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Chapter 1

SPOUSAL RAPE – A CHALLENGE FOR PASTORAL COUNSELLING

1.1   Problem statement

While there is a high incidence of rape in South Africa, women have few resources to turn to in time of need. With regard to spousal rape there are even fewer resources for the victim. The question that this study is explores: Do pastoral counsellors effectively address the issue of spousal rape? The usage of the terms "pastoral counsellors" and "pastoral counselling" refer to the workers and work done by those in the context of the Christian faith and operate from a church or para-church organisation. These workers are not necessarily registered with the Health Professions Council of South Africa as "register counsellors" which requires a minimum qualification of an Honours degree in Psychology (cf. Health Professions Council of South Africa 2010:1) Further, there are restrictions placed upon the usage of the terms "counsellors" and "counselling" as used by the amended Health Professions Act 56 of 1974 (cf. South African Government 2008). This Act implies that only those who are registered under this act may use the terms "counsellor" (including pastoral counsellor) and "counselling". However, those addressed in this study are all those who consider themselves pastoral counsellors and do the work of counselling whether within the above legal definitions or not.

International Crime Statistics released in 1996 by the International Criminal Police Organisation I (CPO-Interpol), indicated that South Africa has one of the highest incidences of rape in the world (Hirschowitz, Worku and Orkin 2000:28). According to recent statistics released by the South African Police Services, 71 500 sexual offences were reported in the year 2008/2009 (South African Police Services, 2009). This indicates an increase of 8.2% from the previous year, that is, 2007/2008. A study conducted by Statistics South Africa, Victims of Crime Survey 1998, (as quoted by Hirschowitz, Worku and Orkin 2000:14) put forward that only 43.8% of women who were raped reported the incident to the South African Police Service. A television documentary, Every 26 Seconds (Levitan 2008), has indicated that one rape takes place every 26 seconds in South Africa. Although there may be discrepancies in the research undertaken and the statistics gathered concerning the

actual number of rapes occurring, extrapolation of these figures suggests there are between 110 000 and 490 000 rapes occurring annually in South Africa.

Every rape (including spousal rape) has the following possible long term effects:

Firstly, rape is usually carried out without the use of condoms. This may result in the transmission of life threatening sexually transmitted infections including HIV/AIDS. Secondly, unwanted pregnancies are possible. Thirdly, the World Health Organisation (2002:1) identifies additional gynaecological complications such as vaginal bleeding, fibroids, chronic pelvic pain and urinary tract infections.

- **Psychological stress and disorders**.

Women who have been raped are at greater risk of attempting suicide. The World Health Organisation (2002:1) reports that women who have been raped present with suicidal thoughts and behaviour. Mental health problems such as clinical depression, panic, anxiety, phobias, and symptoms of traumatic stress are also common. Astbury (2006:5) notes that these problems can occur alongside low self-esteem and "a damaged sense of gender identity". Studies have demonstrated (see Vetten 2007:23) that rape victims are also six (6) times more likely to develop Posttraumatic Stress Disorder (PTSD) at some point in their lives. Due to the high frequency of rape, rape survivors constitute the single largest group suffering from PTSD. This fact is substantiated by different studies (cf. Bruce et al 2001). Astbury (2006:5) puts it as follows: "Of all the traumatic stressors researched so far, including natural disasters such as earthquakes, hurricanes and tsunamis, it is the "man-made" trauma of sexual violence that most strongly predicts the subsequent development of post-traumatic stress disorder (PTSD)".

- **Social difficulties**.

The attitude of society towards rape survivors is frequently critical, judgemental and uncaring. Despite the fact that the citizens of South Africa are governed by a progressive constitution which seeks to protect the rights of women, rape victims continue to experience discrimination. An added difficulty is that the rape survivor's family is frequently unaware of how to respond to her.

- **Spiritual difficulties**.

Rape survivors struggle with issues relating to the meaning and purpose of life in addition to experiencing uncertainty regarding their future. They often question how God fits into their circumstances. This is not a unique question asked by rape survivors but it is also asked by traumatised persons in general.

Pastoral counsellors have the opportunity to be a crucial resource for rape victims. One of the reasons is that pastoral counsellors are, at times, the first resource that a rape victim may turn to for help. According to Foy et al (2003:279-280) pastoral counsellors may be the only "professional resource" for many who never seek assistance from other health professionals. However, they are frequently not considered a viable resource option for these individuals. A South African study (Rasool, et al. 2003:102) revealed that while a number of women felt that the church played a positive role in their lives, they did not feel the church was effective in dealing with issues of violence against women. The reasons for this belief beg investigation. This thesis will test each of the following hypotheses:

- Firstly, the majority of church leaders is male and may therefore be perceived to be unable to identify with rape victims and to therefore be of little assistance.
- Secondly, the clergy are frequently perceived to be judgemental and it is therefore feared that they may lay the blame for a rape on the victim.
- Thirdly, the church and Christian faith are considered to be patriarchal in nature and structure, and therefore female unfriendly.
- Fourthly, a modernist society frequently views the church as being lowly and irrelevant when it comes to psychological issues.
- Fifthly, the assistance offered by the church (if any) is frequently short-term in duration and not long-term as required rape victims.
- Sixthly, in many instances churches as faith communities are often silent on the issue of rape, and is not seen as addressing the matter publicly from the pulpit, from its teachings, or from its counsel.

The phenomenon of rape, also spousal rape, and the subsequent trauma presents a challenge to local churches. Many faith communities do not always have the ability to approach this phenomenon in an appropriate way. This includes pastors

who cannot provide effective counselling for rape victims, especially when these rape survivors have developed rape-related posttraumatic stress (see Sommerfeld 2009). One of the reasons is that pastors are not trained to counsel rape victims in seminary. A possible solution may then be to consider the intervention of specialist pastoral counsellors.

The point of departure of this study is that pastoral counsellors generally offer ineffective assistance to rape victims who have developed posttraumatic stress as the result of rape. The following additional hypotheses will also be tested in this study:

- Pastoral counsellors are not always trained to deal with rape (even less so, with spousal rape-related posttraumatic stress).
- Pastoral counsellors frequently counsel people who present with broad range of issues and seldom specialise in specific problem areas.
- Pastoral counsellors are not legally required to continue the development of their skills and knowledge regarding the latest information and studies in the form of CPD (Continued Professional Development) points, as are other professionals. This results in pastoral counsellors frequently being outdated with regard to current research in addition to them not developing personally.
- Both society and the psychological fraternity generally perceive the role of pastoral counsellors as supportive at best.
- Pastoral counsellors are generally patriarchal in their worldview and are therefore frequently perceived to be gender-insensitive.
- Spousal rape victims who hold to the Christian belief system are not any different from those spousal rape victims who do not hold to the Christian belief system. Both groups are not only likely to present with posttraumatic stress but also to show symptoms of posttraumatic stress disorder.
- Spousal rape victims' spirituality is negatively affected because of the suffering she has endured.

In summary, the problem that is to be investigated is whether pastoral counsellors (with their Christian faith and the Holy Scriptures at their disposal) are able to counsel women who have been raped by their husbands and are suffering

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from rape-related posttraumatic stress. The point of departure of this study is that aid to spousal rape victims should be multifaceted and involve aspects such as individual care and therapy, community involvement, mentorship programmes, gender-related issues and theological perspectives.

1.2   Research gap

A research gap will be identified after a selected number of existing studies, articles and books have been explored and research focus areas have been pointed out. Out of this selection a gap will be identified that this study aims to address.

James Martin (2003), titled his Master's thesis in Theology, *Carry a Torch of Hope: Narratives of Trauma and Spirituality*. Martin, who writes from a South African perspective considers a feminist theological perspective in his thesis and addresses trauma-related events from a Christian perspective. Although Martin mentions posttraumatic stress and rape, he does so within the general domain of traumatic events. Martin does not explore the issue of spousal rape however.

The Coping Process of the Unacknowledged Rape Victim, written by Heather Leigh Littleton (2003), is a Doctoral dissertation from the Virginia Polytechnic Institute and State University in USA. Littleton researches rape and the outcome of rape that is undisclosed. Littleton does consider the question of Posttraumatic Stress, however her dissertation is not written from a South African perspective. Further, Littleton is from the faculty of psychology and does not mention any spiritual standpoint.

C. A. Wakerley's (2005) Doctoral thesis from the University of Johannesburg is titled: *Group Art Therapy with Rape Survivors: a Post-Modern Feminist Study*. In her thesis, Wakerley considers rape-related posttraumatic stress (amongst other issues); rape with regard to adult women; a feminist standpoint; a South African perspective and also a suggested therapy model. There are a number of dissimilarities between this study and that of Wakerley. Wakerley's study is in the faculty of Psychology and makes no mention of spirituality, whereas this thesis investigates spousal rape-related posttraumatic stress from a pastoral perspective. Wakerley is a woman writing on rape, whereas this study is done from a male perspective. Wakerley designed a therapeutic model for the secular psychological fraternity, while I will suggest a pastoral counselling model.

Andrew Weaver et al (1996), has written a number of articles on posttraumatic stress and the Christian faith. Others have also subsequently published articles on posttraumatic stress from a Christian perspective (cf. Sigmund 2003; Hugo: 2008), however the subject of rape is either treated as a theological discussion (cf. Crisp 2001), or addressed within the context of domestic violence (cf. Cooper-White: 1996).

A number of books deal with the subject of spousal rape, however these are mostly written from a psychological perspective (cf. Finkelhor & Yllo: 1985; Petrak & Hedge: 2002). A number of Christian authors have addressed the issue of posttraumatic stress (cf. Leslie: 2003; Fuller: 2002; Weaver et al: 2004) where rape is referred to as being one of these traumatic events. However, none of these consider the posttraumatic suffering of victims of spousal rape. Christian authors who mention the issue of spousal rape do so within the context of domestic violence (cf. Adams & Fortune 1995; Cooper-White 1995) or within the context of other forms of sexual abuse in the home (cf. Heggen 1993; Poling 1991).

These publications have been a useful resource (amongst others) for this study, which explores the issue of spousal rape-related posttraumatic stress from a gender-sensitive, theologically conservative male perspective, with pastoral counsellors in mind.

I suggest there are advantages to researching spousal rape-related posttraumatic stress from a male perspective. Why I as a male pastoral counsellor embark on this study, can be motivated as follows:

- The demographics of many churches indicate that more women than men attend church services (cf. Murrow 2005:4; Keller et al 2006:238), however, in many of these churches, especially the conservative evangelical churches, the leadership and pastorate is predominantly male (cf. Keller et al 2006:446). This means that women approach males should they require pastoral assistance.
- The mindset and worldview of churches and those working within it (including pastoral counsellors) is generally recognized as being patriarchal in nature (cf. Keller et al 2006).

- The Bible is frequently understood and expounded from a patriarchal perspective (cf. Jones 2004).

All of the above-mentioned factors are perceived as being disadvantageous to women. In order to address this concern, I have concentrated on developing a gender-sensitive understanding of spousal rape-related posttraumatic stress. I propose a Christian-based pastoral counselling model and will include Biblical principles which I believe to be gender- sensitive.

According to Cook and Campbell (1979:37), "Validity is the best available approximation to the truth of a given proposition, inference or conclusion". Validity therefore requires that supportive evidence is utilised when conclusions are reached. There are two main forms of validity: external and internal.

External Validity poses the question "Are the findings generalizable to the defined population?" (Mouton & Marais, 1996:51). This study does not suggest that the conclusions reached are applicable to all churches, church members and pastors. I recognize that the sample is far too small, geographically limited and culturally restricted. Nevertheless, I believe valuable principles and insight are to be obtained from this study. Internal validity is concerned with a cause-and-effect relationship. It considers measurement and inferentials within a study. In order to conclude whether or not research is valid, it might be useful to consider various threats to internal validity. One of these threats is what Mouton & Marais (1996:42) call "Reductionistic Tendencies" and refers to situations where researchers present explanations and interpretations which are grounded in a specific set of variables. In order to overcome this threat, a solution may be to involve other disciplines and thereby make use of an inter-disciplinary strategy. This study will investigate the relevant literature from both pastoral and psychological perspectives in order to counter reductionistic tendencies. Another important consideration is that of "inferential". Mouton & Marais (1996:107) note that this term refers to the validity of logical interferences (both inductive and deductive). This thesis makes use of Deductive Augmentation (conclusion) which Mouton and Marais (1996:112) define as "true premises necessarily lead to true conclusions; the truth of the conclusion is already either implicitly or explicitly contained in the truth of the premises".

1.3   Aims and objectives

The aim of this thesis is twofold. Firstly, to investigate the effectiveness of counselling of spousal rape victims and secondly, to propose a model which can be applied by pastoral counsellors in order to address the issue of spousal rape adequately within the context of the church community on which this study focuses. The study is limited to:

- rape perpetrated by a male who is the spouse of the rape victim;
- women within the Christian faith, or those who have approached a local Christian church for assistance;
- spousal rape-related posttraumatic stress;
- the geographical area of Gauteng, South Africa;
- mental health practitioners in South Africa.

This study investigates the therapy/counselling undertaken by pastoral counsellors (including pastoral psychologists and clinical social workers) and not pastoral care-givers or pastors in general. This study focuses on those whose job description is primarily that of pastoral counselling and not on pastors whose chief role is preaching (with counselling being a peripheral duty). The term "victim" refers to a woman/spouse who has experienced rape. What is understood under the term "rape" will become clear in the course of the study.

Some prefer to use the term "survivor" rather than "victim", when referring to individuals who have been raped. According to Wiehe & Richards (1995), the word "survivor" is considered to be more empowering and to have more positive expressions than the word "victim". Karen Hwang (in Gavey 2005:173) believes that the term "victim" has a negative influence on women who have been raped and that convincing people they are victims is one of the many ways to victimise them. This view falls within the feminist philosophy and its need to empower women. However, should the term "victim" not be used of women who have been raped, it may in fact result in the woman "avoiding an examination of her feelings of humiliation about having been vulnerable" (Lamb1999:120).

The online dictionary, *The Cambridge Advanced Learner's Dictionary* (2009) defines "victim" as "someone or something, which has been hurt, damaged or killed

or has suffered, because of the actions of someone or something else, or because of illness or chance". This study concurs with the last-mentioned definition, in that it acknowledges that a woman who has been raped suffers damage, injury and hurt. The term "victim" is therefore not necessarily a derogatory term and does not necessarily speak of weakness or failure on the part of a woman who has been raped. Rather, this study recognises that only when an understanding of injury and a sense of vulnerability as a result of rape is acknowledged, can mourning and ultimate healing take place.

This study supports the opinion that the term "survivor" has also been misunderstood. Carmen (1995:230) refers to a "survivor" as one considered a "legitimate object of sexual exploitation", whose own needs are irrelevant to the perpetrator, and are unable to think or act in a self-protective way, particularly during sexual encounters. The use of the term "survivor" in this definition is unfortunate, as it refers to a woman who is currently suffering injury or exploitation. What then is the status of someone who has already overcome a traumatic event? It is only through time and healing that such an assessment can be made. It is possible for women who have been raped to carry psychological and emotional scars and to consequently be unable to live meaningful lives. It therefore seems inappropriate to refer to such individuals as survivors. The use of the term "survivor" in this study refers then to women who have been victims of rape, but who are either on a journey of recovery, or believe that they are healed from the pain and injury which they have endured.

The approaches to counselling that are discussed in this study are from a pastoral and a psychological perspective. Feminist thought and theology will be discussed as they pertain to the rape of women and the issues surrounding this topic. Other aspects with regard to feminist hermeneutics are discussed briefly.

1.4. Methodology

This study is predominantly qualitative and partly quantitative. Qualitative research was previously regarded with suspicion in the fields of psychology and other social sciences (see Joshee 2008:640). Currently however, "qualitative methods are being

used in a number of fields of psychology although with particular interest in the fields of cognitive and social psychology" (Richie et al. 2003:10). The qualitative research method is appropriate to the investigation done in this study. Denzin et al (2005: 3) describe it as follows:

> Qualitative research is a situated activity that locates the observer in the world. It consists of a set of interpretive, material practices that makes the world visible. These practices transform the world. They turn the world into a series of representations, including field notes, interviews, conversations, photographs, recordings and memos to the self. At this level, qualitative research involves an interpretive, naturalistic approach to the world. This means that qualitative researchers study things in their natural settings, attempting to make sense of, or to interpret, phenomena in terms of the meanings people bring to them.

In the light of this definition, it is recognised that there is no single way to perform qualitative research. A number of factors influence how researchers carry out their respective research.

1.4.1   Ontology

Ontology is the assumptions and beliefs that are held regarding reality (Bietsa 201:102). The term "ontology" has its origin in philosophy and is concerned with the nature, character, and meaning of what exists. Three ontological approaches that may be used in order to discover what is known about the social world (cf. Richie and Lewis 2003:23):

- Realism refers to the position that an external reality exists. This is independent of the beliefs and understanding that people may have concerning the reality. This means that there are observable phenomena and it is the task of researchers to discover and describe them.
- Idealism is the view that reality is only knowable by means of human thought. According to Blaikie (2010:93) "social reality is made up of

shared interpretations that social actors produce and reproduce as they about their everyday lives".

- Materialism focuses on the material features of the world and holds to the view that reality is known only by this feature. There are varying degrees of materialism (see Nelson 2009:48). Nelson (2009:49) notes that ontological materialism raises a number of scientific problems because issues of cognitions and emotion, for example, are "often not material entities or open to direct observation".

According to Noonan (2008:579) "The point of ontological questioning is to test presupposed assumptions by working beneath the manifest forms of action in given social formations". Realism claims that there is an eternal reality which operates independently of people's beliefs or understanding. Richie et al. (2003:11), who makes a distinction between how the world is and how it is interpreted by individuals, confirms this.

1.4.2 Epistemology

Epistemology concerns the quest for truth. Mouton & Marais (1996:31) explain the difficulties with regard to how truth may be attained in social sciences as follows: "Because of the complexity of the research domain of the social sciences, and the inherent inaccuracy and fallibility of research, it is necessary to accept that complete certainty is unattainable". This does not mean however, that social research must abandon the ideal of truth. Mouton &Marais (1996:19) suggest that although "certain and indubitable knowledge" will result from a study, emphasis must be placed on validity, demonstrability or reliability of study findings. This concept is useful because it clearly defines the boundaries and limitations of research within social science. Although this study (as with other research in the domain of social science) cannot lay claim to certain and absolute knowledge, it does strive for demonstrable and reliable findings. This study will make use of a perspectival rather than a one-dimensional positivist approach. Richie et al. (2003:7) understand this approach as follows: "The school of thought that stresses the importance of interpretation as well as observation in understanding the social world is known as "interpretivism". This has been seen as integral to the qualitative tradition". There are a number of issues with regard to a perspectival (interpretevist) approach that are pertinent to this study.

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McGettigan highlights one such issue. He laments that "Postmodernists decided to jettison the notion of universal truth in favour of embracing individual-level truths" (McGettigan 2008:897-898). Although I am aware that many scholars argue that a postmodern paradigm should be taken into account, this study does not hold to the so-called postmodern view on truth. Rather, I agree with McGettigan (2002:1) who argues that "universal truth" does exist, "but such truth is not contained within theories that humans have so far constructed to describe the universe". I also align myself with King, Keohane & Verba (1996:6) who hold the following with regard to objective knowledge:

> Our focus here on empirical research means that we sidestep many issues in the philosophy of social science as well as controversies about the role of postmodernism, the nature and existence of truth, relativism, and related. We assume that it is possible to have some knowledge of the external world but that such knowledge is always uncertain.

A further issue with regard to "interpretivism" is the manner in which knowledge is attained. This study applies a combination of approaches. Firstly, because of the usage of hypotheses, an inductive methodology is utilised. Mouton and Marais (1996:133) indicates "inductive inference can be employed to confirm hypotheses or theories". Secondly, the deduction approach is used in order to acquire the necessary knowledge. Gary Shank (2008:208) describes the deductive approach as knowledge gained through the process of observation and data gathering. Researchers then ascertain the probability of certain claims regarding nature being true, through the use of inductive reasoning.

Implications are then deduced regarding these claims. These implications then serve as hypotheses, which are tested in order to ascertain whether or not they are most likely true. Once the hypotheses have been tested, they serve as premises and the process continues. These tested hypotheses become the basis for further informed hypotheses.

Using both the inductive and deductive methodologies enriches the process of gaining understanding of the subject of the thesis. Krishnaswamy

et al (2009:13) notes "scientific knowledge is accumulated and science progresses through cycles of inductive-deductive thinking". Mouton and Marais (1996:117) consider induction and deduction as "complementary modes of reasoning".

1.4.3   Social location

Social science does not occur in a vacuum but rather involves people: the research community; the research participants and the researcher. Each of these groups influences the research. This requires more than the consideration of empirical evidence provided and focuses on social aspects within the research. It requires the acknowledgement that research has many moral implications. The participants need to be aware of the ethics and moral guidelines that govern social science research, as well as their individual rights. Another consideration is the researcher's own personality, culture, age, gender, worldview and other personal information. These are all important factors in social science research. In order to strive for objectivity and neutrality particular care will be taken with data collection, in order to minimise the extent to which the researcher influences the views of the research participants during the course of the interviews.

In addition to the above-mentioned factors, this study also contains a quantitative element. Richie et al (2003:42) notes that research under-utilizes the combination of qualitative and quantitative research methods. McKendrick (1987:257) too sees value in this combination and refers to it as "Descriptive Design". Selltiz et al (1976:90) notes that this kind of study aims "to portray accurately the characteristics of a particular individual, situation, or group (with or without specific initial hypotheses about the nature of these characteristics) or to determine the frequency with which something occurs or (whether) it is associated with something else".

Therefore this study tests hypotheses that emerge from data. The assumption is that the researcher may be incorrect. Ratcliff observes that this assumption is rarely seen in postmodern thought/research due to the emphasis on the multiple views of reality which obscures the possibility that some people are just plain wrong. Ratcliff (1998:6) puts it as follows: "The assumption made in each system appears to be that the constructs will fit every situation, instead of a more tentative and exploratory testing of assumptions and hypotheses".

