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Will Francis tend to those most impoverished by the church?

Mary Gail Frawley-O'Dea | Mar. 28, 2014
Viewpoint

Carl grew up in a devout Catholic family free of mental illness, substance abuse or any kind of violence. His older sister and younger brother are successful professionals and happily married with children. Carl was a straight-A student and a gifted athlete until the seventh grade, when Fr. L, Carl's parish priest, asked him to work in the rectory on Saturdays. His folks were delighted that their priest had shown an interest in Carl, and encouraged him to accept the offer.

Within a few weeks, Fr. L invited Carl to his room, where he ran his hand along the boy's thigh, brushing his genitals, while praising him for being a good worker. Afterward, he told Carl he could help himself to beer kept in the rectory's kitchen.

Over the next two years, the abuse progressed to Fr. L performing oral sex on Carl and eventually anally penetrating him. The abuse was interspersed with Fr. L giving Carl money and telling him that if he ever told his parents about their "special" love, Fr. L would tell them about Carl's progressive drinking -- with the alcohol usually supplied by Fr. L. At times, Fr. L gave Carl the Eucharist at the rectory for being such a good boy.

Carl's grades fell; he dropped off school teams, began cutting classes, and started smoking marijuana and using LSD and pain pills. At 17, he was arrested for buying heroin from a local dealer and spent time in prison. He has been married twice, both marriages breaking up because of his angry outbursts, alcohol and pill abuse, and inconsistent work history.

Pope Francis needs to meet some of the Carls of the world. He needs to hear their stories with the heart of a pastor that he has already so elaborately displayed. Then he might understand why so many reacted negatively to his recent defense [1] of the church's handling of the scandal.

Carl began therapy at age 33 after being released from rehab, where he had disclosed the abuse for the first time. During intake, he revealed that he had attempted suicide twice and regularly cut his thighs as close to his genitals as possible. He suffered chronic headaches, which would worsen when he thought about Fr. L. Meeting criteria for post-traumatic stress disorder, Carl often woke up in a cold sweat, knowing he had dreamed a nightmare, but not remembering it. Often, he felt that someone was in his apartment and had been on top of him before he woke up. These experiences were so terrifying that he would stave off sleep by playing video games until the wee hours of the morning. He was depressed and anxious, often feeling nauseated when he tried to eat.

Carl felt that he had married both his wives because he wanted to prove that he was firmly heterosexual. Once married, he could not to stand to be touched and would get angry when his wives wanted to make love. He was awash in shame and deeply concerned about his masculinity. How could he be a real man if he had been abused as a boy? Had Fr. L thought he was gay? Did he seem gay? Was he just weak?

Because of the felony and despite being very bright, Carl was underemployed, working for little better than minimum wage. He often missed work because of his nighttime terrors or because he had stayed up all night.

Long ago, Carl had given up on God or alternately felt that God had given up on him. He swung between hating God and feeling certain that God could never love him because he was so "dirty" and sinful. Even thinking about the Eucharist made him want to vomit.

Carl and I worked together twice a week for four years, and he was prescribed antidepressants and sleep medicine. He also joined MaleSurvivor.org [2], an excellent resource for sexually abused men.

Today, he is a sober college graduate, well connected in AA, married with a daughter, and has a stable, well-paying job. He and his wife found a mainline Protestant church that he feels reasonably comfortable in, and he has negotiated a wary reconciliation with God. He still has occasional nightmares and sleepless nights, but his wife is patient and lovingly supports him at those times. A settlement received in a lawsuit against the diocese in which the abuse took place facilitated much of his healing work as well as his education.

For 30 years, I have worked directly with almost 200 sexual abuse survivors and have supervised work with many more. I have researched, taught and written about sexual abuse and its treatment since the 1980s. In 2002, the U.S. Conference of Catholic Bishops chose me as the only psychologist to speak to the bishops about the consequences to the victim of abuse by a priest. I know that some clergy sexual abuse survivors have fewer and less devastating post-abuse symptoms than Carl (a composite of several survivors with whom I have worked); some have many more. Many survivors can heal in psychotherapy with a clinician experienced in trauma recovery and with psychiatric medications; others never do.

Sexual abuse survivors are among the church's poor and afflicted. Their lives have been directly impoverished in multiple ways by priests, hierarchs and popes; by public relations and press spokespeople; by attorneys hired to discredit victims seeking justice in court; by laypeople who blame the victim instead of the priest who abused and the bishops who covered up crimes -- and still do, despite the church's claim to the contrary.

Worldwide, there are hundreds of thousands of men and women who as youths were soul murdered, a term used by retired Cardinal William Keeler of Baltimore referring to clergy sexual abuse. Sexual abuse creates myriad hardships for survivors that deplete their physical, psychological, relational and spiritual resources, impoverishing their lives for many years until they get help in healing.

Trauma expert Dr. Bessel van der Kolk teaches that "the body keeps the score," and indeed, abuse survivors are frequently beset with physical ailments through which their emotional and spiritual pain is expressed. Two and a half to three times more likely to make a serious suicide attempt than the nonabused, survivors at times attack their bodies -- the scenes of the crimes -- and sometimes they die.

Psychologically, survivors often meet criteria for PTSD and suffer from a wide range of terrifying and -- to them -- shameful symptoms, like nightmares and flashbacks that result in anxiety, depression and impoverished daily functioning. Relationally, many survivors cannot get comfortable in intimate relationships, either because they feel dirty and unlovable or because they cannot let their guard down enough to be loved. Sex, of course, may be problematic for a lifetime; even with a loved one, it can be disrupted by flashbacks and fear.

Not surprisingly, the spiritual life of the survivor of priest abuse and ecclesiastical indifference is often diminished. Many survivors abused by clergy lose their Catholic faith and/or their belief in God. They are angry at God or, conversely, feel unworthy of divine love. So much in need of spiritual succor, they instead wander alone through an endless spiritual desert, unable to surrender to or trust in God's mercy and grace. Finally, while some survivors are remarkably able to work well in life and sustain themselves, others cannot because of the

seriousness of their symptoms and are underemployed, unemployed, or on medical or mental health disability.

Francis has moved many with his passionate advocacy for the poor of all nations. He can earn little credibility about his devotion to the poor, however, if he does not first embrace those whose souls have been desecrated and their lives impoverished by his church. They are his own poor and afflicted. An important step in pastoral care of those deeply wounded by sexual abuse would be finally holding to account bishops, cardinals, and provincial superiors who saw suffering and turned a blind or even contemptuous eye, and hid the evil for decades, often at great expense to the church.

Francis should also meet with some of those whose lives have been as harmfully disfigured, though invisibly, as those with physical deformities. They need acknowledgment that he understands their plight and cares.

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