, but may represent a mitigating factor. The experience of professionals involved in formal evaluation of clergy facing allegations of professional sexual exploitation indicates that many will be found to have a paraphilia, some other sexual

disorder, or an impulse control disorder, as defined in the Diagnostic and Statistical Manual of Mental Disorders. Some may be found to be suffering from other undiagnosed and untreated acute mental disorders such as major depression, bipolar affective disorder ( mania-depression ), or an active alcohol or drug addiction. Rarely, unrecognized dementia (senility or cognitive dysfunction) or even an acute dissociative or psychotic disorder may be present at the time of formal evaluation.

Discovery conference participants tended to agree with treatment professionals that characterologic pathology is frequently present in sexually exploitive clergy, and that the presence of a significant personality disorder is associated with a poor prognosis. Conference participants believed that it is rare to discover or detect a minister after sexual misconduct with a single victim and especially after a single offense. When entering a formal assessment, many clergy will initially present such a scenario only to later recant and acknowledge multiple victims and offenses.

The problem of sexual exploitation is found to be at an advanced stage. Perhaps part of the reason that most clergy currently identified have such an extensive history of exploitation and victimization is that years of inappropriate behavior have taken place prior to confrontation, and this pattern has evolved into an enduring feature of their personality. Conference participants did believe that there was a significant difference between the minister who had engaged in exploitation with one person, and the minister with multiple victims and offenses if there was good reason to believe that the sexual contact had occurred without paraphilic features and with a single person. John Money, a pioneer in the treatment of sex offenders, and more recently Glen Gabbard, a noted Menninger Clinic psychiatrist who works in this area, would refer to such a focal malady as "lovesickness."

Discovery conference participants strongly supported formal evaluation once allegations of clergy sexual exploitation or impropriety in personal life had been reported. Historically, evaluations have varied widely in nature, scope, and the number of evaluators used for a given assessment. Some have been conducted in ecumenical settings, while other regulatory agencies have preferred a secular setting.

There will always be a risk that conflict of interest will be raised by any party who does not agree with the assessment conclusions and recommendations. On one hand, the clergypersons being evaluated may feel that the assessment serves to force them into treatment, particularly when evaluation and treatment are provided at the same site and same personnel. On the other hand, victims and their advocates may feel that ecumenical evaluation and treatment is used by the Church to protect its own interest and to minimize damage and public outrage.

Intervention is the first action step in resolving allegations of clergy sexual impropriety or misconduct. A successful intervention requires complete honesty and compassion on the part of those who are confronting the potentially impaired religious professional. A straightforward presentation of the allegation is almost always the best approach. Expression of concern on the part of Church authorities and others present can help the accused from slipping into morbid despair and possible suicidal ideation or action while making it readily apparent that sexual harassment, abuse, and offense are intolerable and unacceptable. A good intervention reflects social justice in the important details of holding the perpetrator of sexual exploitation accountable for the behavior and assuring the victim(s) and community that there will be no further misconduct.

Workers experienced in the evaluation and treatment of allegations of professional sexual exploitation in clergy commonly endorse multidisciplinary assessment by a team of professionals in which assessment is clearly independent from treatment and the direct influence of Church regulatory agencies. At the time of confrontation, two or three assessment sites acceptable to concerned parties are given to the accused clergyperson and the opportunity is given to make a choice from these options. Assessment is seen as either the preliminary step or else a precursor to the initiation of due process as defined by Church policy or law.

At the time such an assessment is undertaken, every effort should be taken to insure that: a) assessment team members have a full account of the behavior precipitating this formal action from either the victim or an informed and neutral third party; b) collateral information is requested and obtained from all concerned parties for review by the assessment team and; c) the assessment participant receives informed consent at the beginning of the assessment regarding limits of confidentiality and mandatory reporting as defined by state and federal law.

A formal assessment should carefully review a statement of events obtained from the complainant(s) and investigatory materials available from the referring concerned parties. The component evaluations should provide the religious professional with an opportunity to explore why the complaints have arisen. The amount of information from the complainants and concerned parties that can be shared with the professional varies from case to case. Most religious professionals referred have already been confronted with sufficient information on allegations during the intervention process to proceed without the need for additional disclosures to the minister through the assessment team. The collateral information is crucial in order to challenge potential defenses of rationalization, minimization, intellectualization, and blaming of the complainants on the part of the professional. Collateral information is available for review by any assessment team member but never provided

directly to the professional patient unless the assessment team is specifically authorized to do so and believes that it would be of clinical benefit.