This study explores the following matters that are relevant to the investigation:

- the influence that postmodernity has on society;
- a feminist perspective, because women are its subject matter;
- masculinity, because in this investigation male spouses are primary perpetrators of spousal rape;
- the means by which spousal rape may be prevented;
- conservative evangelical perspectives on spousal rape.

1.4.4 Data collection

Data collection is conducted through the use of questionnaires and interviews. The questionnaire given to pastoral counsellors aims to gather data with regard to the various pastoral approaches for the treatment of posttraumatic stress due to spousal rape. It was sent to pastoral counsellors who are members of the South African Association of Pastoral Work (SAAP). Some additional pastoral counsellors who are not linked to this association, but who would counsel people suffering from rape-related posttraumatic stress should they be approached to do so, were also included.

A second questionnaire is aimed at counsellors (not pastoral), psychologists and social workers. This questionnaire aims to examine and evaluate psychological counselling methods utilised with regard to treating rape-related posttraumatic stress. It will be completed by members of the South African Institute of Traumatic Stress (SAITS), rape centres/organisations (viz. POWA), as well individual counsellors, social workers and psychologists who work with rape-related posttraumatic stress. Descriptive Research Design requires that the data gathered from questionnaires be tabulated.

Interviews will be conducted with spousal rape victims. A female interviewer will conduct two of these interviews on my behalf. The interviews will consist of a formal interview process (see Appendix 2). Due regard will be given to ethical considerations.

The interviews aim to procure first-hand information from victims of spousal rape and to ascertain whether these individuals demonstrate posttraumatic stress reactions. The personal experiences with pastoral counsellors of the individuals are also documented. Finally, the interpretation of data will be done. Fink (1974:370)

motivates this as follows: "Simply performing statistical analyses will not tell the researcher what the results mean; rather he must decide what the various averages, percentages or correlations tell him".

The main aim of this study is to design a pastoral model for counselling with spousal rape victims who are suffering from posttraumatic stress.

1.4.5   Data analysis

Data analysis is a fundamental of research as it bridges the gathering of data and the findings. According to Van den Hoonaard & van den Hoonaard (1997:187) the purpose of data analyses is to move toward either developing concepts or relating to those already in existence.

This study makes use of the statistical data analysis of data collected from the questionnaires. In order to compile the statistics, a computer software programme called *EpiInfo* will be used to tabulate the results. Maietta (2008:103) describes how computer assisted data analysis is useful: "Qualitative software can be considered as a basic "toolkit" containing specific tools that help users to organize and record thoughts about and reactions to data as well as tools to access and review the material they organize and record".

The interviews will be formal, that is, a set of coded questions will be asked. The various participant responses will be compared by means of question coding. The data gathered by means of interviews will be analysed from the perspective which Mouton and Marais (1996:103) describe as "the researcher has a clear conceptual framework in mind, whether it is a model, theory or a set of explicit hypotheses". This conceptual framework leads to, amongst other aspects, analysis and interpretation. This study does not focus on describing and explaining the conceptual framework within which the study is done. Data was analysed and interpreted by inductive abstraction and generalisation.

1.5   Ethical considerations

The following ethical considerations will be strictly adhered to throughout the investigation.

- **Informed consent**

Informed consent was required from research participants in order to ensure that they were aware of what their participation entailed and that their agreement to participate had been given. This consent was provided in writing. Research participants were informed that this research would be used for the purpose of developing a pastoral counselling model. This consent was free which meant that the participants had voluntarily consented to participate in research and were not coerced in any way. This consent may be freely withdrawn at any time. This consent would be compromised if the researcher was in a position of authority with respect to the research participants. This was not the case however, as the research participants were either colleagues (in the case of questionnaires to pastors) or professionals in their own particular fields of expertise. I, as the interviewer, was aware that if participants felt uncomfortable about that arrangement, a female interviewer would (and did), conduct the interviews. The female interviewer was a professional and registered person working in the area of clinical and medical social work and was fully briefed regarding the requirements and ethical considerations of this study. The language used in the consent form/verbal agreement was comprehensible to the research participants.

- **Privacy and confidentiality**

The right to privacy is a core value. It is the right of individuals not to have their personal and identifying information disclosed without their prior consent. Anonymity was therefore maintained throughout and subsequent to the research. Due to the sensitivity of the subject matter of this thesis, anonymity is of highest premium for the participants.

- **Protection from harm**

The American Psychological Association (2002:6), Ethics Code 2002, 3.04 states: "Psychologists take reasonable steps to avoid harming their clients/patients or clients, research participants, students, supervisees, research participants, organizational clients, and others with whom they work, and to minimize harm where it is foreseeable and unavoidable". This avoidance of harm is a general ethical

principle that applies across the broad spectrum of social science. This study ensured that this mandate was adhered to in every possible way.

- **Avoidance of conflict of interest**

Avoiding a conflict of interest, just like that of avoiding harm to participants, is a general governing ethical principle that should be recognised and adhered to by pastoral care givers. The American Psychological Association (2002:6) Ethics Code 3.06 explains how the avoidance of any possible conflict of interest is to be observed.

> Psychologists avoid taking on their professional roles when personal, scientific, professional, legal, financial, or other interests or relationships have the potential to (1) impair their competence, objectivity, or effective performance of their professional functions, or (2) expose professional relationships to harm or exploitation.

This study and all those involved in it abide by these principles.

- **Avoidance of deception**

The use of deception in research is ethically unacceptable in that it undermines the principles of free, informed consent, and unbiased research with regard to the formulation and the conducting of the interviews. Research participants cannot be expected to provide free and fully informed consent in research should they be systematically misled regarding the true purpose of the research and its release of findings at the outset of the research study. In light of this, I am aware of the damage that may be caused to victims of spousal rape, who have already been deceived and had their trust broken by those they trusted most.

> The American Psychological Association (2002:11) Ethics Code 8.07 (a) states:

> Psychologists do not conduct a study involving deception unless they have determined that the use of deceptive techniques is justified by the study's significant prospective scientific, educational, or applied value and that effective non-deceptive alternative procedures are not feasible.

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This code suggests that there are situations when the use of deception techniques are valid, however, this study does not make use of such techniques for reasons explained above.

1.5.1   Ethical clearance

In this chapter, methodology employed to carry out this research was explained. I have also attempted to justify why this particular approach has been chosen. Further, this chapter has dealt with ethical issues that were addressed and adhered to in this study. The aim is to ensure quality, reliability and validity to the research findings and protection and fairness to the research participants.

The following chapter explores the issue of rape in general and introduces the subject of spousal rape.

1.5.2.   Personal interests

Personal assumptions influence the choice of the objectives and the methodology of the study and the ethical consequences for pastoral counsellors. Researchers identify, experience, and interpret data differently based on their own experiences, abilities and interest. Brodsky (2008:766) observes that "analysis, interpretation, and meaning-making come from the researcher, using all of her or his personal and professional skills, training, knowledge, and experience as an instrument to produce a coherent, authentic picture of the research as the researcher saw and experienced it". In light of this statement, I believe it important that my viewpoint is clearly stated at the outset of this thesis. I am a 54-year-old male. I work as a trauma therapist and am an ordained Baptist minister. With regard to spiritual convictions, I would place myself in the camp of a conservative evangelical. In my quest for relevant research, I have gone beyond my comfort zone by exploring postmodern thought; feminist philosophy; feminist theology and psychology. This has resulted in my re-evaluating my core theological perceptions and worldview. Whilst continuing to be challenged, I have been enriched because of this study and am now even more resolute regarding my conservative evangelical perspective of Christianity. I therefore hold to the tenets of a conservative evangelical belief which, amongst others, includes the inerrancy and authority of Bible.

I have worked in the field of trauma counselling for the past 11 years and have counselled a number of rape victims during this time. It was when I began working with spousal rape victims within the church that I became aware of the lack of research in this field.

My approach to this study is similar to that of Ellens (2007:190) with regard to psychology. It is for this reason that this study has made extensive use of psychology literature.

Psychologists who are also Christian, theologians, and other clinicians, therefore, must develop clinical criteria for assessing the process of psycho-spiritual healing and wholeness and of a person's stage in it. Psychology, insofar as it represents unimpeachable truth about its field, provides Christians with much ready-made equipment and insight for this endeavour. From the view point of Conservative Evangelicalism, information from the above mention resources can be seen a gift from God's general revelation through the natural and social sciences. Christian healers can wisely employ it in a psycho-theological framework.

1.6   Research outline

Chapter one, Spousal Rape – a challenge for pastoral counselling, includes the motivation for the thesis and research framework**.** Chapter 2 will explore the phenomenon rape, considering stranger, acquaintance and spousal rapes. Chapter 3 develops the phenomenon traumatic stress and particularly as it relates to spousal rape. Chapter 4 will consider the questionnaires and interviews of spousal rape victims. Chapter 5 will cover the relevance of spirituality, and how it relates to spousal rape. Chapter 6 proposes a counselling model including pastoral and integrative counselling. Chapter 7deals with the transformation and healing of spousal rape victims.

A number of appendixes have been added, containing information, consent and interview questionnaires used with participants. The remaining appendixes contain additional information from the Sexual Offences Bill and DSM-IV diagnostic criteria as they relate to this thesis

CHAPTER 2

THE PHENOMENON RAPE

2.1. Introduction

This chapter discusses rape in general, including acquaintance rape and then focuses more specifically on the subject of this study, namely spousal rape. Feminist literature has contributed greatly to the study of rape over the past years (cf. Herman 1997; Leslie 2003). It was because of the activism of feminists that the silence regarding rape was broken (cf. Brownmiller 1993). This chapter considers the studies done by feminists and others. Chapter 4 examines the feminist movement more closely.

Rape has occurred since earliest times and has been understood in a number of different ways throughout history. For example, the root of the word "rape" is the Latin word *raptus*, which according to Purdy (2004:122), "was used to define the act wherein one man damaged the property of another. The property, of course, was the man's wife or daughter". This definition of rape is however not useful or adequate, as it violates the rights and personhood of women and does not take into account the psychological, emotional, psychical, spiritual and social suffering of rape victims.

It is therefore important to define rape in order to avoid possible incorrect perceptions that may negatively influence the recovery of rape victims. The public seems unclear as to what behaviour and circumstances constitute rape. A number of factors may exacerbate this confusion:

- **The relationship between rape victim and perpetrator**

It appears to be easier to understand rape when no relationship exists between the victim and the perpetrator. The more intimate the relationship existing between the two, the more difficult it appears to define rape.

- **The circumstances in which the rape occurred**

The definition of rape may be blurred by the misconception that the victim was "asking for it" as a result of the clothing she wore; her behaviour and/or the location she visited.

- **Whether a woman is considered to be compliant**

The rape incident may be questioned if the victim did not fight or resist her attacker.

- **The ages of those involved**

Some individuals appear to find it easier to accept that a rape occurred when the victim was a young child or an elderly woman. The validity of an adult woman's rape experience is at times questioned, as it is assumed that she is already sexually active. It is therefore more difficult for some to accept that a woman did not consent to sexual intercourse.

According to previous South African legislation, rape "consists in a man having unlawful, intentional sexual intercourse with a woman without her consent" (South Africa Law Commission 1999:67). The document later states: "The penetration of other orifices by the penis is not rape, nor is the penetration of the vagina with something other than the penis" (South Africa Law Commission, 1999:69). These definitions are very limited and narrow in terms of the definition of rape.

Other organisations operating within the South African society have interpreted rape differently - each with their unique value, but also with their own shortcomings. The Rape Crisis centre in Cape Town (2007) defines rape as: "any act of a sexual nature which has been forced onto another person". The Mpumalanga Department of Safety and Security (2008) has suggested, "Rape is painful, violent and it hurts". These understandings may be considered outdated however, in that they meet McGregor's (2005:1-2) criteria for rape in days gone by. "Historically rape was not acknowledged unless there was extreme force by an aggressor and utmost resistance by the victim (and *de facto* the two were not acquaintances)". Another factor believed to perpetuate the occurrence of rape, is that of patriarchy. According to Van Niekerk (2006:1), rape is "fuelled by patriarchy" which propagates the dominance of men and the disempowerment of women. This study briefly explores the validity of such an opinion.

Rape is generally considered a forceful and violent act, committed mainly by strangers who have no other agenda than to assert their authority, dominate and control women. The Criminal Law (Sexual Offences) Amendment Act of 2003 of South Africa (Appendix 2.1) defines rape in a well thought out manner. Rape in this Act is defined as: "Any person (A) who unlawfully and intentionally commits an act of sexual penetration with a complainant (B), without the consent of B, is guilty of the

offence of rape" (Criminal Law [Sexual Offences and Related Matters] Amendment Act, 2007:20). This study accepts the last-mentioned definition of the term "rape" to be adequate and understands it as follows:

- Rape is unlawful, due to the fact that it involves a lack of sexual consent.
- Consent is considered to have been denied if the victim was mentally impaired. This could have been due to the use of medication; intoxication, mental retardation.
- Rape is an intended act by a perpetrator or perpetrators.
- Rape may or may not consist of force and/or violence.
- Rape recognises the penetration of the penis into either the vagina or anus.
- Any coercive circumstances surrounding rape may be clearly defined.
- Rape may occur between partners who are married to each other, or between acquaintances and strangers.

2.2. Theories concerning rape

In an attempt to comprehend the complexities of rape, a number of theories have been advanced. In his book, *Theories of Rape,* Ellis (1989) suggests three theories: Feminist Theory, Learning Theory and Evolutionary Theory. Burgess-Jackson (1996) offers three alternative theories of rape: Conservative, Liberal and Radical. Each of these theories adds value to the explanation of why rape is perpetrated by men against women.

- **Feminist theory**

The feminist theory advances the opinion that men believe women to be unequal to them. Such men therefore view women as a subordinate gender, needing to be dominated. According to Wiehe & Richards (1995:80), this domination of men over women not only seeks to control women within their interpersonal relationships, but also within their sexual relationships. Ellis (1989:11) further observes that according to feminist theory, the prime motive of rape is more to establish or maintain the dominance of men over women, rather than sexual gratification. Radical feminism advocates that rape arises out of "patriarchal constructions of gender and sexuality within the broader system of male power, and emphasizes the harm that rape does

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to women as a group" (Whisnant 2009:1). In other words, the feminist explanation of rape states that rape is a behaviour based in a patriarchal system which socializes males to dominate females and females to permit this domination.

- **Social Learning Theory**

Psychologist Bandura (1977) proposed a means of learning which he calls Social Learning Theory. Social Learning Theory emphases the modeling of behaviours, emotional reactions and attitudes towards others. According to Nevid (2007:635), one of the basic tenets of the social learning theory is that aggression is learned behaviour through observation and imitation. This theory suggests that repeated exposure to violence tends to desensitise individuals and may even cause them to engage in similar aggressive behaviour. Children at play can be seen to imitate and fantasies imagery to which they have been exposed. Wiehe & Richards (1995:81) state that constant exposure to violence – and more especially sexual violence - in the mass media, may cause the viewers to become uncaring or unaware of how the victim is affected.

- **Evolutionary Theory**

In early times, rape allowed men to have intercourse with more than one woman, thereby increasing reproductive success. This belief is based on Darwin's natural selection theory, which propagates that all behaviour is driven by the desire to pass on one's genes. May and Strikwerda (1994:140) conclude that the evolutionary biological account of rape, "would seemingly suggest that no one is responsible for rape".

- **The Conservative Theory**

Purdy (2004) suggests that rape takes place when women, who are considered the property of their husbands, are sexually violated by another. A crime is therefore believed to have been committed against their husbands, as their property had been damaged. Burgess-Jackson (1996:45) concurs with this view: "What makes the rape wrong to the conservative mind is that the man to whom the woman belongs has not consented to the intercourse". The outcome of this belief is that the husband, or father, of the rape victim considers himself to have been violated and therefore seeks justice. This is motivated by his sense of personal injury, rather than that of

injury to the rape victim. Rape in marriage is furthermore inconceivable, as the husband owns the "property rights" to his wife's body.

- ### The Liberal Theory

This view considers rape to be a form of gender-blind assault (Burns 2005: 69). Burgess-Jackson (1996:50) elaborates, "The harm of rape is to an individual, not a woman. It is perpetrated by an individual, not a man". The central issue is therefore consent. This theory considers the only difference between ordinary sexual intercourse and rape to be the question of whether or not consent was granted. Rape is therefore considered a violation of an individual's (male or female) right to bodily integrity or autonomy (Burns 2005:69).

- ### The Radical Theory

In this view, law, culture and society reinforce and perpetuate the inequality that exists between men and women and are therefore responsible for the occurrence of rape. Burgess-Jackson (1996:53) explains it as being more about power, fear, status, and control than about an individual's breaking of social norms. This theory is supported by May et al.(1994), who propose that rape is best understood not in individualistic terms, but rather in socialisation patterns which are created by both men and women. Men and women are therefore jointly responsible for rape

Burgess-Jackson (1996:54) concludes his theories with the following summary: "To the conservative, rape is something a bad man does to another man; to the liberal, rape is something a bad man does to a woman; to the radical, rape is something men do to women".

This study supports the feminist objection to the Evolutionary Theory that suggests men rape not seeking domination, but because they are driven by basic instinct and are therefore not to be blamed for their actions. The Conservative Theory suggests that women are nothing more than the property of men. Some have suggested that the Scriptures propagate this belief, however this study does not hold to this belief. This issue is further discussed in Chapter 4.

As stated in Chapter 1, I hold to a conservative Christian belief system advocating that the teachings of the Christian Scriptures are the final authority on matters of faith, living and social order. This is the basis for this study not holding to

the feminist view regarding reasons for men raping women. The Feminist concept that men rape in order to express their dominion and enforce their control over women does not fit into the Biblical understanding of the role of men - especially that of a husband towards his wife. Further, the Feminist theory that considers patriarchy to be the root cause of men's controlling attitude and behaviour towards women is not synergistic with the teachings of the Scriptures. The Christian Scriptures, as understood from a conservative viewpoint, views the patriarchal system to be the Biblical model for today's society. Men have, however, abused the system of patriarchy and this has become a major issue with regard to rape and, more especially, spousal rape. This subject is discussed further in Chapter 4.

The Liberal Theory seeks to present rape as gender neutral. This study highlights that differences between men and women are not only physical, but also emotional, psychological, and perceptional. This study therefore holds to the Scriptural view that there are distinctive male/female gender roles. This issue is discussed further in Chapter 6.

The Radical Theory promotes the thought that rape involves a collective (men and women) responsibility. This study does not out rightly reject this theory; however it is careful not to divert the responsibility for a sinful act from an individual man who requires punishment for the unlawful act he has perpetrated.

This study aligns itself more closely with the Social Learning Theory, which suggests that learning takes place by observing others, and the modelling of that observation. This study holds to the view that the Scriptures promote such means of learning. Jesus said to his disciples "I have set you an example that you should do as I have done for you" (John 13:15). According to Collins (1988:567), the basis of social learning theory (and also a principle reflected in the New Testament) is that of people imitating and following others. People learn as a result of observations they have made in both their childhood and their current situations. This learning is not always positive, but according to Bandura (1978), aggression is also learned by observation. Men therefore act out violence and rape against women because they have learnt this through exposure to other men who have abused women. This could be due to their own individual childhood experiences or due to exposure to bad social practices where women have been viewed as being the property of men.

Myths regarding rape have a detrimental impact on the realities of rape, since they seek to either minimise or deny the occurrence of sexual violence. Schmidt (2004:191) explains how myths regarding rape are perpetuated:

Myths are either untrue and unfounded ideas misconstrued as facts (victims want to be raped) or partially true yet atypical experiences that get applied uncritically to all sexual assault cases (strangers rape women in dark alleys). These myths are learned through cultural socialization by our family, peers, religious instruction, schools, media, and community".

There are some important consequences of rape myths and their accompanying attitudes. Burt (2003:136) notes that the more one believes rape myths, "the higher levels of stereotyping, adversarial sexual beliefs, sexual conservatism and acceptance of interpersonal violence". Even victims are likely to accept a range of rape myths that lead them to believe they are responsible for their own rapes. This is especially true when it comes to acquaintance and spousal rape and results in the crime not being reported to the authorities. The silence concerning spousal rape is therefore perpetuated.

The broader society also has specific beliefs concerning rape. Burge (1983:104) notes that what society believes about rape is "complex, situational and usually inaccurate". The victim is therefore at risk of a "second rape" due to societal disapproval.

Rape myths, whether held by the victims, perpetrators or society, are damaging to victims and cause confusion, blame and guilt.

The social and legal understanding of rape is based upon the notion of consent. The concept of consent therefore lies at the heart of the issue of rape. Different understandings of consent have been proposed.

It is commonly accepted, both in theory and in law (cf. South Africa Law Commission: 1999), that sexual intercourse achieved by force or threat, constitutes rape. The radical theory assumes that if neither force nor threats are present, then consent has been granted and no rape has occurred. The problem with this assumption is that coercion may take many different forms and does not necessarily consist of threat or injury. Certain coerced sex may therefore not be considered rape. Sanday (1990:15) explains that coercion "need not be accomplished by physical force or threat of force but may be inherent in the circumstances surrounding the transaction". The issue of consent therefore should be considered more carefully.

To the liberal, the issue of consent is the determinating factor when it comes to rape. A common misconception is that most women, most of the time, consent to sexual intercourse. Rape resulting from non-consensual intercourse is therefore considered rare. The downside to this misconception is that the trauma of rape is downplayed by society and the justice system. The radical theory perceives coercion as being the mainstay of rape and believes that most women, most of the time, are coerced into having sexual intercourse. This approach goes to the opposite extreme and may cause confusion in the sexual interaction between men and women. Men are seen as villains and women as victims. According to Burgess-Jackson (1996:103), rape is pervasive. This highlights the importance of the issue of consent. If not clearly addressed, the issue may cause much damage to interpersonal relationships and sexual intimacy between couples.

