

Treating Offenders and Survivors of Faith

Dr Richard Ruth Dr Richard Ruth, a clinical psychologist in private practice in Wheaton, Maryland, is director of psychology at Community Psychiatric Clinic, Montgomery County, Maryland, and teaches at Trinity College, Washington, DC. A few years ago I was sitting in my clinic office, enjoying the gentle pace of a psychotherapy day that was managing itself reasonably well, when I got a call from a national radio talk show. A priest had been convicted in a high-profile child sexual abuse case; they were looking for a therapist who had treated abusers who were priests to appear on the radio. What was I doing at 11 PM? Tempted to reply that I'd been planning to be asleep at that hour, I instead acceded to my media debut. Two things surprised me about the calls I received on the air. One was the intensity with which some of the callers seemed determined to demonize the Catholic Church, and indeed all organized religions. My analytic thinking kicked in; it seemed like a defense — if it is intolerable to come to the understanding that sexual abuse is pervasive, perhaps the callers could somehow soothe themselves by believing it was perpetrated only by clergy. My other surprise was that none of the callers, nor the man interviewing me, seemed to have much of a feel for what the life of a priest is like. A word is in order about how I came to treat offenders. Much of the work I do is with abused children. That is where my heart lies. I never thought I could treat a perpetrator. But a few years ago I was at a professional conference and heard a presentation by a feminist therapist, whose name I've long forgotten. She explained that there were plenty of therapists entering the abuse field, but few men willing to treat male offenders. There was a need to be filled, and that has always appealed to me. I got some training and supervision and, some twelve years later, here I am. The work has been more gratifying than I could have imagined. As to how I came to work with priests and other clergy, that's easier. Religious faith is at the core of my identity. There are precious few therapists around who have open minds about religious people, and seemingly fewer still who can approach clergy patients with real knowledge and empathy. Oddly, the particular religion has never seemed to matter much in therapy. I've treated Protestants, Catholics, and Jews, one Muslim, one Hindu and an animist, men and women. I have met clergy offenders who have seemed to be beyond the reach of treatment. That is not my focus here. Instead, I want to say a bit about the many very treatable members of the clergy with paraphilias with whom I have worked. I think we

need to start out acknowledging that many contemporary priests and other clergy live absolutely impossible lives. They are overburdened with work; the work often involves so many different types of responsibilities — pastoral work, administrative work, teaching, study, advocacy — that the constant shifts and transitions are further depleting. Not everyone is equally gifted at everything; many clergy are often asked to work far from their comfort or competency zones. Add to that economic privation and lack of validation from the culture. Making for further wounds, even the Church does not always work well in providing clergy with community, personal supports, and sources of spiritual growth and nourishment. And yet clergy are often remarkable people, bright and caring and gifted with vocation and mission. In a way, that makes it harder, as they can often feel more intensely than most the enormity of their burdens. Celibacy is an issue, especially for men and women who have not had good sexual education and not metabolized their sexual beliefs, fantasies and feelings into a mature, grounded adjustment. But it is far from the only issue. Most people who choose celibacy never abuse. So what is the way out? I think it has to start by therapists, at least some — and more — of us, accepting that many of the clergy abusers our society has produced are wounded people in need of help, and able to benefit from good therapy. That does not mean accepting, denying, defending, minimizing or avoiding confrontation with abusive behavior. But it does mean that, once members of the clergy become a therapist's patients/clients, they deserve the full measure of empathy therapists are supposed to offer everyone with whom we work. So much of therapy revolves around the intensely healing power of feeling respected, appreciated and understood. Many of my priest patients take several months to disclose to me what the actual pace and intensity of their lives are like, and then seem further astounded that it is not a surprise to me. It is not really so surprising that there are people who grow up with a lot of confusion and misinformation about sexuality, don't find an outlet for talking about it, develop frightening and overwhelming fantasies and unacceptable behavior patterns, and don't find ready ways to seek help. It is also important to talk about the particular resources priests and other clergy can bring to therapy. Discipline, psychological mindedness, and willingness to think are key among these. But so is spirituality. Therapists, even religious therapists, tend to get squeamish about spirituality — perhaps to some extent rightly so, in that most of us are not trained as theologians or pastoral professionals. But it is within our competency to ask about our patient's spiritual functioning, as we would inquire about other areas of functioning, and to validate the importance of spiritual health, to talk about the importance of spiritual groundedness to psychological recovery. I can recall one very powerful moment when I said to a minister with a history of pedophilia that he had let his sexual obsessions get in the way of his relationship with God. I wasn't simply "talking his language"

at that point; I was helping him identify a key pathway and inner resource that ultimately was a fulcrum of his recovery. Some of these same ideas have relevance to our work with survivors of sexual abuse by clergy. I am surprised by how often the emerging literature fails to mention that many of these people are religious people. Thus the the play on words in my title. For many people, what is involved in recovery from abuse is recovery not just from abuse by people of faith, but from abuse of faith itself. We who celebrate and validate faith in all areas of our life too often forget it in the consulting room. When we turn this around, and turn our healing attention and dialogue to the faith lives of our survivor patients, tremendous power can be unleashed — in our patients' lives, temporal and spiritual, and in our own. RR