The religious professional entering the assessment becomes a patient, and is requested to set aside one's professional role and its attendant defensive armor. The crucial objective for the assessment team is to establish a causal hypothesis that helps explain the reasons for the complaint(s) and the behavior of the accused religious professional. The ability to formulate such a hypothesis requires exploration of the middle ground between the complainants, Church workers, and/or peers and the professional patient's versions of events leading to formal complaint(s). The degree to which this hypothesis can reconcile disparities in multiple accounts of the events determines to a large measure the value, acceptance, and utility of the assessment conclusions and recommendations. It is important to reiterate that the assessment is not a trial, and the team members are not being asked to sit as judges or a jury. When the factual disparity between the complainants' and professional patients' versions of events remains too great, then the assessment team should not advance a causal hypothesis but rather report the assessment as inconclusive, and recommend that the matter be forwarded into formal legal process.

Assessment team members are chosen from a pool of experienced professionals based on the nature of the case. Each evaluator works with the client separately and individually, completing the evaluation prior to team staffing. The professional patient is required to describe his or her version of events and background history to every team member. One person conducts an evaluation of spiritual health and the effects of the events leading to assessment on the religious professional's spiritual and religious life. Additional consultations from other specialists are requested on an as-needed basis. Data from each evaluation and consultation is brought to the assessment team staffing.

The purpose of team staffing is to present and review information obtained from collateral sources, component evaluations by team members, and data from consultants. The team works to construct a dynamic causal hypothesis which reasonably explains why the events which led to the complaint(s) may have transpired. This leads directly to a determination of whether professional impairment is currently present, diagnostic conclusions using DSM IV criterion, and recommended courses of action. The results of the team staffing are presented to the professional patient and, if appropriate, patient advocates.

Following patient discharge, each team member completes a formal evaluation report. These are reviewed by the team director who then prepares a summary report which pulls together these component evaluations and documents the opinions, diagnostic conclusions, and recommended course of

action agreed upon in team staffing and the development of the patient's proposed plan of action.

This summary report is provided to the patient, patient advocates, and concerned parties under the dictates of state and federal confidentiality laws. A carefully written report which clearly and directly conveys information in nontechnical language can be of great value to all concerned and may help soften the personal reactions and biases that concerned parties may bring to proceedings in which such complaints are presented and important decisions must be made.

A formal assessment as described herein is a labor-intensive undertaking on the part of team members and the professional patient. It is expensive and time-consuming and may not be needed in all cases. The value of this approach will be appreciated over the weeks and months that follow. As a result of participation in the assessment, the patients may be better able to see themselves as other people see them. They may come to recognize how their words and actions adversely affected the complainants. Many impaired religious professionals have come to believe that they have exploited power and position and are then prepared to take responsibility for their actions and commit to a program of personal and, perhaps, subsequent professional rehabilitation.

The assessment process and its results have often averted the need for formal due process and legal proceedings. Victims of sexual exploitation and their families have been spared the additional and continued trauma of telling their story in formal legal proceedings, subjected to cross examination, and having their veracity and credibility again questioned. When professionals are confronted with allegations of sexual misconduct or sexual offense, their careers are in jeopardy. They deserve a fair, thorough, and comprehensive assessment to determine whether rehabilitation is possible or necessary before punishment and sanctions are administered, unless there is immediate danger to personal or public health and safety. Discovery conference participants strongly believed that the top priority for confronting impaired religious professionals was to require full responsibility and accountability for their actions and the impact of their behavior upon the lives of others.

Can they be helped?

Following assessment, it is possible to define a course of treatment and therapy which may lead to personal rehabilitation. The most common mental disorders associated with sexual exploitation in the Church are sexual disorders, personality disorders, and addictive disease. Recovery is a life-long process and effective therapy is considered the crucial first step. Those that have successfully undertaken this hazardous and difficult journey relate that the first and primary element that allows progress is uncompromising, brutal honesty. The recovering persons must be willing to admit to themselves and

others exactly what they are feeling and thinking even when such admissions are painful, shameful, or represent a failure to eradicate lustful or deviant thoughts or desires. It is most important to run out of justifications, rationalizations, and excuses for exploitive, offensive behavior, and the host of mitigating factors that one can find that can be used to explain what "made me do it." At some point there must occur a deep and genuine acknowledgment that one has breached trust and, through the use of power and position for personal gratification, engaged in a transgression of not only ethical but also spiritual principle and law. From this space of vulnerability and weakness comes the energy that promotes true spiritual awakening and personal growth. Those religious professionals who have experienced recovery often relate that support from fellow clergy and others from their community of faith and circle of family and friends is another important necessary element. Should they be helped?