The justice system places a legal burden on women to demonstrate that they have not consented to sexual intercourse, or it is de facto assumed that they have in fact consented. The law requires explicit evidence of non-consent in order to establish rape. The implication is therefore that consent is presumed in any sexual encounter. McGregor (2005:105) poses the question: "Is consent a useful concept, one that helps distinguish lawful from unlawful conduct?" and then makes the pertinent point (2005:111) that women should have positive control over their sexuality and bodies by agreeing to have sex and not merely have "negative" control, by not consenting to sexual activity.

Consent may be understood as being either expressed by attitude or other means of communication, either verbal or non-verbal. Because it is difficult to accurately interpret attitudinal and non-verbal consent, feminists rightly promote the verbal consent approach (cf. Friedman & Valenti 2008). The onus is then on the defendant to explain how what the woman said could be construed as sexual consent. Consent must therefore be distinguished from voluntary action (that is action that is not made with intent). Baker (1999:64) suggests that there ought to be a standard agreement which requires overt positive expression of interest from both parties in order for sexual interaction to be permissible. McGregor (2005:191) concurs that, in order to protect women's sexual autonomy, the law should look for not only the defeaters of consent, but also positive signs of consent. Troost (2008) proposes the use of what she calls "explicit verbal consent" and goes on to suggest that non-verbal, assumptive touch may also be a form of consent for the continuance

of more intimate sexual touch. Troost (2008:176) suggests continuous explicit verbal consent effectively restores body sovereignty.

Consent is not simply the absence of refusal or resistance. It can also not be based upon the woman's appearance or upon the nature of the relationship with the man in question. Rather, consent is a clearly communicated decision by the woman to further sexual involvement. This consent may be withdrawn at any time during the sexual interaction.

The question as to whether or not it is possible for a man to mistake a woman's consent to sexual intercourse. Husak and Thomas (1992:109) suggest that this may indeed be the case and may occur when a woman has not consented to sexual intercourse but a man sincerely believes otherwise and has made an honest mistake. This "honest mistake" could serve as a defence to rape prosecution. The prosecution must then demonstrate that not only did non-consensual sex take place, but the man was also aware of his action of rape and that consent was not granted. In other words, if there is no communication between a man and a woman, it can be suggested that the man was unaware of whether or not his partner was consenting.

Burgess-Jackson (1996:139) proposes, "a typology of rape- related mental states" as identified in Table 1.1 below:

Purposeful rapist		"I know that you don't consent, but that is exactly what I want".
Knowing rapist		
	Indifferent	"I know you don't consent, but I don't care; my aim is to have intercourse"
	Preferential	"I wish you would consent, but I know you're not; I'm going ahead anyway".
Reckless rapist		
	Indifferent	"There is a good chance, based upon your behaviour, that you're not consenting to sex with me; but then maybe your protests and resistance aren't meant to be taken seriously; maybe it's part of your game; in any event I don't care; my aim is to have intercourse".
	Preferential	"I wish you would consent, and if I knew that you weren't consenting I'd desist; but I'm not sure your protests and resistance are

		meant to be taken seriously; maybe it's part of your game; so I am going ahead anyway".
Negligent rapist		"Women like you remain silent or put up a front of resistance because you don't want to appear 'easy'; you say 'no', 'maybe' or nothing at all when you mean 'yes' so even though you're resisting/remaining silent/ lying motionless, I think you're consenting to intercourse; its part of the sexual game; I'm going ahead".

Table 1.1

It is not surprising that some feminists (see Harris and Pineau 1996:116) argue for the eradication of mens rea with regard to the prosecution of rape.

South Africa, with its progressive constitution, seeks to promote and protect women's rights. One of the reasons is because of the local feminists being ardently campaigners for sexual justice in earlier days. Artz and Smythe (2008:14) state that these campaigns have produced mixed results. They may have resulted in the establishment of unassailable rights with respect to the social and political life of women in South Africa, however the application of these rights is sadly lacking not only in South Africa, but also throughout the world.

Many women who have been raped choose not to lay charges against their perpetrators. Smythe and Waterhouse (2008:200) refer to the National Youth Victimisation Study (2005) and point out that of the 83.2% sexual assault victims who shared their experience with someone, only 11.3% reported the assault to police. There are a number of reasons for this, including the victims' negative experiences within the justice system. The justice system consists of a number of divisions and departments that may cause victims to undergo secondary traumatisation. This study uses the term "secondary traumatisation" in the sense that the victim suffers on-going trauma because of the interaction with those involved in the initial traumatic event, namely institutions and people such as the following:

- **Police**

According to Esteal & McOrmond-Plummer (2006:194) the police may minimise rape in a number of ways, including their choice of words and the nature of questions they ask. The common sentiment is that of a lack of police sensitivity towards rape victims. This is exacerbated by the fact that some police perpetuate myths and stereotypes regarding rape. Smythe and Waterhouse (2008:199) identify these myths as notions of women lying about rape when no signs of violence belie her charge.

- **Prosecutors**

Should rape victims decide to lay charges, they will be required to have their case filtered by a Public Prosecutor prior to the case being heard in court. Esteal and McOrmond-Plummer (2006:197) report that the police and/or the prosecutors convince some women that there is little hope of a guilty verdict. This results in the victims requesting for charges to be dropped and occurs even more frequently in the case of partner rape.

- **Trial**

A number of difficult challenges await rape victims in the courtroom. Firstly, postponements are common in most trials. This prevents closure for victims and results in ongoing retraumatisation for the duration of the trial. Secondly, victims are the complainants and as such, are not entitled to any legal representation. The sole role of complainants is that of state witness. Therefore, unlike the accused, victims do not benefit from any form of legal protection. Further, the complainant's word and character are frequently placed on trial. Ward (1995:101) reports that when the victim's moral character is described as "dubious", a great number of acquittals occur. The South African judicial system seems no different to that of other countries. According to Vetten (2007:27), "many have described rape victims' experience of going to court and testifying as a kind of second rape during which the victim, rather than the accused, appears to be on trial".

- **Judgment**

The conviction rate in rape trials is low. This may be due to the majority of rape cases been withdrawn either by the victim or by the state. Nevertheless, according to

the United States Department of State (2011:22) only of rape cases 4.1% end with a conviction. Correspondingly, Esteal & McOrmond-Plummer (2006:203) estimate that convictions are rarer in the case of partner rape. This trend results in victims being reluctant to report rape.

- **Prejudicial impact of a Posttraumatic Stress Disorder Diagnosis**

The presence of Posttraumatic Stress Disorder is an important consideration when understanding the effects suffered by rape victims. Weaver et al. (2004:105) note that Posttraumatic Stress Disorder is the most common disorder diagnosed in victims of rape or sexual assault. According to Astbury (2006:5), rape victims are six times more likely to develop Posttraumatic Stress Disorder at some point in their lives when compared with women who have not been raped. They also constitute the single largest group suffering from Posttraumatic Stress Disorder. The significance of posttraumatic stress with regard to rape victims is dealt with in depth in Chapter 3.

While Posttraumatic Stress Disorder is the strongest rape-related diagnosis on which to base expert testimony, this diagnosis often works against victims. Maw et al. (2008:140) substantiate this statement when they note: "the use of Posttraumatic Stress Disorder in rape trials may be considered to be prejudicial on multiple levels and therefore unable to meet the court's demands for neutrality". Should the diagnosis of Posttraumatic Stress Disorder be used in court, it may also disadvantage the complainant, in that it could open the door to questions regarding the complainant's previous sexual history. It may also be used to present the complainant as being pathological. Maw et al. (2008:142) claim that "psychology has not developed the scientific rigour necessary to satisfy the court's accountability demand".

2.3. Acquaintance rape

Stranger rape is frequently perceived as being a more serious form of rape and has therefore been given the title of "real rape" (Leslie 2003:14). Any other form of rape is somehow perceived as being less severe. Bergen (2006:6) concurs, stating that for many, rape in marriage is not perceived as "real rape" This study examines the severity of a specific form of acquaintance rape known as "spousal rape". The

extreme and unique hardships and injury suffered by women who have been raped by their spouses are highlighted.

Wiehe and Richards (1995:4) suggest a definition for acquaintance rape in their book, *Intimate Betrayal,* as being "a sexual assault that occurs between two individuals who are acquainted with each other or are known to each other". This definition may be considered to be too broad, as it includes individuals who are dating, friends, colleagues, relatives or life partners. I am of the opinion that while there are generic responses to acquaintance rape, there are also different categories of acquaintance rape. These categories may result in different reactions to rape, due to the discrepancies that exist within various acquaintance groups and their relationships. This study therefore specifically investigates spousal rape.

It is generally accepted that the most frequent form of rape involves people who are acquainted with each other. According to Wiehe and Richards (1995:10-14), the majority of rapes (50 to 85 percent) are carried out by a known acquaintance and in a familiar residence (61 percent). Victims of acquaintance rape are less likely to seek support from friends, family, crisis centres and the police. They therefore continue to live with a traumatic secret whilst behaving as if all were well. The complications of acquaintance rape are compounded if a rapist interacts within the victim's immediate social circle. These rape victims frequently experience heightened feelings of guilt, anger, frustration, shame and self-blame, even more so than if they had been raped by a stranger. Questions and self-doubt plague victims. Allison et al. (1993:71) explain that even though victims of spousal rape may suffer less physical injury, psychological injury may be greater than for stranger-raped victims, who openly discuss their ordeal with others, thereby releasing pent-up emotions.

The judicial system often complicates the experience of rape for victims. This results in their holistic healing being compromised. The complexity of acquaintance rape is most evident within the judicial arena as it appears easier for the court to acknowledge stranger rape than acquaintance rape. This results in the burden of proof resting more heavily upon the acquaintance rape victim. Spousal rape is particularly difficult to prove because the parties have a joint sexual history.

The primary benefit of reporting rape involves empowering the victim to regain a sense of control over her life. Once the legal process is initiated, the victim may however find it difficult to maintain any control over her case. This in turn compromises her perception of having control over other aspects of her life.

However, acquaintance rape has a low conviction rate. Should an acquaintance rape charge be dismissed by the court, the victim may then be considered to be an unreliable witness should she ever be raped again. Wiehe & Richards (1995:107) make the strong statement that only by making acquaintance rape a punishable crime with compensation for personal injury, can the law support women in protecting their own bodies against sexual assault.

2.4. Spousal Rape

It was not until recently that it was possible for a man to be charged with the rape of his wife in South Africa. Allison et al (1993:85) point out that in America prior to 1978 spousal rape had not been considered a possibility. It was not until South Africa was about to enter its new political dispensation, that wives were protected by law from being raped by the husbands. According to Naylor (2008:26), the marital rape exemption had been abolished in South Africa in 1993 under the Prevention of Family Violence Act. Spousal rape is not confined to any specific class, race or religion. Bergen (2006:3) confirms that research on marital rape indicates that it is not confined to women of any specific age, race, ethnicity, social class, or geographical location. The occurrence of spousal rape has been perceived as low, yet the Centre for the Study of Violence & Reconciliation (CSVR) (2001:4) reports: "National statistics supplied by the SAPS National Crime Information Centre indicate that approximately 1% of rapes reported during 1996 and 1997 were perpetrated by husbands upon wives". This may be considered a low percentage, however spousal rape is the least likely category of rape to be reported to the police. Further, the incidence of spousal rape may be higher than previously estimated, particularly when one considers that women who are involved in physically abusive relationships may be especially vulnerable to rape by their partners (cf. Campbell, 1989; Pence & Paymar, 1993).

As stated above, spousal rape is under-reported. Various reasons are cited for this trend. Bergen (2006:6) suggests that victims of spousal rape may not report the assault for many complex reasons, including fear of retribution by their abusers and/or fear that the police may not believe them. Further, self-blame or shame is also a contributing factor.

In an American study, Bergen (2007:6) found that some spousal rape victims do not consider their experiences as rape due to the common perception that only stranger-rape is 'real rape' and because sex in marriage is culturally considered obligatory. South African studies concur with these findings and may be even more pronounced in terms of wives' perceptions regarding marital sex. The Development Research Africa and CSIR Defence, Peace, Safety and Security Unit (2008:73) finds that "there is a high level of awareness of the criminality of domestic violence among respondents in this study – with 92% believing that what had been done to them was a crime. However, very few respondents understood that forced sex within a relationship or with someone known to the respondent is rape".

Spousal rape not only affects the women involved but their children as well. According to Wiehe & Richards (1995:71), children exposed to emotional trauma often learn patterns of violence, including sexual violence, and duplicate this violence while they are still young and into their adult lives.

Spousal rape is generally considered to have a low incidence. Studies contradict this general perception and rather point to a high incidence of occurrence (see Finkelhor & Yllo 1985; Russell 1990). Gelles (1997:77) points out that between 10 and 14% of married women have experienced rape in marriage. Randall and Haskell (1995; cf. Bergen 2006:1) found that 30% of women, who were sexually assaulted as adults, were actually sexually assaulted by their intimate partners. Mahoney et al (2007:7) estimate that "one in ten to one in seven married women will experience a rape by a husband".

Although traumatic, a woman raped by a stranger usually only endures one such event by that stranger. This is not this case with spousal rape. Kernsmith (2008:58) indicates that, of those who report spousal rape, 70 to 85 per cent experienced more than one rape, and 30 to 55 per cent report in excess of 20 incidences (cf. Greenberg et al 2010:540).

Spousal rape frequently involves intense physical and psychological injury. According to Mahoney & Williams (2007:3), "many victims of wife rape also suffer severe physical injuries and endure multiple rapes throughout their marriages". Wives are at particularly high risk of physical and sexual violence while attempting to leave their spouses, due to the fact that their abusive spouses view this as a direct challenge to their control and sense of entitlement (cf. Englander 2007:159).

Spousal rape usually also involves other forms of domestic abuse. According to Gelles (1997:77), spousal rape does not occur in isolation but tends to occur along with other acts of domestic violence. These results in multiple assaults and women often suffer severe long-term physical and emotional consequences. Kernsmith (2008:58) points out that a study by Mahoney and Williams (1998) found that victims of spousal rapes were ten times more at risk of repeated assaults than victims of stranger or acquaintance rapes. This has led to the issue of spousal rape being considered as merely an extension of domestic violence. Marital rape is therefore overlooked as a distinctive problem. It is however a particularly devastating and traumatic occurrence and must be specifically treated as such.

Despite the myth that spousal rape is a relatively insignificant event which results in little trauma, spousal rape in fact has severe and prolonged consequences for wives, especially in terms of psychological trauma. One of these important consequences is the development of mistrust. According to Purdy (2004:123), what follows rape by an intimate partner is even more emotionally damaging than sexual assault by a stranger, as loss of trust is experienced. Another possible psychological consequence of spousal rape is Posttraumatic Stress Disorder (Weaver et al 2007:478).

Studies (see Frieze 1983) indicate that women who are raped by their partners frequently experience severe and long-term emotional trauma, because they have been exposed to multiple 'completed' assaults by someone whom they presumably loved and trusted. Further, according to Plichta & Falik (2001:251), victims of spousal rape are more often diagnosed with depression or anxiety than are victims of physical violence or sexual abuse by strangers or acquaintances.

Seeking help for spousal rape is frequently complicated. Mahoney and Williams (1998:9) report that women raped by a partner are often reluctant to report the assault and are less likely to seek medical or psychological assistance than those who have been assaulted by strangers or acquaintances.

A victim may turn to a number of possible resources for help. The first may be her family and friends. However in many cases, as Bergen (1996:54) points out, the husbands limit their wives' contact with her family and friends in order to isolate her and thereby keep her under control. The second possible resource is the police. This too is often found to be of little use because of the police response of apathy and disinterest when an incident of spousal rape is reported to them. Thirdly, women who

have been raped by their spouses may not feel safe in rape shelters and crisis centres. Bergen (1996:58) finds that the most common criticisms were that the victims' experiences of spousal rape were ignored and they felt excluded from the rape crisis centres. A further complication may be that victims frequently fall between the cracks of shelters for battered women and rape crisis centres. Each agency perceives the responsibility for the problem of rape as being that of the other and therefore refers the victims there.

Another possible resource may be that of religious advisors. Yet studies (Bergen 1996:52) indicate that support for women in violent relationships is not always forthcoming from religious advisers. Some religions focus on wives being required 'to obey their husbands' and not refusing sexual intercourse with them. This merely serves to exacerbate the problem of spousal rape.

A deeper understanding of spousal rape may be obtained if the issue is contextualized. Finkelhor et al (1985) classifies spousal rape as follows:

- **Battering rape**

According to Finkelhor et al (1985:37), men who beat their wives are also more likely to rape them. There is therefore a strong correlation between domestic violence and spousal rape. It should be noted however, that not every domestic violence situation involves spousal rape and neither does every spousal rape incident involve other forms of violence.

- **Force-only rape**

This classification may be understood in terms of what Groth (1979:25) identifies as 'power rapes', where sexuality is a means of compensating for a husband's "underlying feelings of inadequacy and serves to express issues of mastery, strength, control, authority, identity, and capability".

- **Obsessive rape**

With regard to obsessive rape, the husband exhibits bizarre and perverse behaviour. Finkelhor et al (1985:59) describe it as follows: "It is the element of obsession, not sadism, which stands out as the most common feature of this category of marital rape".

Many of the above-mentioned studies precede the year 2000. However, recent studies in the United States and South Africa confirm the tendencies found in earlier studies. In 2000, the National Violence Against Women Survey regarding the extent, nature, and consequences of intimate partner violence in the United States found that:

- There were an estimated 322,230 intimate partner rapes committed against U.S. women during the 12 months preceding the survey (Tjaden & Thoennes 2000:1).
- Approximately half (51.2 percent) of the women raped by an intimate partner stated that they had been victimized many times by the same partner (Tjaden & Thoennes 2000:39).
- Women who were raped multiple times by their intimate partners indicated that their victimization occurred over 3.8 years on average (Tjaden & Thoennes 2000:39).
- Thirty six point two percent (36.2 %) of women raped by an intimate partner since age 18, sustained an injury in addition to the rape itself during their most recent victimisation by their partner ((Tjaden & Thoennes 2000:41).
- Less than one-fifth (17.2 percent) of the women raped by an intimate partner indicated that their most recent rape had been reported to the police (Tjaden & Thoennes 2000:49).
- Approximately one fifth (21.2 percent) of the female rape victims did not report their victimization to the police and indicated they were afraid their attacker would retaliate, and one-fifth (20.3 percent) noted that the rape was a once-off or minor incident. In addition, 16 percent of the women reported that they felt too ashamed or preferred to keep the incident private and 13 percent perceived the police as being unable to do anything regarding their situation (2000:51).
- Information from the NVAW Survey indicates that violence perpetrated against women by intimate partners is seldom prosecuted. Only 7.5 percent of women raped by an intimate; 7.3 percent of women who had been physically assaulted by an intimate, and 14.6 percent of the women who were stalked by an intimate said their attacker had been criminally prosecuted (Tjaden & Thoennes 2000:52).

The Development Research Africa and CSIR Defence, Peace, Safety and Security Unit have recently released the results of the report, *Consolidated Report on the Nature and Prevalence of Domestic Violence in South Africa*. Below are findings that pertain to partner rape. It is useful to compare the American report of 2000 with this 2008 South African study:

- Ninety two percent (92%) of the victims and survivors of domestic violence are aware that domestic violence is a crime. However, very few respondents understand that forced sex within a relationship or with someone known to the respondent is rape (2008:142).
- Domestic violence practitioners emphasise the correlation between abusive relationships and the high rate of HIV infections amongst women who are raped by their husbands, or who do not have the power to insist upon the use of condoms or safer sex in their relationships (2008:145).
- Almost no rape charges were laid against perpetrators, despite the hundreds of accounts of rapes related to the interviewers (2008:153).
- Abusive relationships often lead to the death of a partner. When abused women see no way out of their situations and believe their abuser will kill them, out of desperation, they will kill their abusers (2008:33).
- In South Africa, one out of every six South African women is regularly assaulted by her partner (2008:37).
- Research quoted from the National Statistics supplied by the SAPS National Crime Information Centre, indicates that approximately 1% of rapes reported during 1996 and 1997, were perpetrated by husbands upon wives (2008:38).

2.5.   Summary

This chapter has examined rape, acquaintance rape and spousal rape. This general phenomenon has relevance also to the Christian faith community. However, within the church there are some specific aspects and challenges concerning spousal rape that need attention. These will be worked out in Chapter 5. In the following chapter the psychological effects of rape will be examined from the perspective of posttraumatic stress.

CHAPTER 3
THE PHENOMENON TRAUMATIC STRESS

3.1   Introduction

The point of departure of this study is that pastoral counsellors are not adequately trained with regard to posttraumatic stress that is experienced by spousal rape victims. Chapter 2 examined the phenomena of rape, acquaintance and spousal rape. This chapter focuses on the psychological trauma experienced by those who have been traumatised by rape and more specifically for the purposes of this study, spousal rape. In order to effectively counsel the victim of a traumatic event such as rape, pastoral counsellors should have an adequate understanding of psychological trauma.

The frequency of traumatic events resulting in traumatic reactions is high in South Africa. This is exacerbated by the fact that many individuals experience multiple traumatic events. According to Williams et al. (2007:852) the majority of South Africans experience not just one, but multiple traumatic events, 75 percent of South Africans have experienced some traumatic event in their lifetime, and 55.6 percent of South Africans have experienced more than one traumatic event. Hirschowitz, Worku and Orkin, (2000:28) refer to statistics released by the International Criminal Police Organisation ICPO-Interpol, 'International Crime Statistics' (1996), which confirm that South Africa has one of the highest incidences of rape in the world. Kernsmith (2008:58) points out that of those who report having been raped by a spouse, between 70 percent and 85 percent have experienced more than one rape, and 30 to 55 percent have been raped more than 20 times. These statistics highlight the hardship that South African women live with daily.

The field of psychology has contributed the most to the study of psychological trauma. This chapter therefore mainly makes use of the literature in this field.

Some pastoral counsellors do not approve of psychology and do not make use of the insights of this field (see Adams1986, Burkley1993, Almy 2000).

'Diagnosis' is a term that refers to the identification of the nature, causes and symptoms of a problem or difficulty. The word 'diagnosis' originates from the Greek word meaning 'discernment'. One of the most important qualities a pastoral counsellor should possess is that of discernment, or the ability to 'diagnose' the

situation. Benner (2003:80) puts it as follows: "Responsible pastoral counselling involves making a good diagnostic judgment about the nature of the problem".

There are a number of psychological diagnostic tools that may be used to classify the symptoms of a client. While it is not the role of the pastoral counsellor to "label" a client, it is nevertheless useful for the pastoral counsellor to have an understanding of the various diagnostic classifications. The advantage of having a recognised set of diagnostic criteria is that the pastoral counsellor gains more insight into the things that he/she are told. This in turn leads to a more effective intervention and treatment approach. Backus (1985:31) makes a point that pastoral counsellors as well as health professionals need to determine how they can help the counselee and this would include discernment, assessment and diagnosis. Assessment and diagnosis result from observation and listening to reach a conclusion. All are necessary to select a plan of treatment.

3.2. Stress

3.2.1. Introduction

Stress is a rather complicated concept. Hans Selye (1936:32) an endocrinologist was the first person to define stress as "the non-specific response of the body to any demand for change". A more contemporary description is that of Leaf (2007:40) who sees stress as "the body and mind's response to any pressure that disrupts normal balance". Stress has both physiological and psychological aspects. According to Davies (1995:817), stress may be understood in two different ways. Firstly, the term "stress" can describe specific *causes* or secondly, it can describe the end psychological and physiological result of internal and external pressures. All stress is initiated by a trigger (Leaf 2007:40). This trigger is known as a stressor and these stressors can be real or imagined, positive or negative.

'Distress' is the most commonly referred to type of stress and implies stress which has negative effects and implications. 'Eustress' is a positive form of stress which is usually related to desirable events in a person's life.

Hans Salye (1976) discusses the idea of a General Adaptation Syndrome as a system in terms of how the body responds to stress. His model states a stressor leads to a three-stage bodily response.

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- The Alarm Reaction is the individual's immediate reaction to a stressor. The initial response to a stressor is for the body to lower its resistance and functionality. As the body recovers from this initial lowering of resistance, the individual present with what is known as a "fight or flight" response. This results in individuals being prepared for physical activity. Several body systems are activated "especially the nervous and endocrine systems" (Olpin & Hesson 2013:38). At this time the stress hormones adrenaline, noradrenaline and cortisol flow into the blood stream. (see Coon & Mitterer 2010:431)

- Should the stress continue, the body then enters the Resistance Phase and temporarily adjusts to the exposed stressors. The outcome is that the stress hormones stay activated in the blood stream. Coon & Mitterer (2010: 431) notes that it is during this stage that the first indications of psychosomatic disorders begin to appear. Even if the threat is no longer present, the perception of threat exists which causes the body not to return to its normal state of functioning and results in hyper-arousal (see Olpin & Hesson 2013:38). Further, due to this perception, "resistance to new stressors is impaired" (Hockenbury & Hockenbury 2010: 506).

- The Exhaustion Phase occurs when the stress has continued for a prolonged period of time. At this time the body's resources are diminished and the stress hormones no longer are available to energise the body (see Coon & Mitterer 2010:38). The body's resilience to stress is then gradually eroded and it may collapse. The outcome of this period is frequently that the body's immune system and ability to resist disease deteriorates and may even result in death. . There are further signs of exhaustion displayed is the areas of emotion, behaviour and cognition.

3.2.2. Traumatic stress

The concept of trauma has previously been broadly discussed in this thesis. It is therefore necessary to clearly define this term. According to Weaver et al. (2004:9), the word trauma "is derived from the Greek word meaning 'wound.' Just as a physical trauma can cause suffering by wounding and disabling the body, a

psychological trauma can cause suffering by overwhelming the thoughts and feelings".

Traumatic stress is linked to an event and the individual's reaction to that event. Trauma intervention is then expected not to focus only on the current reactions but also the victim's experience (factual happening, thoughts and emotions) during the traumatic event. The Diagnostic and Statistical Manual of Mental Disorders commonly known as DSM, contains the standard criteria by which mental disorders are classified. According to the DSM-III, (American Psychiatric Association, 1980, p. 238) 'trauma' is defined as a "recognizable stressor that would evoke significant symptoms of distress in almost anyone". This definition of trauma was later modified in the DSM-III-R (American Psychiatric Association 1987:250) to mean an event that is "outside the range of usual human experience and that would be markedly distressing to almost anyone". The definition was again later altered in the DSM-IV (American Psychiatric Association 1994:427–428) to be a 'traumatic event' in which the person faced an event that threatened serious injury or death; or a threat to the physical integrity of self or others, resulting in feelings of fear, helplessness, or horror.

According to Norris and Slone (2007:81-82), the DSM-IV definition was expanded to include events that would not have previously been considered, due to their frequency - such as the sudden and unexpected death of a loved one or a life-threatening illness. On the other hand, the second part of the definition was added in order to require that the event be experienced together with a sense of helplessness, terror, or horror. Breslau (2002:924) puts it as follows: "The DSM-IV revision - the broader range of qualifying traumatic events and the added criterion of a specific emotional response - deemphasizes the objective features of the stressors and highlights the clinical principle that people may perceive and respond differently to outwardly similar events". According to Weaver et al. (2004:23), the impact of an experience always depends on its personal meaning to individuals and is linked to their pre-existing level of emotional sensitivity.

Posttraumatic stress has been a problem from humankind's inception. However, it has only fairly recently attracted the attention of scientists and doctors who attempted to understand the influence that traumatic events had on soldiers during and subsequent to various wars. Several terms were coined to describe their findings. During the American Civil War, combat related trauma was called 'Soldier's

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heart'. In World War I doctors called it 'shell shock' and during World War II combat trauma was known as 'battle fatigue'. According to Goulston (2008:11), by the beginning of the Korean War, psychiatrists began to recognize aspects of what is called Posttraumatic Stress Disorder (but which was then referred to as 'gross stress reaction'). Psychological research relating to the Vietnam War resulted in the recognition of Posttraumatic Stress as a disorder which was then included in the Diagnostic and Statistical Manual of Mental Disorders in 1980.

However, it was not only during wartime that individuals were influenced by traumatic events. In the late nineteenth century, the term 'hysteria' was used to describe a medical condition that was thought to be particular to women. Nehiah (1968:871) points out that this phenomenon had also been associated with women in earlier civilizations. In fact, the ancient Greeks and Romans attributed this phenomenon to abnormal movements of the uterus. Jean-Martin Charcot (1825-1893) was a French neurologist who documented the symptoms of hysteria. As a neurologist, he was however more concerned with the physiological symptoms of the disorder than with his patients' emotions or feelings.

Sigmund Freud (1856-1939), a student of Charcot continued Charcot's work and discovered that Hysteria was also a condition caused by psychological trauma. Herman (1997:12) noticed that the studies conducted at these times resulted in an understanding that highly emotional reactions to traumatic events resulted in a changed state of consciousness, often inducing hysterical symptoms. As Freud furthered his studies, he discovered that hysterical symptoms could be alleviated through what he called 'psycho-analysis' or talking therapy. In 1896 Freud wrote in his report entitled 'Aetiology of Hysteria', that at "the bottom of every case of hysteria there are one or more occurrence of premature sexual experience" (Freud1989:103). This finding troubled Freud as he realized this implied that "respectable" bourgeois families (amongst others) were responsible for such acts against children and this fact he could not (or would not) accept. He therefore disassociated himself from the study of psychological trauma and from women. Herman (2007:15) observes that the study of psychological trauma came to a halt at this point.

It was not until the 1970s when the Women's Liberation Movement recognised that the most common posttraumatic disorders were not because of men being at war but rather of women living in civilian life. The purpose of this movement was however different to that of psychological therapy. It sought to affect social rather

than individual change. In the mid-1970s and due to the efforts of the women's movement, research into sexual assault was nevertheless brought into focus after it became apparent that some of the victims' symptoms resembled those previously identified in soldiers.

A number of models attempt to explain what is actually meant by traumatic stress. Figure 3.2 is a representation proposed by Dr. Merle Friedman (2008) and is used with her permission.
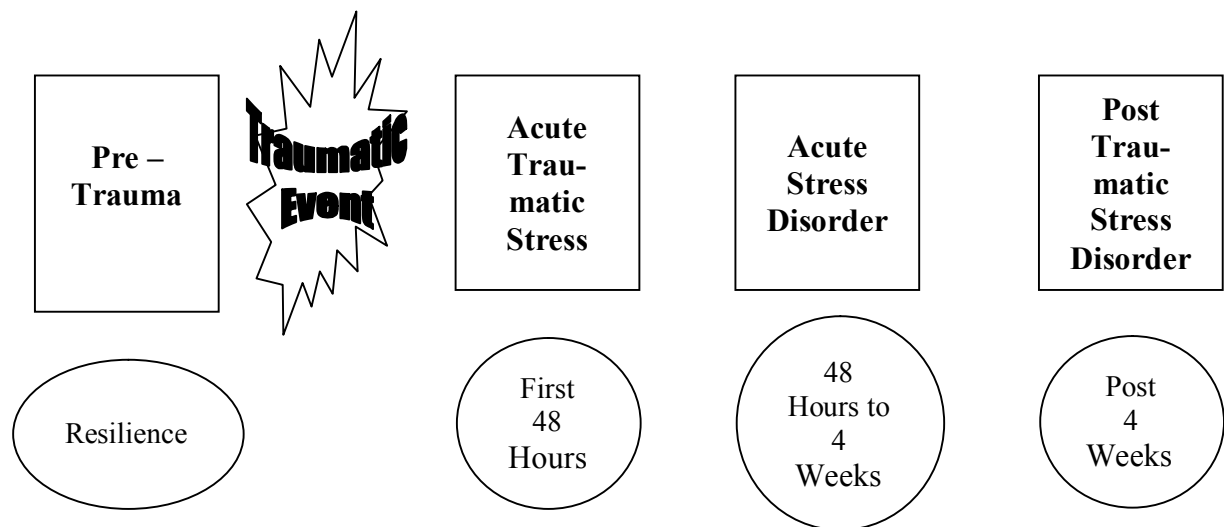
Figure 3.2

- **Pre-trauma**

Various pre-existing factors influence an individual's ability to cope with traumatic events. These include: age, gender, life circumstances, genes and brain structure, amongst others. A pertinent factor with regard to this study is that of gender. According to Goulston (2008:31-32), women are twice as likely to develop Posttraumatic Stress Disorder when a trauma involves a physical assault - whether this is a sexual assault or another form of violent attack. Armfield (1994:740) adds that vulnerability to Posttraumatic Stress Disorder is "enhanced by pre-existing psychological disorders (especially if related to prior trauma), low self-esteem, family problems, and poor coping skills".

- **During the traumatic event**

During a traumatic event, an individual experiences a number of various reactions and sensations. These include physical, emotional and mental reactions which are frequently accompanied by an overwhelming sense of fear and helplessness and an autonomic response to either freeze, flight or fight. In order to best understand why individuals undergo these changes at such times, it is useful to consider the responses of the brain and body during a traumatic event. Although in-depth neurological considerations are outside the scope of this study (cf. Neumeister et al 2007; Southwick et al 2007), a broad understanding is necessary due to the bearing it has on the ongoing responses experienced by traumatised exposed individuals.

Figure 3.3 (McKinley& O'Loughlin 2012:471) illustrates various areas of the brain involved during traumatic stress - in particular the hippocampus; hypothalamus and amygdala. These areas of the brain form part of the limbic system and influence emotions, learning, memory and self-preservation.

Components of the limbic system

Cingulate gyrus
Fornix
Anterior thalamic nucleus
Septal nucleus
Mammillary body
Hippocampus
Amygdaloid body
Parahippocampal gyrus
Olfactory tract
Olfactory bulb
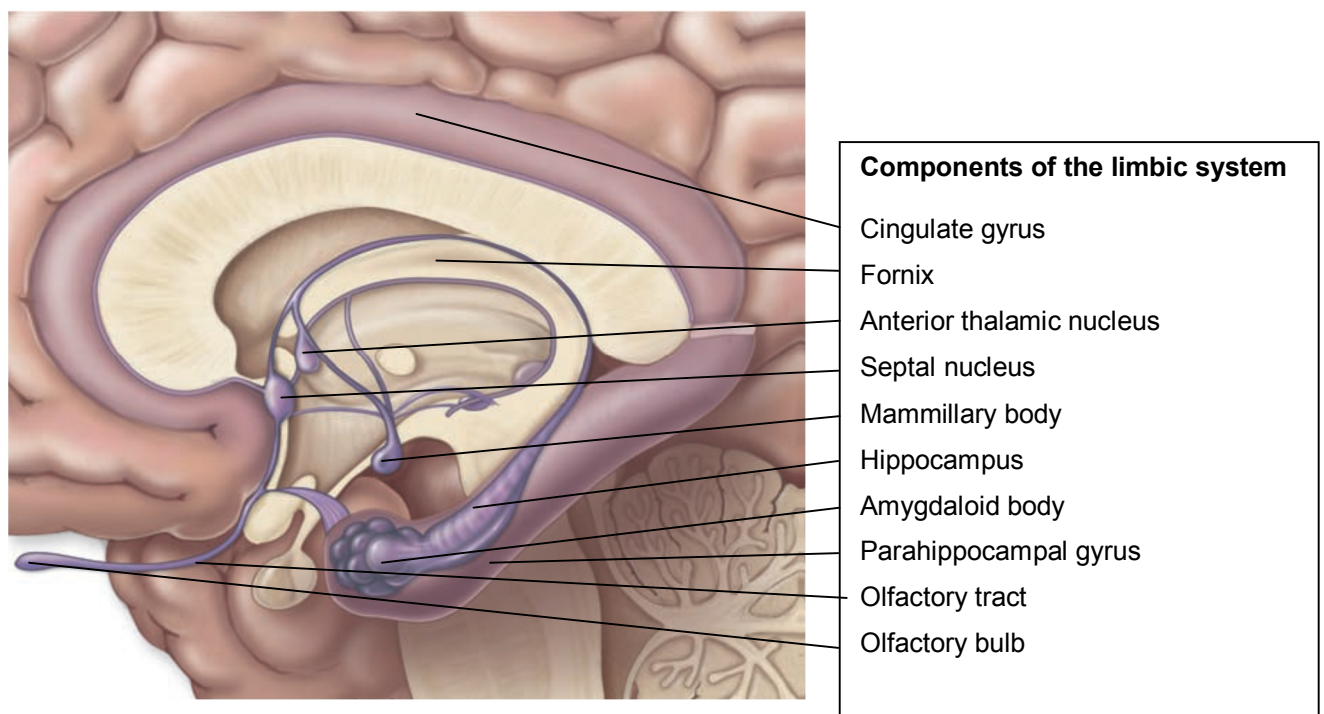
Figure 3.3

During a traumatic event, two systems of communication are simultaneously at work in the brain. This is illustrated in Figure 3.4. This illustration is a revised version of the flowchart of Conner (2002:234).
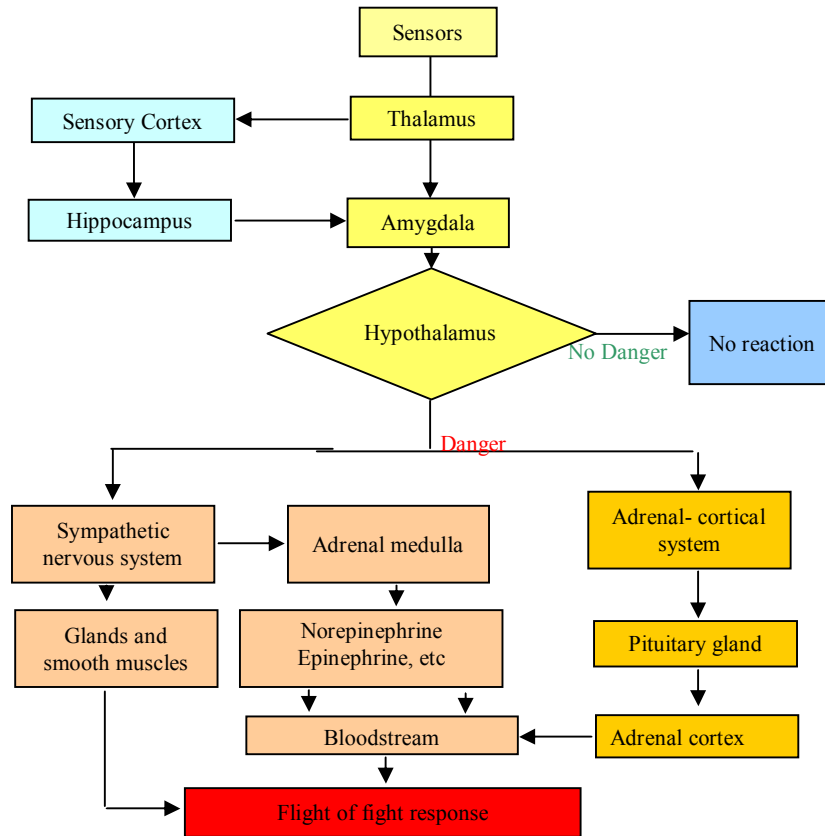
Figure 3.4

In the first system, incoming information from the senses is relayed to the thalamus. The thalamus then sends this information to the sensory cortex, where it is evaluated and assigned a meaning. Should the sensory cortex determine that there is more than one possible interpretation of the data, it passes the data along to the hippocampus, which ascertains whether or nor any experience could assist with an accurate interpretation. Should the hippocampus then determine that no threat exists; the information is sent to the amygdala, which signals the hypothalamus to shut off the fight-or-flight response.

The second system of information processing is much 'shorter-lived'. The information received by the thalamus is transferred directly to the amygdala, bypassing the hippocampus. The amygdala then receives the impulses and indicates

whether the hypothalamus should initiate a fight-or-flight response. The hypothalamus activates two systems: the sympathetic nervous system and the adrenal-cortical system. The sympathetic nervous system uses nerves to initiate reactions in the body, and the adrenal-cortical system uses the bloodstream for this purpose. The combined effects of these two systems result in what is commonly known as the fight-or-flight response. The rapid injection of epinephrine, norepinephrine and a number of other hormones cause changes in the body which result in the sensations, reactions and feelings experienced by a victim during a traumatic event. These responses are normal and expected, however they may become problematic should they persist. Talbott (2007:29, 30) explains it as follows: "Many stress physiologists believe that it is our degree of cortisol variability that indicates a healthy stress response: neither high cortisol nor low cortisol but a cortisol level that fluctuates normally in response to stress and relaxation".

Factors which could further influence the victim's response to traumatic events are: the nature of the trauma; the severity of the trauma; the duration of the trauma; the frequency of traumatic events; the victim's proximity to the trauma and the victim's previous coping responses. These factors can be explained as follows:

- **Acute Traumatic Stress**

The first 48 hours subsequent to a traumatic event can result in a number of reactions which may persist for some time thereafter. This period is also known as the impact phase. This stage is confusing for the victim as their psychological, emotional, physiological and cognitive responses are powerful and seemingly contradictory.

Psychologically, a common response to a traumatic event is the experience of vivid flashbacks and frightening nightmares. In the early days subsequent to a trauma, the victim relives the event in every way. This results in the individual being flooded with chemicals and hormones and it is common for the victim to believe they are going mad due to this experience. At times, the victim may also experience disassociation. Cohen (2011:409) puts it as follows: "'Dissociation' is similar to a trance state, which is an altered state of consciousness in which awareness of the surrounding world is changed". In this regard Saari (2005: 43) points out that dissociation is typical in extremely traumatic and long-lasting violent situations, including rape. While disassociation is a defence mechanism and a means of self-

protection, it hinders the processing of the traumatic event if it is extreme and persistent.

Emotionally, some trauma victims may feel numb, while others may experience varying intense emotions and yet others may vacillate between the two. The victim may weep uncontrollably with sadness or experience a sense of emptiness and despair. Feelings of anxiety, self-recrimination and guilt are typical. The most prominent emotions are however those of severe fear, helplessness and loss of control. According to Herman (1997:33), "psychological trauma is an affliction of the powerless". Guilt and shame are also common feelings at this time. Saari (2005:46) explains that shame is an irrational emotion beyond common sense. The complication with guilt and shame is that they may affect the victim's willingness to speak out about their experience.

Due to the bodily reaction during a traumatic event, the physical symptoms of aching muscles, tension headaches and such like is likely. While the mind may be over stimulated, the body is exhausted. Insomnia is a common response and may lead to further physical ailments. Physical care must be taken of the victim who has any pre-existing physical conditions, as the traumatic event may worsen these conditions. Saari (2005:47) refers to other typical somatic problems such as vomiting, nausea and cardiac symptoms.

Cognitively, the traumatic event may result in disorganised thinking. Retief (2004:32-33) points out that it is difficult to remember details or recall them in logical order after a traumatic event. As the victim's sense of security and trust is diminished, their increased sense of arousal and hyper-vigilance is common.

Spiritually, the victim's belief in the protection and even the very existence of God is challenged. Questions regarding the purpose and meaning of the event are asked of God. Herman (1997:51) notes that traumatic events can violate a victim's faith.

Philosophically, the victim may question their world view, belief system and perceptions. According to Horowitz (2003:3), stressor events provide stimuli that drastically conflict with a person's inner schemas. Bisbey & Bisbey (1999:24) point out that for the victim, prior thinking, security, confidence, experiences and expectations are considered to be invalid.

Relationally, the victim's sense of trust and security and their emotional state is negatively influenced and it is not unusual for them to become irritable, quick

tempered and given to angry outbursts. This may result in damage to their support systems and relationships.

- **Acute Stress Disorder**

The diagnosis of Posttraumatic Stress Disorder (see below) as per the criteria in the DSM-IV can only be recognized at least 1 month after a trauma has occurred. The American Psychiatric Association (2004a:9), have expressed a need to introduce another disorder called Acute Stress Disorder (ASD) into the DSM-IV and note that "ASD was introduced into DSM in an effort to prospectively characterize the subpopulation of traumatically exposed persons with early symptoms and identify those at risk for the development of PTSD".