Within each human being is the need to know that one is loved and affirmed for one's own sake. The foundational environment for this to occur is placed in the early developmental years. Over 80% of sexually exploitive professionals experienced psychological wounding and often physical, emotional, or sexual abuse in their formational environments. The theological tasks for exploitive religious professionals are to accept the forgiveness of God and others, and to reestablish a relational quality of life that reflects a personal relationship with God that influences and frames their interpersonal lives. The movement is marked as a passage from self-doubt, fear, denial, and anger to a humble perception of oneself as acceptable and worthy to be a beloved child of God. If each of us is one of God's children, have we not inherited the right to seek integration, atonement, and spiritual reconciliation? Only through offering forgiveness and reconciliation to all, including those servants of our Churches who have fallen, can we represent God's love on earth.

The journey toward healing and spiritual reconciliation begins with the honest assessment of the level of spiritual development attained and present, regardless of the clergy-persons' chronological age. Acknowledgment of shortcomings may then lead to revitalization of the God-given gifts of faith and hope. For some the lost vision of being acceptable and beloved of God will be difficult, as their spiritual life is marked by estrangement, or feelings of abandonment, rather than a personal relationship with God. Clergy in crisis usually demonstrate a high level of denial. Denial precedes a healthy recognition of guilt and anger, which may in the grace of a moment, evolve into true remorse and genuine spiritual awakening.

Guilt and anger may serve as the catalytic agents of healing. Exploitive clergy tend to espouse a theology that rationalizes greed and competition; this is intended to remove guilt from their lives as it brings disease. The spiritual path points toward a way where guilt is redeemed for love, health, and



humanity. Guilt may well be the Christians' shadow. The turning point may revolve around the understanding that this shadow of guilt affirms the presence of God in each life. As impaired religious professionals come to understand that guilt need not only be of rejection, condemnation, and self-serving martyrdom, but also of sanctification, they let their acknowledged guilt press them forward toward a healing they have yet to know. Guilt can inflame compassion and love for God and others.

Anger which is based on resentments, bitterness, and hatred is destructive. Commonly, the destructive anger articulated by religious professionals in crisis bears the marks of resentment. This acts itself out through attacks against themselves and others. The atonement of anger is found in the willingness of the exploitive professional to seek the roots of one's own anger, and later accepting and appreciating the need for those harmed to express their anger, indignation, and outrage without the need to resort to intellectual defenses and rationalizations. Demonstrating a courage to risk confrontation with their anger, they may discover that the anger is caused by inflated restriction (false expectations), but also anger can be caused by innocent suffering, the unjust presence of evil, and the heartbreaking tragedies of human lives. At this juncture, true and genuine personal restitution is possible.

Discovery conference participants felt that providing the therapeutic framework where such restitution is possible was one of the top priorities for clergy offenders. The redemptive movement toward healing for the impaired clergy comes as they use their freedom to address anger and aggression. Seductive and sexually exploitive clergy can be offered the hope of healing when they seek their own wholeness and genuineness.

Although personal healing and spiritual reconciliation is possible for most sexually exploitive religious professionals, professional rehabilitation is possible for fewer, and often takes a long period of time. Because this group of impaired religious professionals is so diverse, and because definitive outcome studies on treatment and rehabilitation do not yet exist, it is not prudent to make sweeping generalizations. Discovery conference participants believed that vocational rehabilitation was possible in some cases, but certainly not in all cases. They felt that rehabilitation should be offered when prudent, and that career transition and vocational counseling should be provided when professional reentry is not realistic. Churches are often able to find suitable and safe assignments for clergy and other religious professionals that promote recovery while protecting public health and safety.

Professional reentry should only be supported when sufficient progress has been made in personal recovery, when a safe and appropriate assignment or ministry is available, and under supervision with a written, explicit reentry behavioral contract that is closely monitored to assure full compliance. RI