The DSM-IV diagnostic criteria for ASD, as recorded by the American Psychiatric Association (1994:431–432) is found at Appendix 3.1 McNally et al. (2003:53) note that ASD and PTSD arise from the same set of traumatic stressors and are characterised by similar symptoms, however ASD differs in two significant ways. Firstly, the symptoms of ASD last between two days and 4 weeks and secondly, the ASD criteria emphasises dissociative reactions (cf. Scott & Stradling 2006:3-4; Brant 2004:188; Friedman et al. 2007:6; American Psychiatric Association 2004a:95). If symptoms of ASD are present for one month subsequent to trauma exposure, Posttraumatic Stress Disorder is then diagnosed (American Psychiatric Association 2004a:16).

The need for a diagnostic time frame has been highlighted. According to Foa et al (2009:130), ASD is a reasonable forecaster of Posttraumatic Stress Disorder as 75% of individuals with ASD subsequently develop chronic Posttraumatic Stress Disorder. Miller (2008:16) also recognises the value of the diagnosis of ASD as reinforcement of the importance of early treatment, particularly for crime victims, whose optimum clinical intervention begins at moment of contact with first responder.

Bryant (2004:192) criticises the use of the ASD diagnosis and states that "emphasizing dissociation as a critical factor in predicting subsequent PTSD leads to the neglect of other acute stress reactions that serve as risk factors". Bryant (2004:194) goes on to note that a sensible approach would be to identify individuals at risk of developing Posttraumatic Stress Disorder by using a range of empirically supported indicators, rather than by relying on a diagnostic label.

- **Posttraumatic Stress Disorder (PTSD)**

According to Friedman (2003:4) PTSD is considered a significant public health problem, potentially affecting millions of Americans. The situation in South Africa is no different. According to Dr Eugene Allers (in Beeld newspaper June 04, 2008 – article by Antoinette Pienaar), psychiatrist and former-president of the South African Society of Psychiatry, up to six million South Africans suffer from posttraumatic stress disorder (PTSD). Vorster (2005) is concerned about the diagnosing of PTSD by South African psychiatrists. She puts it as follows: "PTSD as a *bona fide* diagnostic category has been eroded" (Vorster 2005:42) (emphasis is the author's).

Pastoral counsellors are not qualified to diagnose any psychological disorders and are therefore required to refer their counselees to psychiatrists or forensic or clinical psychologists with expertise in the field of trauma. Nevertheless, the PTSD diagnosis is a useful tool for them in terms of being the first point of call for counselees and being able to refer these counselees to the appropriate professionals. This could eliminate other future compounding issues or co-morbid disorders for the counselees and thereby enable them to receive immediate and effective assistance. This is rather important in the light of Kinchin's (2007: 21) finding that rape victims are 50% more likely to suffer from posttraumatic stress disorder.

3.2.3. Posttraumatic Stress

Posttraumatic stress disorder was understood in the DSM-III as a syndrome caused by exposure to extreme stressors occurring outside the usual boundaries of everyday life. These events were likely to trigger noticeable distress in nearly all individuals. The initial studies concerning PTSD were undertaken with soldiers in war situations. As research developed, this definition was considered inadequate. The DSM-IV definition was therefore broadened to include the subjective perception of threat. To qualify as traumatised, an individual no longer should be a direct victim of trauma. One may also qualify because of being confronted with a situation that involves threat to the physical integrity of one's self or others and experience the emotions of fear, horror, or helplessness. The DSM-IV has omitted the criteria that a traumatic stressor has to be "an event that is outside the range of usual human experience" (American Psychiatric Association, 1987:250) because it is unclear as to what constitutes a 'usual' human experience. The DSM-5, which is expected to be

released in 2013, proposes pertinent changes. By tightening up the A1 criterion, the new definition makes a better distinction between 'traumatic' and distressing events not exceeding the 'traumatic threshold'. (cf. American Psychiatric Association, 2010). Another important addition in light of this study, is the recognition of "actual or threatened sexual violation" (American Psychiatric Association 2010) as grounds for posttraumatic stress disorder.

There are three main reaction clusters in PTSD. They are the following:

- **Intrusive symptoms**

The memory of the traumatic event continues to replay without any indication of subsiding. This replaying may take the form of nightmares, flashbacks and unsolicited thoughts. According to Friedman (2011:12) this intrusive thoughts are "sensory memories of short duration". They have the quality of being in the immediate present and therefore lacks context. "Ruminative thoughts in depression", on the other hand, are evaluative and longer lasting. Victims who experience flashbacks fell as if she/he is vividly reliving the traumatic event (see Okawa & Hauss 2007:41). Nightmares may result in the victim being too afraid to sleep which has a negative impact upon her/his health. Nightmares are one of the primary indicators that is recognised for PTSD (see Roberts & Roberts 2005:449).

- **Avoidance and numbing**

People with PTSD generally avoid doing anything that reminds them of the traumatic situation, including thinking about it. Not only do victim avoid thought and places but he/she may present with symptoms of social avoidance (Katz 2005:8). Some sufferers describe an inability to feel emotions such as love and happiness. Giarratano (2004:13) explains that with a combination of the numbing of positive emotions, feelings of detachment and avoidance of social situations, PTSD could have a devastating impact on the sufferer's functional existence.

- **Hyperarousal**

The trauma victim may experience a range of physiological symptoms, such as an inability to sleep, an inability to concentrate and anger and irritability. The person may constantly feel alert and on guard, scanning the environment for signs of

danger. The person may additionally be very sensitive to noises and have an exaggerated startled response to unexpected or loud sounds. Hyperarousal is not limited to a victim's involuntary reaction to a stimulus but it is also associated to bodily sensations such as palpitations, dizziness and shortness of breath (see Taylor 2006:14).

Co-morbidity is a term that signifies the presence of one or more disorders in addition to a primary disorder (Heiby & Latner 2009:547). It describes the effects of the additional disorders and provides a more holistic view of a person's illness. This concept is particularly important when dealing with PTSD because it can cause the development of many other disorders.

Victims, who present with symptoms PTSD, often meet the criteria for at least one other psychiatric disorder (Friedman 2009:68). The most common of these co morbid disorders is Major Depressive Disorder, Anxiety Disorders and Substance-Related Disorders (see North et al 2010:119). These disorders can occur before, during, or after the onset of PTSD. Goldberg (1995: xiii) points out that "PTSD often occurs co-morbidly with other psychiatric disorders, making differentiation very difficult".

PTSD is officially classified as an anxiety disorder (Friedman et al 2010:4). Some are in disagreement and suggest that PTSD is better suited to be a dissociative disorder (see Widiger & Mullins-Sweatt 2007:12). It is important to understand these arguments as they affect treatment options:

- **Anxiety disorder**

According to Brett (1996:121), PTSD has a history of moving classifications. Posttraumatic reactions have been taken out of an adjustment and stress category and placed in the anxiety disorders by DSM III and its successors. This has resulted in researchers classifying PTSD as an anxiety disorder (see Foa & Rothbaum 1998:11; Clark & Beck 2010:552). There are however a number of objections to PTSD being considered an anxiety disorder.

- **Dissociative disorder**

Posttraumatic symptoms such as: flashbacks, out of body experiences, hallucinatory experiences and amnesia better suggest a dissociative rather than an anxiety disorder. The precursor to PTSD, or Acute Stress Disorder, is understood as being a

dissociative disorder. Brett (1996:123) explains that the "elaboration of the posttraumatic and dissociative symptom criteria for the new diagnosis follows naturally from this descriptive orientation". The issue of PTSD being considered a dissociative disorder has resulted in significant research, amongst others, that of memory.

There are two main forms of memory, each dependent on the functioning of different parts of the brain: Explicit awareness (thought as memory) and the less accessible implicit memory. Implicit memory is also known as the sub-conscious. Siegel (1997:44) notes that it includes information that is acquired during skill learning, habit formation, simple classical conditioning and other information that is expressed through performance rather than recollection.

Traumatic experiences are 'remembered differently' from non-traumatic events. Bremner (2006:80) elaborates, "Individuals with posttraumatic stress disorder exhibit a broad range of problems with memory, including gaps in memory, problems with declarative memory, attentional biases to trauma-related information, and intrusive memories".

Both the DSM-IV and ICD-10 diagnostic criteria recognize that trauma may consist of boundaries of retention and forgetting. (see American Psychiatric Association: 1994; World Health Organisation:2012) Trauma events can be remembered with intense clarity or not recollected at all. Van der Kolk (1995) suggests groups of functional turmoil. Firstly, traumatic amnesia may be present and may last for hours or weeks. Recall is generally triggered by exposure to sensory or emotional stimuli that match sensory or affective elements connected with the trauma. Secondly, global memory impairment may be present. This is normally associated with childhood trauma. The danger of this impairment is that victims of childhood trauma are vulnerable to suggestion and to the construction of accounts for their trauma-related emotions. Thirdly, trauma and dissociation may be present and cause the compartmentalization of an experience. The memory is stored as isolated segments and sensory awareness.

Bremner et al (1995) used magnetic resonance imaging (MRI) equipment to demonstrate that patients diagnosed with PTSD present with smaller volumes of the hippocampus, with a specific decrease in the right hippocampal volume. It is suggested that this results from PTSD and may result in deficits in short-term memory (see Bremner 2006:84).

3.3.   Rape Trauma Syndrome

Men and woman are anatomically different but the difference also goes further. Gray (2008:38) notes that, due to advances in neuroscientific research, scientists have discovered significant differences between the male and female brains that explain the visible behavioural differences. These differences between men and women are also noticeable with regard to trauma reactions. Kimerling et al. (2007:210) note that while men are more prone to experience traumatic life events, women are more likely to develop PTSD. The chance of women developing PTSD is approximately twice that of males.

Handa and McGivern (2000:196-204) offer supporting evidence in terms of gender differences with regard to stress responses. This evidence includes differences in adrenal function, neuroendocrine function and behavioural responses to stress. Handa and McGivern (2000:203) conclude that "current research studying the interrelationships among sex, stress, and pathophysiology strongly implicates a role for gonadal hormones in predicting gender differences related to disease or psychopathology".

These factors have huge implications with regard to treatment. Kimerling et al. (2007:222) believe that the issue of gender is a vital factor when treating PTSD and understanding its causes, progression and symptoms.

In 1972, Ann Burgess, a scholar in the field of nursing and sociologist Lynda Holmstrom observed a pattern of reactions in individuals who had been raped and labelled these as "rape trauma syndrome". Leslie (2003:28) points out that this syndrome was the first comprehensive model formulated to understand the trauma of rape from the victim's perspective. The term 'Rape Trauma Syndrome' is still used today. However, it is understood in different ways and has undergone some modification. This has led to confusion concerning the term. According to Van der Bijl (2006:116), Rape Trauma Syndrome has been used as a clinical term to describe many behavioural and interpersonal symptoms sometimes showing to varying degrees in rape victims. The organisation, Rape Crisis (2010), operating in Cape Town, has described Rape Trauma Syndrome as a 'medical term'. Considering the syndrome to be a medical term may be considered misleading however, as it may imply that only physical reactions are present subsequent to a rape incident. The

original definition of Burgess and Holmstrom (1974:982) is more useful: "The acute phase and long-term reorganisation process that occurs as a result of forcible rape or attempted rape. This syndrome of behavioural, somatic and psychological reactions is an acute stress reaction to life threatening situations".

While the term 'Rape Trauma Syndrome' was coined thirty five years ago, it is still in use today in South African and international courts to explain and identify the symptoms suffered by rape victims. Desiree Hansson (1993:18), clinical psychologist and Director of the Institute of Criminology at the University of Cape Town, has summarised her findings in a court case as follows: "my clinical opinion [is] that the complainant is currently suffering from Posttraumatic Stress Disorder, and more specifically from Rape Trauma Syndrome, probably accompanied by Selective Psychogenic Amnesia". Hartman et al. (1993:511) explain that the reason for the ongoing use of the term 'Rape Trauma Syndrome' is that it provides "important descriptive information" as it is rape specific. The identification of Rape Trauma Syndrome is useful from a psychological perspective, as it considers the condition of the rape victim from a rape-related perspective. Rape Trauma Syndrome is not a recognised psychiatric/psychological disorder, as it has never been included in the DSM or ICD criteria.

Burgess and Holmstrom initially developed a two-phase model of the response to a rape experience, which consists of an acute phase and a re-organizational phase:

- **The acute phase**

The acute phase refers to the first few hours and weeks subsequent to the rape and is characterised by anxiety and fearfulness. "[T]he fear can become so salient and demanding that it overpowers the lives of victims" (Allison et al. 1993:153). Other general stress response symptoms are also present. The emotional responses displayed by the victim may be witnessed in either of the following two ways, depending on the personality of the victim and the nature of the rape. Firstly, the victim is openly emotional. She may appear agitated or hysterical and may suffer anxiety attacks. Secondly, the victim may have a 'controlled' response where strong feelings are masked behind a composed dementia.

In the first several weeks following a rape, acute somatic reactions such as physical trauma, sleep and appetite disturbance, gastro-intestinal irritability and

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genito-urinary disturbance may occur (cf. Peterson, Prout & Schwarz 1991:52). Emotional responses at this stage may include humiliation, embarrassment, anger, a desire for revenge. According to Leslie (2003:164), the primary feelings following a rape are those of disbelief, numbness, disgust and betrayal. Because rape is a traumatic event, the victim is more likely to suffer the recognised trauma reactions of flashbacks, nightmares, hyper-vigilance and an elevated startle response in the acute phase.

- **The re-organisation phase**

The re-organisation phase occurs as the weeks pass and the rape victim is faced with the task of putting the broken pieces of her life back together. The victim begins to consciously re-organise the world in which she now lives. This is not an easy undertaking and the victim may experience phobias, disturbances in physical functioning, disturbances in sexual behaviour and changes in lifestyle (cf. Allison et al 1993:155). This phase is strongly influenced by the victim's personality, her support system, existing life problems and prior sexual victimization.

Trauma organisations and specialists have modified this model to include a third phase. The organisation Rape, Abuse & Incest National Network (2009) and others suggest a phase between the first and last phases known as the 'recoil' or 'pseudo adjustment'. "During this phase the individual resumes what appears to be his or her 'normal' life but inside is suffering from considerable turmoil" (Victim Advisory Council of Iowa Department of Corrections 2011:5).

Rape Trauma Syndrome is a useful concept for a number of other considerations. Firstly, the term rape trauma syndrome considers rape from the view of the victim. Secondly, rape trauma syndrome is a cluster of responses to the extreme stress experienced by the victim due to a sexual assault, both at the time immediately after the rape and the months and years that follow. Thirdly, rape trauma syndrome is not an illness or a personality disorder. Leslie (2003:38) puts it as follows: "It is a normal response to an abnormally traumatic event".

While most victims experience these symptoms, some may only experience a few of these symptoms while others may experience none at all. The probability of developing rape trauma syndrome is influenced by the victims' personal characteristics. Should the victim have well established coping skills and with high emotional and psychological stability, she is less likely to experience symptoms of

rape trauma syndrome. Nevertheless, a judgment as to whether a woman has been raped cannot be made on the consideration of the number of symptoms the woman displays.

The following statement of Hartman (1993:511) makes a direct connection between PTSD and Rape Trauma Syndrome: "For many rape victims, responses during a rape and after the rape correspond to the critical symptoms of posttraumatic stress disorder". This statement is generally accepted by trauma specialists and is seldom debated. However, there are a number of varied and conflicting responses to question with regard to the relationship between PTSD and Rape Trauma Syndrome. According to the South African Department of Correctional Services (2008:12), Rape Trauma Syndrome can be viewed as a particular type of posttraumatic stress disorder that is evident after the occurrence of rape. This perception corresponds with that of Walker (1994: 30) who puts it as follows: "Rape trauma syndrome is now considered a subcategory of PTSD. Rape trauma syndrome has been explained as a part of PTSD".

Others have argued "Posttraumatic stress disorder (PTSD) has replaced rape trauma syndrome as the descriptive label for the aftermath of rape" (Koss et.al. 1999:1184). In an interview Emsley, head of the Department of Psychiatry at the University of Stellenbosch, said that Rape Trauma Syndrome is not recognised as a psychiatric disorder in South Africa and it would be more accurate to characterise rape victims according to specific psychiatric conditions such as PTSD (Van der Bijl 2006:120; cf. Foa 1998:27). According to Walker (1994: 34), however, posttraumatic stress disorder is not an adequate diagnosis for all of the symptoms experienced by rape victims because it fails to recognise the variation of psychological responses over time. Walker (1994:34) is of the opinion that it would be more useful to use the descriptive diagnostic categories reflected in Rape Trauma Syndrome. Rape trauma syndrome differs from posttraumatic stress disorder in the following respects:

- Posttraumatic stress disorder is a psychiatric diagnostic category that has specific criteria for diagnosis, whereas rape trauma syndrome requires a general fit between the victim's symptoms and the characteristics of the syndrome.

- Posttraumatic stress disorder can be caused by a number of events but rape trauma syndrome victims exhibit symptoms that are a common stress reaction to rape.

- Posttraumatic stress disorder as a diagnosis could result in the rape victim being viewed as a 'disorder to be corrected' and not as a unique individual in need of healing.

In conclusion, the diagnostic classification of posttraumatic stress disorder was specifically designed to be used as a diagnostic tool with soldiers in mind. It may therefore be inadequate in terms of fully comprehending the experiences of rape victims and the aftermath of rape. Nevertheless, the precepts of posttraumatic stress disorder and more specifically, rape-related posttraumatic stress disorder (see below) are important for pastoral counsellors to understand. Much that has been written on rape was done from a posttraumatic stress disorder perspective. For the pastoral counsellor it is important to be familiar with the terminology and aspects of posttraumatic stress disorder since because other professionals with whom the pastoral counsellor co-operates in a multi-disciplinary team, will probably work within this framework. In addition, these insights from psychology can enable pastoral counsellors to recognise and deal effectively with situations of rape.

The diagnosis of posttraumatic stress disorder does not fully account for the varied symptoms that women could experience subsequent to a rape. Herman (2007:32) observes that only after concept of posttraumatic stress disorder had been legitimated by the efforts of combat veterans, "did it become clear that the psychological syndrome seen in survivors of rape, domestic battery and incest was essentially the same as the syndrome seen in survivors of war". The diagnosis of PTSD does not fully accommodate rape victims in terms of its criteria. Organisations such as the National Center for Victims of Crime in Washington make use of a term called Rape-Related Posttraumatic Stress Disorder. There following are the four major symptoms of Rape-related Posttraumatic Stress Disorder (Jasper 2007:31):

- **Re-experiencing the traumatic event**

Rape victims may experience uncontrollable intrusive thoughts regarding their rape. Vivid memories and triggers (any stimuli or situations which remind them of the rape) during the day may cause them to become preoccupied with their rape and to be unable to shift their focus from the incident. Rape victims have realistic nightmares and flashbacks concerning the rape, where they re-experience the rape as if it were happening again.

- **Social withdrawal**

Rape victims frequently avoid contact with significant others, friends, acquaintances and social groups subsequent to their rape. Brown (2007:196) refers to social withdrawal "as psychic numbing, denial and a feeling of being emotionally dead". Victims are emotionally blunted or numb and this manifests in a diminished interest in living and even a lack of interest in their children and their jobs.

- **Avoidance behaviours and actions**

Rape victims may experience a tendency to avoid any thoughts, feelings or triggers which would remind them of their rape. For example, a victim may refuse to drive near the spot where her rape occurred.

- **Physiological arousal characteristics**

Rape victims may present with exaggerated startle response, hyper-alertness and hyper-vigilance. The victims may be in such a state of arousal that they respond to every sound and sight in their vicinity. Sleep disorders are common and result in poor sleep habits, such as trouble falling or staying asleep. Victims may also exhibit changes in their personalities. This has negative consequences for their inter-personal relationships. Outbursts of irritability, hostility, rage and anger, etc. result in victims being further isolated.

Some survivors with rape-related posttraumatic stress disorder are unable to judge time frames clearly and may arrive late or early for appointments - or even fail to arrive at all. Another possible side effect is a kind of 'tunnel vision', where victims are unable to distinguish between small issues and large crises. Their focus is on the 'now' and the 'self'. Many victims with rape-related posttraumatic stress disorder go on to develop major clinical

depression. Foa & Rothbaum (2001: 28) indicate that of the victims of more than one rape, 20% were currently suffering from depression and the remaining 80% would undoubtedly be diagnosed with depression at some stage in their lives. There is also a high probability of rape victims with posttraumatic stress disorder attempting suicide. According to Basile (2005:110), thoughts of and attempts at suicide are psychological consequences showing a larger increase in likelihood for rape survivors than for women who have never been victims.

According to Jaycox et al (2002: 892) most rape victims display posttraumatic stress disorder symptoms immediately after a rape and for some, these symptoms persist for years with devastating consequences. Drug and alcohol consumption is likely to increase as rape victims attempt to regain control and cope with the symptoms. The danger is that rape victims could develop "an alcohol use disorder" (Feeny and Foa 2000:437).

3.4.   Summary

This chapter traced the broad outline of trauma, traumatic reactions and trauma disorders. This broad understanding was applied specifically to the trauma as experienced by rape victims and various rape reactions, symptoms and related issues were explored. The impact of the traumatic event or rape on the spiritual well-being of the rape victim will be addressed in Chapter 4

CHAPTER 4

QUESTIONNAIRES AND INTERVIEWS

4.1. Introduction

The subject of posttraumatic stress because of spousal rape involves a number of different disciplines, therefore:

- Questionnaires were sent via email to 300 churches, individual pastoral counsellors, relevant para-church organisations and associations;
- Questionnaires were sent via email to members of the psychological fraternal. (These questionnaires are found in Appendix 5.1 and 5.2 respectively and the results are recorded below);
- Interviews were conducted with three women who have been victims of spousal rape. (The interview questions are found in Appendix 5.3 and the results are recorded below).

4.2 Data analysis: Pastoral counsellors

This study focuses on qualified and recognised pastoral counsellors - both within and outside the domain of the local church. The Senior Pastor of any local church is not considered a pastoral counsellor, unless pastoral counselling constitutes part of his/her job description.

Approximately 300 questionnaires were sent to various churches of different denominations, relevant Christian organisations and associations and individual pastoral counsellors throughout South Africa. The number of replies received totalled 71. These results are documented in Appendix 5.4 and presented in Table 4.1

		Female	Male	Total
No. of Participants		33	38	71
Qualifications	Matric (Grade 12) Certificate	0%	0%	0%
	Other Tertiary Certificate	1.6%	0%	1.6%
	Diploma	1.6%	8%	9.6%
	Bachelors Degree	8%	11.1%	19.3%
	Honours Degree	8%	8%	16.1%
	Licentiate	0%	1.6%	1.6%

	Masters Degree	14.4%	17.6%	32.3%
	Doctoral Degree	6.4%	12.8%	19.4%
Church Stream	Pentecostal	7.7%	7.7%	15.4%
	Charismatic	10.8%	6.2%	16.9%
	Mainstream (Anglican etc.)	6.2%	12.3%	18.5%
	Evangelical	6.2%	10.8%	16.9%
	Reformed	9.2%	23.1%	32.3%
View of Scripture	Inspired Word of God	36.1%	56%	92.1%
	Writings of Men	4.8%	3.2%	8%
View of Gender Roles	Patriarchal	1.7%	4.3%	5%
	Egalitarian	10.2%	13.6%	23.7%
	Complementarian	18.6%	32.2%	46.5%
	Evangelical Feminist	6.8%	6.8%	13.6%
	Liberal Feminist	8.5%	1.7%	10.2%
Nature of Cases Counselled	General Trauma	88.9%	81.0%	85%
	General Rape	77.8%	38.1%	58%
	Spousal Rape			28.1%
Perception of Challenge	Spousal Rape is a challenge for pastoral counselling			82.7%
Referral Base	Psychologists who practice from a Christian perspective			22.7%
	Psychologists who do not practice from any religious perspectives			8.2%
	Therapists who practice from a Christian perspective			24.7%
	Therapists who do not practice from any religious perspectives			4.1%
	Other Organizations:			19.9%
	No-one			1%
	No Referral Requested			30%
No. of Counselling Sessions per Spousal Rape Case	1 Session			0%
	2-4 Sessions			56.3%
	5-10 Sessions			30%
	11+ Sessions			13%

Table 4.1

A greater percentage of respondents (53.5%) are male pastoral counsellors, while 46.5% of respondents are female. This fact dispelled my preconception that there is a 'male-based pastoral counselling fraternity' in South Africa.

An average of 51.7% of respondents have graduated with either a Masters or Doctoral degree, however the male respondents are more highly qualified (30.4%) than the females (20.8%).

Both male and female respondents acknowledge a high regard for Scripture - with 92.1% of respondents believe that in the divine inspiration of the Bible. This result is consistent with the fact that 48.2% of the respondents aligned themselves with Evangelical and Reformed theological streams, thereby indicating that the majority of them hold to a conservative Christian worldview. This fact is further borne out by the similarity in perceptions of gender roles by both male and female respondents: 20.3% of female and 36.5% of male respondents also hold to a Patriarchal/Complementarian view. It must be noted however that more male respondents (20.2%) hold to an Egalitarian/Evangelical Feminist view, as compared to 17% of their female counterparts.

The majority of the respondents (female 88.9% and male 81%) counsel trauma victims. However, 77.8% of female respondents actively counsel rape victims, as opposed to 38.1% of male respondents. This seems to indicate that women who have been raped prefer the counsel of females to males. Nevertheless, the percentage of male pastoral counsellors counselling rape is higher than might be expected. The reason for this was not explored in the questionnaire. This could be as a result of the following two factors: firstly, assistance for the rape victims may be limited to the availability and accessibility of male counsellors only or secondly, some rape victims may prefer to be counselled by a male.

When the rape involves a spouse, the total number of rape cases counselled by respondents drops from 58% for general rape counselling, to 28.1% for spousal rape. This percentage is lower than the number of pastoral counsellors (30%) who have never been requested to counsel spousal rape. The reason for the lower number of spousal rape cases being counselled compared to other rape cases was not explored in the questionnaire but some possible explanations are the following:

- Firstly, there may be fewer incidents of spousal rape as compared to other incidents and forms of rape.

- Secondly, victims of spousal rape may be more unwilling to acknowledge that they were actually raped by their spouse.

- Thirdly, victims of spousal rape may not consider pastoral counsellors to be an appropriate resource to deal with the spousal rape incident.

- Fourthly, victims of spousal rape may be unaware that they have actually been raped due to the churches' teaching and a lack of understanding of the law.

- Fifthly, victims of spousal rape may be embarrassed and/or humiliated to acknowledge their rape to pastoral counsellors due to their perceptions of the church, Christians and the clergy.

Whilst it is noted that pastoral counsellors have a low incidence of spousal rape victim counselling, 82.7 % of respondents acknowledge that the issue of spousal rape is in fact a challenge for the local church. The reason for this belief may be due to the individual perceptions and experiences, or due to the fact that they actually perceive evidence of this trend being reflected within the church. Whatever the reason, the respondents concede that they are not adequately dealing with a problem that they themselves recognise as a challenge within the church. This study therefore specifically focuses on spousal rape within the church. The statistics also point to the need for preventative measures to be implemented by pastoral counsellors in churches in order to address this matter of spousal rape within the local church.

The results of the questionnaire demonstrate that 56.3% of counselling with spousal rape victims takes place within a period of 4 sessions or less. This means that the spousal rape victims are either inadequately counselled or that the respondents/pastoral counsellors are referring spousal rape victims to other counsellors. The latter seems more plausible as the results indicate a high volume of referrals. Most referrals are made to psychologists (22.7%) and therapists (24.7%) who openly describe themselves as Christians. Other organisations such as POWA are also widely used (19.9%).

This study proposes that pastoral counsellors ought to be capable of adequately counselling and caring for the needs of spousal rape victims. The results

of the questionnaire indicate that pastoral counsellors are generally well educated and that the majority of respondents counselling spousal rape are women. There is therefore no reason for spousal rape victims to be referred elsewhere at the rate they are. Pastoral counsellors should network and engage with other service providers. They should receive adequate counselling training and supervision, and should initiate strategies that are in the best interest of spousal rape victims.

4.3. Data analysis: Health practitioners

The term 'health practitioners' refers to counsellors, social workers and psychologists who work within a specialised environment. Approximately 100 questionnaires were electronically sent to rape centres, relevant organisations and individual psychologists and counsellors and only 22 were returned (see Appendix 5.2). The motivation for sending questionnaires to these individuals is was to determine their views and treatment approaches with regard to rape victims. This was undertaken in order to obtain an understanding of whether or not there was a difference in approach to rape between the genders. I was also interested in the health practitioners' perception of males counselling rape victims in addition to the role of the pastoral counsellor with regard to women that have been raped. Table 4.2 indicates the percentage of male and female respondents, in addition to an average.

		Female	Male	Total/Average
Participants		18	4	22
Qualifications	Matric	0%	0%	0%
	Certificate	0%	0%	0%
	Diploma	9%	0%	9%
	Bachelors Degree	9%	0%	9%
	Honours Degree	13.6%	0%	13.6%
	Licentiate	0%	0%	0%
	Masters Degree	31.8%	18.2%	50%
	Doctoral Degree	18.2%	0%	18.2%
Cases Counselled	Counselling of General Trauma	86%	9%	96%
	Counselling of Rape	86%	9%	96%
Referrals	Psychologists	27.3%	0%	27.3%
	Therapists/ Social Workers	27.3%	0%	27.3%
	Church/Pastors/Priests	0%	18.2%	18.2%

	Other organizations	18.2%	0%	18.2%
	No Referral	0%	0%	0%
	Referral not Requested	9.1%	0%	9.1%
No. of Sessions	1 Session	4.5%	0%	4.5%
	2-4 Sessions	27.2%	9.1%	36.3%
	5-10 Sessions	31.8%	0%	31.8%
	11+ Sessions	27.2%	0%	27.2%
Therapy Models	CBT	12.9%	6.4%	19.5%
	EMDR	9.6%	0%	9.6%
	Exposure Therapy	0%	3.2%	3.2%
	Biofeedback	0%	0%	0%
	Art/Music/Drama	3.2%	3.2%	6.4%
	Narrative	35.5%	3.2%	38.7%
	TIR	6.4%	3.2%	9.6%
	Other	12.9%	0%	12.9%

	True	**False**	**Uncertain**
No men should counsel rape victims	9.5%	80.1%	9.5%
Rape impacts spiritual beliefs	80.1%	0%	19.1%
Pastoral counselling necessary for rape victims	71.4%	0%	28.6%

Table 4.2

The return of the questionnaire from rape crisis organizations was poor and in one case criticism was made of the use of the term "victim" when referring to women who have experienced a rape. (For the motivation of the usage of this term see Section 2.3 Definitions of victim and survivor.)

The returned questionnaires revealed that of the 22 participants, only 4 were male. A possible reason for this finding is that female mental health practitioners are more likely to treat rape victims than their male counterparts. It is notable that 80.15% of these respondents believe it is not inappropriate for men to counsel rape victims. However, this does not seem to occur much in practice.

The high percentage of general trauma (96%) and rape (96%) cases counselled by both sexes is not out of the ordinary, since questionnaires were sent to mental health practitioners and organisations that are known to work with rape victims.

The respondents are highly qualified and 68.2% have attained either a Masters or Doctoral degree. This is probably due to the fact that most professional registering bodies require specific minimum academic qualifications.

Only three respondents indicated that they referred their rape cases. These referrals were primarily to other psychologists or therapists. Only two of the respondents referred victims to pastoral counsellors. This figure is significant, as 80.1% of the respondents indicated that rapes affected rape victims' spiritual beliefs. Interestingly, 71.4% of the respondents believe that pastoral counsellors have a role to play in the well-being of rape victims. Paradoxically, a low percentage of referrals are actually made to pastoral counsellors.

In terms of therapeutic modalities utilised by the respondents, Cognitive Behavioural Therapy (CBT) is the second most popular therapeutic model used when counselling rape victims (19.5%). In Chapter 3 of this study CBT is discussed as and effective therapeutic method for treating posttraumatic stress disorder. Chapter 4 points out that victims of rape are the most likely to experience posttraumatic stress disorder, I therefore expected the usage of CBT by the respondents to be higher.

A further therapeutic model recognised to be effective in the treatment of posttraumatic stress disorder is Eye Movement Desensitization and Reprocessing (EMDR). However, the number of respondents who apply this method is low (9.6%). This may be due to factors such as the cost of attending an EMDR course, the fact that respondents have not been exposed to the EMDR model, the fact that the model is not incorporated into university syllabuses, or simply that respondents do not choose to use this method. The most popular therapy model used by the respondents is the narrative model (38.7%). Narrative therapy covers a wide range of therapeutic methods. The questionnaire was not designed to explore the various forms of narrative used by the respondents since such detail is not required for the purposes of this study.

Approximately 40% of the respondents counsel rape victims for 2 to 4 sessions. This could be an indication that the work undertaken by the respondents takes the form of intervention programs. According to Hamblen (2010:3), "CBT treatment for PTSD often lasts for 3 to 6 months. Other types of treatment for PTSD can last longer. If you have other mental health problems as well as PTSD, treatment may last for 1 to 2 years or longer". It is difficult to understand how a rape victim will

recover from only 2-4 sessions of treatment. These figures suggest that rape victims are not assisted adequately, because of inadequate therapeutic duration and possibly ineffective treatment methodologies being utilised.

Highly qualified pastoral counsellors frequently refer victims of spousal rape to mental health practitioners who may not be adequately treating spousal rape victims because the spiritual aspect is not addressed. For many people their religion is central to their lives. Not including their spirituality in the recovery process affects the victim's recovery.

4.4. Interviews

Interviews were conducted with three spousal rape victims. The names of those involved have been changed for the purpose of confidentiality.

4.4.1. Interview 1

I conducted an interview with Cheryl, a woman married for 19 years who has three children. Cheryl had never been married before and is currently residing with her abusive husband. She was attracted to John because of his physical size, as she felt that he would be able to protect her. Cheryl also enjoyed the fact that John relied on her for emotional and practical support and care. Cheryl and John's courting process had a relatively short duration. Within three months of meeting, they began cohabiting and were married seven months later. In the early days of the marriage their relationship was fulfilling. Cheryl felt that she could care for John and was physically protected. Cheryl's parents' relationship lacked communication; however her father was never psychically abusive towards her mother. Within a few months, Cheryl began to perceive John as being verbally abusive and controlling. John limited Cheryl's movement out of the home and gradually isolated her from family and friends. Cheryl's only interaction with others was with John's friends and family. John would expect Cheryl to be ready to meet with his family and friends at a moment's notice.

John initiated their first sexual encounter prior to their marriage. Cheryl was afraid to say no and "consented" as she was afraid that he would leave her if she displeased him. Cheryl was a virgin at the time and had planned to be a virgin bride. Cheryl describes their sexual relationship during their cohabitation period as "fine". However, she notes that after their marriage John expected her to perform sexual acts

which made her uncomfortable and to which she felt unable to say no. Cheryl was under the impression that it was her wifely duty to be compliant. She also felt that sexual interaction was the only means of attracting John's attention. Although John usually initiated sexual intercourse, Cheryl sometimes initiated this in order "win his love". Incidents of spousal rape occurred a number of times throughout the marriage. At times these incidents included "rough sex" (including Cheryl being "strangled"). Initially Cheryl expressed shock and even cried during intercourse. However, as the incidents of rape continued Cheryl notes that she "was not there" and dissociated. This situation was further complicated by Cheryl's childhood sexual abuse.

Cheryl indicated that she never thought of the forced/coerced sex as rape until recently. She now believes it to be rape as there was "no willing verbal consent" from her side. Cheryl never filed a protection order against John.

Cheryl has not told anyone of her sexually abusive marriage and does not know of anyone else who has had a similar relationship. Cheryl's reason for not telling anyone is that she "feels like dirt" and is unable to bring herself to blame John or believe that he is capable of such behaviour. Furthermore, Cheryl experiences a sense of helplessness and believes that no one can change her situation.

Cheryl is unable to identify with God the Father as being protective and caring. She is however able to closely align herself with Jesus and His suffering. Cheryl acknowledges that her Christian faith is a source of help on the one hand and hindrance on the other. She believes that she is "not a mistake" and that being made in the image of God, gives her life meaning. Further, she believes that God has a plan for her life that will bring God glory. While she believes she is accepted and cleansed by God, Cheryl still considers herself to have no dignity.

Cheryl feels isolated from other believers "because they won't believe her". She has never approached a professional counsellor because of her sexual abuse, nor has she received any pastoral counselling in this regard. Cheryl's reason for this is that she feels unable to trust pastors. She is afraid that they will exacerbate her guilt and instruct her to submit to her husband (and thereby blame her to some extent) even if they actually believe her in the first place.

Cheryl's results in terms of the *Impact of Event Scale – Revised* (Wiess & Marmar 1996) (Table 4.3) reveal that she is hyper-avoidant of the spousal rape she has endured and may endure again in the future.

IMPACT OF EVENT SCALE – REVISED

INSTRUCTIONS: Below is a list of difficulties people sometimes have after stressful life events. Please read each item, and then indicate how distressing each difficulty has been for you **DURING THE PAST SEVEN DAYS** with respect to

_____, which occurred on _____. How much were you distressed or bothered by these difficulties?

Item Response Anchors are:

 0 = Not at all; **1 = A little bit**; **2 = Moderately**; **3 = Quite a bit**; **4 = Extremely**.

Thus, scores can range from 0 through 4.

1. Any reminder brought back feelings about it. 3

2. I had trouble staying asleep. 4

3. Other things kept making me think about it. 2

4. I felt irritable and angry. 0

5. I avoided letting myself get upset when I thought about it or was reminded of it. 4

6. I thought about it when I didn't mean to.0

7. I felt as if it hadn't happened or wasn't real. 4

8. I stayed away from reminders of it. 0

9. Pictures about it popped into my mind. 0

10. I was jumpy and easily startled.0

11. I tried not to think about it. 4

12. I was aware that I still had a lot of feelings about it, but I didn't deal with them. 4

13. My feelings about it were kind of numb. 3

14. I found myself acting or feeling like I was back at that time. I don't visit

15. I had trouble falling asleep. 3

16. I had waves of strong feelings about it. 0

17. I tried to remove it from my memory. 4

18. I had trouble concentrating. I suffer from depression

19. Reminders of it caused me to have physical reactions, such as sweating, trouble breathing, nausea, or a pounding heart. Cause me to punish myself

20. I had dreams about it. **0**

21. I felt watchful and on-guard. **0**

22. I tried not to talk about it. **4**

Total IES-R score:_____39_____

The **Intrusion** subscale is the **MEAN** item response of items 1, 2, 3, 6, 9, 14, 16, 20. **9**

The **Avoidanc**e subscale is the **MEAN** item response of items 5, 7, 8, 11, 12, 13, 17, 22. **27**

The **Hyperarousal** subscale is the **MEAN** item response of items 4, 10, 15, 18, 19, 21. **3**

Table 4.3

4.4.2.   Interview 2

An interview was conducted with Mary, a woman who was in her third marriage. The incidents of spousal rape took place with her first husband, Peter. During Mary's first marriage, there were multiple incidents of rape. Mary in fact described incidents of rape prior to their wedding. Mary believes that Peter continued with their wedding plans due to a sense of obligation because of his sexual abuse of her. The main aspect that attracted Mary to Peter was the fact that he "protected" her from her abusive mother. Her dream was to marry and "live happily ever after". This marriage lasted almost six years and no children were borne from the union. Mary explained that her marriage to Peter had a number of similarities to her parents' marriage, which was characterised by verbal and physical abuse. During Mary's marriage to Peter, she experienced sex as mechanical - something she performed out of duty and obligation. This sexual relationship was coercive in nature, as at all costs, Mary wanted to avoid the verbal abuse she would endure if she did not "co-operate". Peter forced Mary to watch pornographic material and took nude pictures of her. Mary notes that Peter was not physically abusive towards her, however she also paradoxically states that there were times when he "slammed me against the wall".

During their marriage, Mary never believed that Peter had raped her. Rather, she believed that, as a woman, it was not her place to object to the desires of her husband. This resulted in Mary failing to file any protection orders against Peter. Mary did acknowledge however, that she was fearful and wished she could run away. At that point in her life, Mary described herself as religious, but not a Christian. She felt that God had let her down and even today, after being "reborn", states that she is disappointed with God. Mary has no further contact with Peter who now lives in America.

Mary indicates that she has never encountered anyone who has experienced a similar situation to hers. She never spoke to anyone regarding her rape because "I didn't think I had that right". Mary therefore received no counselling during the time of her sexual abuse. Mary kept her suffering totally to herself. During her third marriage, Mary experienced marital difficulties and sought the counsel of five different pastors (two male and three female). Although she did not mention her rape by Peter first, she did mention the incidents of being forced to watch porn. This was the first time that Mary was told that she had been sexually abused. Mary has a high view of the role of the church with regard to marital abuse. She believes that men who are outside of the church escape the consequences of being reprimanded by pastors for wrongdoing. However, she also indicates that her experiences with pastoral counsellors have been less than useful. She feels that not all pastoral counsellors are sensitive and that they attempt to find quick solutions. She believes that pastoral counsellors require appropriate training in order to be better equipped to deal with abused women.

As a Christian, Mary realises that she is forgiven, however she notes that she also should forgive herself for her perceived wrongdoing. She explains that she believes she has done wrong by "participating in the abuse and not fighting back".

Contrary to popular belief, Mary believes that patriarchy does not contribute to rape if males should conduct themselves according to biblical principles. Mary notes that she accepts a patriarchal marriage because she regards it as biblical. According to Mary, her perception of marriage, men and herself has been negatively affected by her experiences.

The results of Mary's *Impact of Event Scale-Revised* (Wiess & Marmar 1996) are found in Table 4.4. These results indicate that at present she experiences avoidance, intrusion and hyperarousal reactions due to her trauma.

Mary is at present undergoing professional counselling.

IMPACT OF EVENT SCALE – REVISED

INSTRUCTIONS: Below is a list of difficulties people sometimes have after stressful life events. Please read each item, and then indicate how distressing each difficulty has been for you **DURING THE PAST SEVEN DAYS** with respect to

_____, which occurred on _____. How much were you distressed or bothered by these difficulties?

Item Response Anchors are:

 0 = Not at all; **1 = A little bit**; **2 = Moderately**; **3 = Quite a bit**; **4 = Extremely**.

Thus, scores can range from 0 through 4.

1. Any reminder brought back feelings about it. **4**

2. I had trouble staying asleep. **2**

3. Other things kept making me think about it. **4**

4. I felt irritable and angry. **4**

5. I avoided letting myself get upset when I thought about it or was reminded of it. **1**

6. I thought about it when I didn't mean to.**0 try to block out**

7. I felt as if it hadn't happened or wasn't real. **4**

8. I stayed away from reminders of it. **0**

9. Pictures about it popped into my mind. **0**

10. I was jumpy and easily startled.**4**

11. I tried not to think about it. **3**

12. I was aware that I still had a lot of feelings about it, but I didn't deal with them. **4**

13. My feelings about it were kind of numb. **3**

14. I found myself acting or feeling like I was back at that time. **?**

15. I had trouble falling asleep. **2 on medication**

16. I had waves of strong feelings about it. **4**

17. I tried to remove it from my memory. **3**

18. I had trouble concentrating. **1**

19. Reminders of it caused me to have physical reactions, such as sweating, trouble breathing, nausea, or a pounding heart. Cause me to punish myself. **1**

20. I had dreams about it. **1**

21. I felt watchful and on-guard. **4**

22. I tried not to talk about it.

Total IES-R score: **49**

The **Intrusion** subscale is the **MEAN** item response of items 1, 2, 3, 6, 9, 14, 16, 20. **15**

The **Avoidanc**e subscale is the **MEAN** item response of items 5, 7, 8, 11, 12, 13, 17, 22. **18**

The **Hyperarousal** subscale is the **MEAN** item response of items 4, 10, 15, 18, 19, 21. **16**

Table 4.4

4.4.3. Interview 3

This interview took place with Jane. Jane is currently unmarried but was married for eleven years during which time that the rapes took place. When Jane first met John, he presented as a charming and friendly person. The couple dated for just over a year prior to their marriage. Jane believed her future marriage would be "perfect". She pictured having children and John fulfilling the role of leader in the home - someone on whom she could depend for security and protection.

Jane's parents did not enjoy an idyllic marriage; however she does not consider their relationship to have been dysfunctional. Soon after her marriage however, Jane recognised that John was frequently verbally and sexually aggressive. Their sexual relationship also became unpleasant. Jane did not enjoy her first sexual encounter on her honeymoon night and notes that John was sexually demanding in terms of sexual frequency and had a high sex drive. No compromise could be reached in terms of sexual frequency. Instead, John grew more and more aggressive. This resulted in John forcing sexual intercourse upon Jane on numerous occasions. Jane notes that this caused her to feel like a prostitute especially as John treated her as if nothing had taken place prior to such incidents. Jane understood that John was raping her;

however she never laid any criminal charges or filed a protection order against him. Jane eventually divorced John and has no further contact with him.

Jane is unaware of any other spouse who has shared similar experiences to her. Only after a number of years did Jane feel free to mention the incidents to a lay counsellor and finally, to her family and close friends. Jane initially consulted her counsellor because the incidents "haunted" her and she needed to make peace with them. However, her counsellor was "flabbergasted" and did know what to say or do. Her friends also never knew how to respond and to her rape and the incidents have never been spoken about again. Jane subsequently consulted a professional therapist who was understanding and assisted her to work through her trauma. At no time did Jane seek assistance from a hospital or church.

Jane's marriage had a negative impact on her Christian faith. She did not know how to reconcile what was happening to her with her faith and found herself withdrawing from God due to the guilt and shame she felt. Today she notes that she still holds to the Christian faith and her view of God has not changed, however her view of the Bible has been inextricably altered. John repeatedly quoted Scriptures when demanding that his wife submit to her husband. Jane believes that her Christian faith was of little help in dealing with her sexual assaults. Earlier in her life, Jane was almost molested by a pastor and she therefore never felt safe to approach any church leader regarding her problems. This remains her sentiment to this day.

Approximately two years ago, Jane sought the assistance of a social worker in private practice. She notes that the social worker gave her the skills to deal with her posttraumatic stress and to look towards the future.

Jane was adamant about changes that should be made in society and the church. Firstly, Jane suggests that more individuals need to be trained to assist those experiencing sexual trauma. Secondly, she finds that there should be more approachable and trained female church leaders who are understanding and empathic towards rape victims, since approaching a male church leader would be "unpleasant". Jane still struggles with the ongoing after-effects of her trauma. Her perceptions of marriage and physical relationships are very negative and she notes that she battles to trust men at all. In fact, Jane feels threatened to be alone in the company of a male. Her self-esteem has been negatively affected by her rapes and does find herself attractive. She struggles to feel appreciated and in control.

The outcome of Jane's *Impact of Event Scale – Revised* (Wiess & Marmar 1996) is found in Table 4.5, which indicates she suffers from high levels of intrusion because of the rapes.

IMPACT OF EVENT SCALE – REVISED

INSTRUCTIONS: Below is a list of difficulties people sometimes have after stressful life events. Please read each item, and then indicate how distressing each difficulty has been for you **DURING THE PAST SEVEN DAYS** with respect to _____, which occurred on _____. How much were you distressed or bothered by these difficulties?

Item Response Anchors are:

 0 = Not at all; **1 = A little bit; 2 = Moderately; 3 = Quite a bit; 4 = Extremely**.

Thus, scores can range from 0 through 4.

1. Any reminder brought back feelings about it. **4**

2. I had trouble staying asleep. **2**

3. Other things kept making me think about it. **4**

4. I felt irritable and angry. **4**

5. I avoided letting myself get upset when I thought about it or was reminded of it. **4**

6. I thought about it when I didn't mean to.**0**

7. I felt as if it hadn't happened or wasn't real. **1**

8. I stayed away from reminders of it. **0**

9. Pictures about it popped into my mind. **4**

10. I was jumpy and easily startled.**0**

11. I tried not to think about it. **0**

12. I was aware that I still had a lot of feelings about it, but I didn't deal with them. **1**

13. My feelings about it were kind of numb. **2**

14. I found myself acting or feeling like I was back at that time. **0**

15. I had trouble falling asleep. **1**

16. I had waves of strong feelings about it. **3**

17. I tried to remove it from my memory. **2**

18. I had trouble concentrating. **0**

19. Reminders of it caused me to have physical reactions, such as sweating, trouble breathing, nausea, or a pounding heart. Cause me to punish myself. **0**

20. I had dreams about it. **3**

21. I felt watchful and on-guard. **0**

22. I tried not to talk about it. **0**

Total IES-R score:_____**35**_____

The **Intrusion** subscale is the **MEAN** item response of items 1, 2, 3, 6, 9, 14, 16, 20. **20**

The **Avoidanc**e subscale is the **MEAN** item response of items 5, 7, 8, 11, 12, 13, 17, 22. **10**

The **Hyperarousal** subscale is the **MEAN** item response of items 4, 10, 15, 18, 19, 21. **5**

Table 4.5

4.4.4   Interpretation

The results from the *Impact of Event Scale – Revised* (Wiess & Marmar 1996) found in Tables 5.3; 5.4; 5.5; are now interpreted by making use of PTSD criteria as discussed in section 3.4.5.1 *Definition of Post Traumatic Stress Disorder.* Pastoral counsellors do not have the training to make a clinical diagnosis but it is useful to utilise the recognised tools of mental health practitioners in order make an assessment of how severely victims of spousal rape have been psychologically affected by their ordeal.

All three of the respondents were directly involved in incidents that were a threat to their physical integrity. Their feelings included fear and helplessness. This meets the first criterion for the diagnosis of PTSD. The second criterion is the presence of intrusion. Intrusion refers to nightmares, flashback memories and

invasive emotions responses that the victim experienced shortly after the rape/s. In order to be classified as PTSD at least one intrusive criterion should be identified. Cheryl noted that strong feelings of anger were evoked when thinking of the rapes. Mary has evasive thoughts and feelings concerning her rape. Jane has pervasive distressing thoughts, feelings and dreams regarding her trauma.

The third criterion for the diagnosis of PTSD is that of avoidance. Avoidance refers to the victims attempt to numb her experiences of the event. This could mean that they avoid the places, thought, persons and emotions. All three of the respondents express avoidance tendencies. Cheryl particularly avoids thoughts and places associated with her spousal rape incidents and expresses feelings of detachment, whereby she means that she feels like a mere observer of her life rather than actually participating in it. Mary also avoids thoughts and feelings which remind her of her spousal rape incidents. She too expressed a sense of numbness. Jane is less prone to avoiding thoughts and places that aroused recollections of her spousal rape incidents; however she avoids and represses strong emotions when confronted with recollections of the rapes.

The fourth criterion for the diagnosis of PTSD is that of arousal. Arousal refers to outbursts, exaggerated startle response, hypervigilance, and so on. Only one symptom of arousal is required for a diagnosis of PTSD. Cheryl meets one of the criteria , namely that of not being able to fall asleep. Mary meets three of the criteria: anger outbursts; as well as sleep difficulties. Jane meets one criterion that is, irritability and anger outbursts.

The fifth criterion for the diagnosis of PTSD requires that the symptoms of the disturbance are evident for more than one month. All three of the respondents have suffered their spousal rapes years ago and all three are still experiencing symptoms of disturbance and distress.

The sixth criterion for the diagnosis of PTSD requires that the incident has caused distress in areas such as social life, work, home and the like. All three of the respondents are currently in therapy as a direct result of the difficulties that they are experiencing in different areas of their lives. In addition to a possible diagnosis of PTSD that could be made by a qualified mental health practitioner, all three respondents suffer from depression for which they have been medically treated. It cannot be determined whether or not their depression is the direct result of their

spousal rapes; however it may be safe to assume that their rapes have definitely contributed to their depression.

Each of the respondents also endures additional psychological suffering of shame, guilt, low self-esteem and low self-confidence. These women have needed to reassess their worldviews (schemas) in the light of their experiences. Relationships, especially those with men, have been affected. The ramifications of these difficulties and symptoms of PTSD may be even more difficult to deal with as these woman progresses through life. Herein lays an opportunity for the positive involvement of pastoral counsellors.

4.5.   Summary

This chapter has analysed the data collected from two sets of questionnaires and three formal interviews. Making use of the DSM IV criteria for PTSD, this study shows that spousal rape victims often exhibit symptoms of PTSD, which in turn demonstrates the intensity of psychological injury that spousal rape victims suffer. The results also show that time does not necessary heal the wounds and that the victims continue to suffer years after the event, even if they are no longer in relationships with the perpetrators. Victims need some form of continued and adjunctive intervention in order to assist with recovery from their ordeals.

The data suggests that pastoral counsellors are quick to refer the victims of spousal rape to health care professionals. According to the current recognised modalities for treating posttraumatic stress, a number of mental health professionals who have participated in the survey are not adequately treating victims of spousal rape. This is either due to the specific methods they use, or to the limited time they spend with their clients.

The sixth chapter proposes an alternative pastoral counselling model by means of which to assist victims of spousal rape effectively. It also proposes some preventative measures.

CHAPTER 5
THE RELEVANCE OF SPIRITUALITY

5.1.   Introduction

In order to discuss the matter of spirituality which is important to the full recovery of religious persons who have been traumatised, the nature of humankind should be examined. Throughout history, philosophers have contemplated as to the makeup of humankind. Homer, a Greek philosopher round about 900 BCE, considered the physical body as "simply the carcass, a corpse, stripped of the dynamism of human personality" (in Pate 2011:217). Since that time philosophers proposed various theories as to the relationship between the soul, spirit, mind and body. The Greek philosopher Plato (428-348 BCE) suggested that there was a close relationship between the soul and the mind but made a distinction between mind and body. It was perceived by most early philosophers (apart from Aristotle) that the mind was nobler than the body (cf. Check 1990; Pate 2011).

According to Moreland & Craig (2003:228), Christian Scriptures also teach that the soul/spirit is the immaterial component and different from the physical body. The differentiation between the soul and body is not of Christian origin but it was part of the mind-set of biblical authors.

The church fathers distinguished between the soul and body. Edwards (2002:87) puts it as follows: "Thus by Origen's time it was commonplace – according to all known rules of exegesis, a scriptural commonplace – that body, soul and spirit were discrete components of humanity".

This view of a distinction between soul/spirit and physical body has continued through the various theologians to today. However, thoughts have differed regarding exaltation of one element over the other as to what makes up the immaterial aspect of humankind. There are generally three views regarding human nature as understood within the context of Christian anthropology: trichotomism, dichotomism and monism.

Trichotomism suggests that humans are composed of three elements, that is, physical body, soul and spirit. The first element is that part of the human being which is visible and material. The second element is the psychological element which comprises reason and emotion. The third element is the spirit, the non-material

element of a person. It is believed by Christians and other that the spirit survives after physical death.

Dichotomism suggests that humans are comprised of two elements, that is the physical body and the spirit/soul component, which is an immaterial component. Monism suggests that humans should not be seen as consisting of separate components. Such a view presents the danger of viewing them as dualistic beings. Monism hold that the soul cannot exist without the body and the body cannot exist without the soul.

Some theologians (see Cooper 2000:66 and Erikson 1998:554) have sought an alternative view between Dichotomism and Monism. This study considers humanity to be unitary, despite the fact that both material and immaterial elements exist. The implications of such a philosophy for counselling traumatised people are that this view does not subscribe to the idea of an inherent conflict within the compound that makes up humanity. Secondly, the human spiritual condition cannot be dealt with independently of the physical and psychological components. Thirdly, the only time that the elements of the compound are separated, is at the time of death. Fourthly, issues regarding spirituality do not pertain only to the immaterial component, but to the unity of the human being.

An investigation of the role of spirituality in counselling the spousal rape victim is relevant because of the fact that, for believers, it is one of the major aspects affected by such an event. This aspect is not addressed by health care practitioners who are required by their profession to refrain from religious matters. Even pastoral counsellors do not always give the necessary attention to the spirituality of the people how have been traumatised. It is however a vital aspect of how pastoral counsellors should attend to spousal rape victim who are also believers and whose faith more often than not has been affected by their traumatic experiences.

Discussions on spirituality usually concentrate on traditional religious groups, such as Buddhism, Hindu, Islam, Christians and other religious groups such as Jehovah Witnesses and Mormons. There are also other forms of spirituality that require mentioning, such as Paganism, Wicca and others. Jinpa (2001:83) notes that the Dalai Lama considers being ethical and spiritual as fundamental to being human. Desmond Tutu (2004: xvi) elucidates African spirituality as follows: "The African world view rejects the popular dichotomies between the sacred and the secular, the material and the spiritual. All life is religious, all life is sacred, all life is of a piece".

Today some search for spirituality outside of the confines of religion. According to Nigel Leaves (2006:9) "God has become a problem" and he sets out to confront the wrongdoings of religion and present alternatives (see Leaves 2006:19). The spiritual insurgency has not been fuelled from influential spiritual leaders but from ordinary people that have chosen to forge their own spiritual path. Leaves (2006) uses the term "smorgasbord of therapeutic spiritualities" to refer to the availability of various options and directions from which a person could pick and choose without necessarily being involved in formal religion. Taussig (2006) observes that a new form of spirituality is developing in the United States of America that is emerging from the grassroots. This spirituality is not restricted to any specific denomination, creed, religion or philosophy. This spirituality is open-minded, open-hearted adventurous and accepting of others and their expression of spirituality. Taussig (2006:7-49) promotes what he calls "progressive Christianity" which consists of five characteristics namely:

- spiritual vitality and expressiveness;
- a Christianity with intellectual integrity;
- going beyond traditional gender boundaries;
- the belief that Christianity can be vital without claiming to be the best or only true religion;
- strong ecological and social justice commitments.

Spirituality in its broad humanist sense is difficult to define. According to Fuller (2001:9) spirituality exists wherever humankind struggles with the issue of how their lives fit into the greater scheme of things. Waaijman and Carm (2004:13) describe humanist spirituality as having been "deeply linked with the primordial processes of life: processes of education and learning, processes of work and organization, processes of care and compassion, processes of becoming home in the environment surrounding us". Spirituality then, is not just addendum to life but touches the core of humanity. However, spirituality could for a time remain in the background of a person's existence and at other times be brought to conscious attention. In his work, *Spirituality*, Cees Waaijman (2002:526) explains: "Both 'phronesis' [practical wisdom] and 'diakrisis' [discernment] are aimed at discerning the path (life form) which most

purely mediates the final end of human beings and how one must walk this path with one's eyes fixed on the final end".

Understanding humanist spirituality is difficult due to the fact that it is an individual matter which is not openly discussed at social gatherings. There is no formal place of interaction with others who are like-minded because of the personalised nature of humanist spirituality and no one authority on the subject. Yet, humanist spirituality is linked to humankind as being a fundamental capacity of all human beings. For one person this fundamental capacity may be expressed through involvement in the creative arts, music and/or a search for the meaning of life. On the other hand, it is suggested that spirituality goes beyond these aspects to include the recognition that reality supersedes that which is tangible. This intangible aspect may or may not include the belief in a higher being or force (cf. Perrin 2007:18). Nevertheless, spirituality is considered to involve the bigger picture of humanity and heightens concerns affecting others. This concern not only involves thought, but also the day to day living out of behaviour and attitudes which are consistent with these thoughts. Humanist spirituality is therefore often recognised as expressing itself in compassion, dedication, emotion and knowledge. According to Norman Perrin (2007:22), "spirituality stands at the junction where the deepest concerns of humanity, and the belief in transcendental values, come together in the movement toward ultimate fulfilment in life".

Another form of humanist spirituality is that of feminist spirituality. Mantin (2001:102) investigates the spirituality of Carol Christ who is known for the 'Goddess Movement' and suggests that the central tenet of Christ's work is the connection between experience, story and spirituality. According to Christ (2003:11) tarot cards, goddess amulets and other forms of divination "are an essential part of Goddess religion". Humanist feminist spirituality is not accepted by all feminists, as there is a broad range of expression of spirituality amongst feminists. Some feminist spiritual belief systems are discussed later in this chapter.

While there is a wide spectrum of humanist spiritual expression, the majority of the South African population align themselves with institutionalised religion (82.9%), while 17.1% are recognised as belonging to "Other beliefs", "No religion" or "Undetermined" (Statistics South Africa 2006:14). This situation seems to be much the same in the United States of America. Lynch (2007:3; see Fuller 2001) describes it as follows: "The notion that there is a "new spirituality" replacing institutional

religion in America to any significant degree thus lacks any real supporting evidence". For this reason, the focus of this chapter is on Christian spirituality which is, according to statistics, still the dominant form of spirituality in South Africa (78.8%) (cf. Statistics South Africa 2006:14).

Just as there are a number of strains of Christianity, so too are there various spirituality types in Christianity. Not only do these means and modes of spirituality differ, but so do their philosophical underpinnings. This study will consider the broader picture of Christian spirituality and then focus particularly on the particular context of this study, namely Evangelical Spirituality.

Christian spirituality, just like humanist spirituality, is difficult to define. In order to better understand Christian spirituality, a brief understanding of the term "Christian" is necessary. The understanding of the nature of truth will correspondingly influence the category of "Christian". For example, Conservative Evangelicals will find their "truth" solely in the Bible, while other Christians do not hold to "absolute truth" but rather consider the search for truth to be an on-going quest. The term "Christian" is therefore extremely broad. Nevertheless, for the purpose of this study, a Christian is seen as "any individual or group who devoutly, thoughtfully, seriously, and prayerfully regard themselves to be Christian. That is, they honestly believe themselves to be attempting to follow the teachings of Yeshua of Nazareth (a.k.a. Jesus Christ) as they interpret those teachings to be" (Robertson 2011:1).

Christian spirituality is also a broad subject. After having discussed a number of definitions of Christian spirituality, Norman Perrin (2007:32) draws the main tenets as the following:

> Christian spirituality is the experience of transformation in the Divine–human relationship as modelled by Jesus Christ and inspired by the Holy Spirit. Christian spirituality is appropriated as a lifestyle within all relationships in the broader Christian community as well as in society in general.

In essence, Christian spirituality describes a way of life for the believer, from the experience of transformation which is on-going, to the manner in which the believer interacts with God, the believing community, the broader community and

him- or herself. This way of life is modelled on Jesus and His teachings, behaviour and interactions. Perrin (2007:23) identifies a commonality within the various forms of spirituality as being the fact that "the goal of spiritualities is to construct hope and meaning in the midst of daily life".

Christian spirituality has much in common with the spirituality practiced in other religions such as Judaism and Islam. Christian spirituality is not merely a set of doctrinal beliefs. Rather, it primarily involves living out the experience of the Christian faith. This "living out" experience goes beyond the boundaries of religion and theology and is open to new and unexpected experiences, as the Holy Spirit breaks into the history of individuals. However, such experience is subjective and ambiguous. Unless it is articulated, it cannot be engaged with by others. Only when the experience is expressed, can it be probed by oneself and others. As part of the expression, the probing and the consequent understanding of these experiences, references to theology, Scripture and even past events and future hopes are useful. Such interaction, when combined with experience, could lead to spiritual growth. According to Perrin (2007:39), it is through the disciplines of Scripture and Christian tradition, "along with those of the human sciences, [that] today's expressions of Christian spirituality can be evaluated in the context of the key events recorded in scripture, as well as the unfolding history of Christianity".

Christian spirituality negates the concept that the body is considered to be inferior to the spirit. The believer therefore takes care of his/her body by means of healthy behaviour and as an aspect of Christian spirituality. As beings who have been created in the image of God, humankind has amongst other qualities, the quality of self-transcendence. This means that individuals have the capacity to show genuine interest in the world of others. A concern for the well-being of others, social justice and the care of the environment are all aspects of Christian spirituality. This spirituality also influences the way believers conduct their relationships with others, namely with an attitude of respect, acceptance and dignity.

Prior to the twentieth century, the terms "spiritual" and "religious" were used interchangeably. With the introduction of Christian spirituality as a recognised discipline, this is no longer the case. According to Fuller (2001:5), spirituality has become associated with the private realm while religion is connected with the membership of a religious institution. The believer not only believes, but also lives out his/her religious teachings, theology and beliefs. Religiosity is not the sole

indicator of spirituality; however the church does have a role to play in Christian spirituality. Lonsdale (2011:252) believes the church to be a collective, in which the learning of Christian spirituality is achieved through means of reflecting on narratives, celebration and sharing with others "the abundance of the self-gift to the world". In the same manner, the Scriptures and Christian tradition are essential for Christian spirituality.

The aim of Christian spirituality is to imitate Jesus. The outcome of this imitation is that the believer is not self-seeking, but is rather aware of the needs of others and works to meet such needs - even to the point of personal sacrifice. The concept of imitating Jesus is further discussed in chapter 7.

5.2   Evangelical spirituality

5.2.1   Introduction

The focus of this study is on spirituality as expressed by Conservative Evangelical Christians, which is my context and the context in which I do counselling with traumatised people. The Evangelical movement is one of the largest within all Christian groups. The Evangelical Alliance has a network of churches in 129 countries, reportedly represent more than 600 million Evangelical Christians (cf. World Evangelical Alliance 2011).While there is some commonality within the movement, there are also very distinct differences between the groups that call themselves Evangelicals. In order to adequately address the matter of Evangelical spirituality, it is necessary to distinguish between the various groups.

Conservative Evangelicalism has not placed a strong emphasis on spirituality. From a Christian religious point of view, the Roman Catholic Church with its strong emphasis on liturgy, church community and the sacraments has generally been perceived as the one promoting spirituality.

Conservative Evangelicalism aligns itself with the Reformed and Puritan traditions. However, it seems to have lost touch with the spiritual practices of these traditions. Due to the strong focus of Evangelicalism on the Bible, a distinctive Evangelical spirituality would be based on the Bible. Secondly, spiritual practices and premises will be Christocentric. Systematic theologian, Alistair McGrath (1999:9) describes the relationship between theology and spirituality as follows: "Spirituality is

not something that is deduced totally from theological presuppositions, nor is it something which is inferred totally from our experience. It arises from a creative and dynamic synthesis of faith and life". Also from a Conservative Evangelical perspective a correlation between spirituality and theology is necessary. The purpose of the spiritual disciplines is not necessarily understood to be a means of achieving and maintaining salvation, but rather as an expression of growth through salvation and towards the likeness of Christ. From a Conservative Evangelical point of view the spiritual disciplines will also cooperate with the Holy Spirit's work in a believer's life. The spiritual disciplines are seen as the outward expression of the inward working of the Holy Spirit. It is expressed through believers' interaction with those around them. This is a means of evangelism and service as a result of concern for the other.

According to McGrath, (1999:12) differences in individual temperaments and social contexts would lead to a "multiplicity of spiritualities". It could reasonably be argued that there are as many different forms of spirituality as there are believers, as individual believers respond to the Christian faith within their respective personal contexts and cultures. Commonality does however exist with regard to some beliefs and practices, for example, the practice of prayer and the recognition of Jesus as the Son of God.

The emphasis on the *individual* response to the gospel is problematic for evangelical spirituality today, as it lacks the value of on-going interaction within the *faith community* as a means of fostering growth and the expression of faith in everyday life.

In light of the previously mentioned weaknesses of conservative evangelical spirituality, a group called the post-Conservative Evangelicals (also known as the emergent or emerging church movement) suggests an alternative spirituality. According to Grenz (1993:17), to be [post-Conservative] "Evangelical" means to participate in a community characterized by a shared narrative concerning a personal encounter with God told in terms of shared theological categories derived from the Bible". This definition highlights a number of problematic issues raised by post-Conservative Evangelicals with regard to the Conservative Evangelical Movement. For the purposes of this study the focus will be solely on issues relating to spirituality.

The post-Conservative Evangelicals believe that Conservative Evangelicalism is modernist and is therefore outdated. For evangelicalism to survive, it should adopt the postmodern model of post-conservative evangelicalism. Post-conservative evangelicalism is not a structured movement and there are clear reasons for this being so. Jones (2008:40) explains it as follows: "The emergent church [post-conservative evangelicalism] defies simple explanation and categorization. It is pluriform and multivocal". In order to better understand the tenets of post-conservative evangelicalism is therefore necessary to investigate some works of its proponents.

Postconservative evangelicalism is not an official name, but rather describes the movement's ethos of "being born subsequent to" conservative evangelicalism and not merely being opposed to it. Grenz (1993:11) is of the opinion that it is necessary to re-articulate "the biblical, evangelical vision in a manner that both upholds the [evangelical] heritage we embrace and speaks to the setting in which we seek to live as God's people and share the good news of the salvation available in Jesus Christ our Lord".

Because post-conservative evangelicalism is a reaction to conservative evangelicalism, it is characterised by protest against what is seen as "the old order". Other terms that are associated with post-conservative evangelicalism are "the emerging or emergent church" and "young evangelicals". This study uses the term post-conservative evangelicalism when referring to this movement. This study will consider a number of aspects of spirituality that are found in post-conservative evangelicalism. However, before doing so, the following key aspects that influence post-conservative evangelical thought are highlighted:

- **Postmodern influence**

Contemporary Christianity is influenced by both postmodernity and post-conservative evangelicalism and seeks to be relevant by re-examining the methodology of conservative evangelicalism in the light of the postmodern society. Postmodernity is difficult to describe. According to Smith (2002), "there is no such thing as a definition of the postmodern. It is a mood rather than a strict discipline". Nevertheless, Fajardo-Acosta (2010) suggests the following description:

A cultural and intellectual trend of the twentieth and twenty-first centuries characterized by emphasis on the ideas of the decenteredness of meaning, the value and autonomy of the local and the particular, the infinite possibilities of the human existence, and the coexistence, in a kind of collage or pastiche, of different cultures, perspectives, time periods, and ways of thinking. Postmodernism claims to address the sense of despair and fragmentation of modernism through its efforts at reconfiguring the broken pieces of the modern world into a multiplicity of new social, political, and cultural arrangements.

Another way of understanding postmodernity is to consider some of its features. Johnson (2001:26) identifies the following ten distinctive features:

- a reaction to modernity and all its tenets;
- a rejection of objective truth;
- a scepticism and suspicion of authority;
- a constant search for self and identity;
- a blurred morality
- doing whatever seems expedient at the time;
- a constant search for the transcendent;
- living in a media world;
- engaging in the knowing smirk;
- being on a quest for community;
- living in a very material world.

The influence of postmodernity has touched every aspect of life and thought (cf. Sim 2001) including theology. One of the types of theology that has come out of postmodernity is deconstructive theology. Michener (2007:11) explains deconstructive theology as a theology that "attempts, through subversion, to bring about the self-destruction of the modern worldview into a non-worldview through its denial of objectivity". In other words, deconstructive theology denies objectivity and radicallt questions the nature of truth. It shows all expressions of objective meaning

to be unstable constructs. Three main proponents of this school of thought are philosophers Foucault (1990), Lyotard (1993), and Derrida (1998), whose influence has resulted in the deconstruction of traditional doctrines concerning God (see Erickson 1998:167).

- **Deconstructionist influence**

Some see deconstruction as negative, due to its agenda of "demolition" and "disconnection". However, for Derrida (1998) it is not negative. He is concerned with the instability of language and systems in general (see Sim 2001:3). In other words, the meanings of spoken or written words are temporary and are but approximations. The "full meaning" is only present in the originator's mind. Therefore, the full meaning of words cannot be seen as something permanent, especially not by different audiences. This does not mean that the words become meaningless; rather their meaning can be undone. According to Kallenberg (2001:234), "Language does not represent reality, it constitutes reality".

In order to make sense of the meaning of words, the process of deconstruction requires the careful analysis of words in order for their meaning to reveal something that was previously unseen. Michener (2007:65) explains that "deconstruction analyzes a text so thoroughly as to discover the many ways the text itself did not communicate upon initial reading". To apply these insights to Christian faith and spirituality, one could say that the careful reading, consideration and analysis of Scripture is required. In this sense, theology and Christian spirituality are in agreement with postmodern deconstructionism.

The word "deconstructionism" is used in a range of contexts, such as philosophy (cf. Zack 2010), social sciences (cf. Lockyer 2004), and theology (cf. Boeve & Brabant 2010). Liechty (2010:131) describes deconstructionism as follows: "Deconstructionism refers to the academic style of reading and interpreting texts, associated especially with Parisian postmodern philosophy and general suspicion of authority". Deconstructionism makes a distinction between the spoken word and the written word. The written word is problematic as it continues unchanged as written, while the spoken word occurs in the moment. Further, the use of language is sometimes a barrier that cannot be overcome. In order to deal with the written word, deconstructionism therefore desires to open a dialogue, thereby avoiding any closure on a matter.

The deconstructionist view of religion does not aim to destroy but rather, to encourage on-going and open dialogue. This leaves any concluding questions as open-ended or hypothetical rather than doctrinal. Religion has been criticised for confusing knowledge with faith. Michener (2007:71) goes on to clarifies, "religion becomes dangerous and ultimately violent when it sees itself as the supreme knowledge only granted to a chosen few". Foundationalism is regarded as undesirable by postmodernists. Foundationalism suggests that some truths serve as a basis for other truths. In other words, foundationalism is the grounding that constitutes the justification of belief. Postmodernity rejects the belief that there is an absolute truth on which to base a set of beliefs. Theology and creeds are therefore not recognised as 'absolute truth' based on the 'absolute truth' of a Biblical foundation.

The concept of deconstructionism is also found in the literature of post-conservative evangelism. According to Jones (2008) deconstructionism is a key aspect to understanding post-conservative evangelicalism. He puts it as follows: "We were following the lead of Derrida and other post-modern deconstructors in questioning the very premises of Christianity that we had inherited" (Jones 2008:47). McLaren (2010:55) pursues this same quest for deconstruction. Deconstructionism is the idea that the intention of an author cannot be fully known. There is therefore no fixed meaning to any writings. Deconstructionism promotes questioning of the text in order to search for what is "behind the scenes".

- **Problems with foundationalism**

Foundationalism is the understanding that absolute truth exists. Post-Conservative Evangelicalism considers this to be impossible. Grenz and Franke (2001:49) state that "the specifically Christian-experience facilitating interpretative framework, arising as it does out of the Biblical narrative is 'basic' for Christian theology". In other words they replace a *propositional* view of Scripture with a *functional* view that centres on experience rather than on doctrine. Jones (2001:63) describes it as follows: "Propositional truth is out and mysticism is in". The subject of mysticism is dealt with later in this chapter.

The way in which post-conservative evangelicalism understands beliefs, is by means of a number of different anchor points, similar to that of a spider's web. Murphy (1990) elucidates that the beliefs which are given up are those on the edge

of the web while those towards the centre are less subject to revision, "because they are interconnected with more elements in the rest of the system" (Murphy 1990:8).

- **The influence of pluralism**

Postmodernity acknowledges pluralism in today's world. In a pluralistic society, people are exposed to various influences, including religious teachings. This often results in an eclectic collection of ideas and beliefs. Spirituality therefore takes on many forms some of which are unrelated to the belief in a Higher Being. There is also a high level of tolerance between various religions, as all faiths are considered to contain elements of truth. Any religion or belief therefore becomes an acceptable way in which to express one's spirituality. Christianity is not viewed as having exclusive access to God and is not the sole valid means through which spirituality and the worship of God are practiced. Selmanovic (2007:194) explains it as follows: "If non-Christians can know our God, then we want to benefit from their contribution to our faith".

Given these postmodern influences on post-conservative evangelical Christianity, the question now is how these influences have shaped its spirituality. The main focal points of evangelical spirituality will now be briefly discussed, comparing post-conservative with conservative evangelical spirituality. The key aspects are the Bible, worship, mysticism, evangelism, spiritual discipline and community:

- **The Bible**

The Bible plays an important role in the life and community of post-Conservative Evangelicals. It is recognised as the normative standard for the Christian life. Believers' lives should imitate the life of Jesus and his teachings. The difference between the post-conservative evangelical approach to the Bible and that of Conservative Evangelicals is described Selmanovic as follows: The former "want nothing less than to reinterpret the Bible, reconstruct the theology, and re-imagine the church to match the character of God that we [the Conservative Evangelicals] as followers of Christ have come to know" (Selmanovic 2007:191). This view is consistent with post-conservative evangelicalism's understanding of deconstruction and foundationalism. According to Grenz (1993:17) post-conservative evangelical

spirituality significantly influences its theology and requires thorough theological reflection. This is a different view to that of conservative evangelicalism, where spirituality is seen as being under the influence of theology and not the other way around.

- **Worship**

Post-conservative evangelicalism has a creative approach to worship and spiritual reflection. It often makes use of various forms of art in its worship, including film and drama. Its worship also includes more ancient customs, for example the prayer labyrinth. There is no set structure to its corporate worship and a variety of worship activities and styles are used from one gathering to the next. Believers may sometimes break into small groups for interactive worship and at other times, the worship may be more collective (cf. Kimball 2004). The aim is that all the senses are engaged in worship. Worship therefore involves lighting, music, various postures, (such as kneeling) and even smells (such as incense.) According to Jones, (2001:97) the Roman Catholic Church is attracting a number of the younger generation due to the provocation of the senses, in addition to the perception that "they offer transcendence in worship". The decision as to the role of music and the people's participation in it is taken by the whole faith community. According to Viola and Barna (2008:201), the idea is "to allow Jesus Christ to direct the singing of His church rather than have it led by a human facilitator".

Preaching plays a major role in the spirituality of conservative evangelicalism due to its teaching aspect. Post-conservative evangelicalism on the other hand, emphasises experience above teaching. The role of the preacher is therefore one of facilitator who leads the discussions and answering questions. The task of the preacher is not to prescribe any fixed concepts or conclusions, but to rather provoke thoughts and questions from the audience.

- **Mysticism**

Many post-Conservative Evangelicals are involved in mystic spiritual practices, where believers seek to come into union with God. Harkness (1973:32) describes this as "the mystical ecstasy in which, for a brief indescribable moment, all barriers seemed to be swept away and new insight supernaturally imparted as one gave

himself over fully to the Infinite One". Imagination plays an important part for mystics, because it is through the imagination (as opposed to rational thought) that contact is made with God. Jones (2001:63) puts it as follows: "People are not necessarily put off by a religion that does not 'make sense' they are more concerned with whether a religion can bring them into contact with God".

- **Evangelism**

For post-Conservative Evangelicals evangelism is a part of their spirituality. However, there is a different emphasis than on the evangelism of conservative evangelicalism. From a post-conservative evangelical perspective, the influence of modernity has resulted in an approach of "conquer and control" (cf. McLaren 2002). The conservative evangelical approach of "winning people" is perceived to be coercive and its belief system rigid. Post-Conservative Evangelicals' approach to evangelism is rather to be accepting, loving and serving. The desired outcome of the two groups also differs. The desired outcome of post-conservative evangelicalism is explained by McLaren (2004:260) as follows: "I don't believe making disciples must equal making adherents to the Christian religion. It may be advisable in many (not all!) circumstances to help people become followers of Jesus and remain within their Buddhist, Hindu, or Jewish contexts". The method is about believers demonstrating the truthfulness of the gospel story by the manner in which they live out their Christian lives within the community. This is known as "embodied apologetics" (cf. Morey 2010:39) and implies that faith permeates every aspect of believers' lives. Such evangelism requires the believer to live a life of authenticity and integrity.

The role of evangelism is also an aspect of spirituality within conservative evangelicalism, however post-evangelicalism views conversion somewhat differently to the manner in which conservative evangelicalism does. According to Morey (2010: 117), evangelism involves listening to people's stories and ideas, asking good questions and assisting individuals to discover the truth, as opposed to simply informing them of the truth and then asking them to believe it. The conservative evangelical view of evangelism is considered later in this chapter.

- **Life style**

Postmodern people seek authenticity. Therefore the lifestyle of believers should be authentic in order for their faith and discipleship of Jesus to have credibility. While post-Conservative Evangelicals may sometimes be considered to be materialistic consumers (cf. Ward 2002:60), they are nevertheless seen as altruistic and they show concern for and are involved in environmental, social and other community issues (cf. Poloma & Hood 2008).

- **Experience**

Experience is fundamental for the post-conservative evangelical. Olson (2008:25) notes that it is through experience that the post-conservative evangelical get their identity. "Being evangelical is not so much a matter of adherence to a set of doctrines, although evangelicals are generally respectful of the basic doctrines of Christianity, as it is of a matter of an experience and a spirituality centered around the Bible, Jesus Christ and his cross, and conversion, devotion, and evangelism". The knowledge of God occurs through religious experience. According to Grenz, (1994:47) theology is the reflection of religious encounters and not a scientific means through which God is made known. "The theologian articulates what must be true on the basis of such experiences". In order to know God and understand Christianity, the source must therefore not exclusively the Bible, but also Christian tradition, culture and experiences within God's community.

- **Community**

Community is important for the spirituality of post-Conservative Evangelicals, for a number of reasons. The issue of the use of language is frequently problematic. Kallenberg (2001:234) puts it as follows: "Language does not represent reality, it constitutes reality". It is through the local community that this truth is understood. The only way in which the Bible can therefore be understood is within the context of the Christian community. Due to the limitations of language and the inability to know objective truth, Christian theology then finds its expression within local Christian communities. Through the revelation of the Holy Spirit, objective truth can be known within the local believing community; however this objective truth cannot be made known to others due to the restriction of language. Post-Conservative Evangelicals

believe that the Holy Spirit makes objective truth known to the local Christian communities within their cultural context. Secondly, a "local Christian language" is learnt and understanding is derived through believers' interaction and relationships within their respective local Christian communities. This in turn enables them to live out their Christian lives with the understanding of what it means for their particular Christian community.

5.2.2   Feminist evangelicalism

Another distinct group of evangelicals is the evangelical feminists. In the light of the contribution that feminism has made to the research and psychological treatment for rape (cf. Herman 1997) and the focus of this study being on raped women, it is necessary to consider feminist evangelical spirituality. In order to do so a brief history of the feminist movement will now be discussed in terms of the different "waves":

- **The first wave**

The first-wave of feminism refers to periods of feminist activity during the nineteenth and early twentieth century in the United Kingdom and the United States (see Shukla 2006). Originally this activity focused on the promotion of equal contractual and property rights for women and the opposition to chattel marriage (which meant that the husband owned his wife and any children born from their union). By the end of the nineteenth century however, feminism focused primarily on the acquisition of political power for women, particularly that of the right to women's suffrage (or right to vote). Mary Wollstonecraft wrote the *Vindication of the Rights of Woman* in 1792. Penguin Books republished this book in 1984 (see Wollstonecraft:1984). According to Sanders (2006:15), modern feminism was birthed by this publication. She describes Wollstonecraft's contribution as follows: "Far from portraying women as superior to men, Wollstonecraft wanted to raise their overall moral and intellectual stature to make them into more rational citizens" (Sanders 2006:15). Margaret Fuller's (1845) work, *Woman in the Nineteenth Century*, is considered by some to be the first major feminist work in the United States.

The end of the first wave is linked to the passing of the law in 1920 which granted women the right to vote. This was a major victory for the feminist movement and included reforms in higher education, in the workplace, in professional bodies and in health care.

- **The second wave**

Though it is widely accepted that the second wave of the feminist movement lasted from the 1960s to the late 1970s, the exact years of the movement are more difficult to pinpoint and often disputed. The central focus of the second wave was however on total gender equality in order that women as a group could have the same social, political, legal, and economic rights as men.

During this period, feminism helped to educate women and encourage them to view their personal lives as politicized and reflective of the sexist power structures of society. The second wave struggled to obtain the right for women to have access and equal opportunity in the workforce, in addition to seeking the end of legal sexual discrimination. Within the second-wave radical feminists claimed that women were "living in a state of denial" if a woman claimed that all the men in her life treated her well (cf. Sterba 2001:181). This led to acknowledgement that in this form, feminism was not fully representative of all women, and according to Sterba (2001:181), this signalled the end of second-wave feminism.

- **The third wave**

The third wave of feminism commenced in the early 1990's. Third wave feminists recognise (but do not always appreciate) that they have reaped the benefits of the previous waves. However they believe that women are still facing marginalization. Seely (2007:46), a self-confessed "third waver", states that the third wave is "working to build a stronger movement by diversifying its approach to activism and social change". This goal appears somewhat vague however. Third wave feminists, according to Henry (2004:14), reject the "victim mentality" feminism of the second wave with regard to the gender of rape and instead celebrate "a woman's right to pleasure".

The time frame allotted to the third-wave movement lacks a consistent goal that might unite the movement. This "wave" has been considered as having hardly any influence except within feminist circles and academia. Feminist, belle hooks (2000:25), puts it as follows: "Currently, feminism seems to be a term without any clear significance. The 'anything goes' approach to the definition of the word has rendered it practically meaningless".

The term "Christian feminism" can be traced back to 1915 when Flecher's work, *Christian feminism: A charter of rights and duties* appeared. The term was also used by Reformed feminist Rosemary Radford Ruether (1998). Christian feminism may have its origins as early as the Reformation. Kostenberger (2006:21) puts it as follows: "The Reformation, with its emphasis on individual believers' right and obligation to study the Scriptures for themselves, may have embodied the seeds of a greater consciousness of value of women".

Towards to end of the nineteenth century, Elizabeth Cady Stanton promoted a more critical approach than ever before in history. Her book, *Woman's Bible: A classic feminist perspective* the first volume of which was published in 1895 and the second in 1898, (see Kern 2001) propagated the view that the Biblical texts were sexist. This started the feminist hermeneutics movement. Over time, three groups of feminists emerged within Christianity: the radical, the reformed and evangelical feminism.

Radical feminism is characterised by the rejection of Christianity and the Bible as being inherently patriarchal and authoritative. One of the prominent names in radical feminism is Mary Daly (1985). As a Roman Catholic, Daly was perceived as the hope for the liberation of women in the Second Vatican Council. Reform was slow however, and Daly became more radical and moved outside of the boundaries of the church. Daly and her followers considered themselves to be post-Christian feminists. They believed that Christianity and feminism were incompatible and deemed the "Christian 'myth' to be untrue" (Kostenberger 2006:26). One of the chief aims of radical feminists is to form a religion that supersedes Christianity. Such a religion is not based on the authority of the Bible, but rather on women's experience.

Reformed feminists opt to remain within the Christian tradition and seek to use the Bible in order to reconstruct an alternative theology for women. Rosemary Radford Ruether (1993) and Elisabeth Schussler Fiorenza (1993) are such women. They do not reject the Bible outright, but rather aim to reinterpret the Bible and liberate it from the restrictions of patriarchy, thereby creating a positive theology for women. Fiorenza (1984) proposes a fourfold hermeneutic:

- a hermeneutic of suspicion toward traditional interpretations of Biblical texts owing to patriarchal bias and assumptions;

- a hermeneutic of remembrance which seeks out stories of women in the Bible that are often ignored because of the focus on male characters;
- a hermeneutic of proclamation that relates stories of subjugation of people because of gender and other reasons;
- a hermeneutic of imagination that reads between the lines of the Bible.

The third group of Christian feminists is evangelical feminism. This group differs from the other groups of Christian feminists as they hold the inspiration of Scripture in high regard. For evangelical feminists Scripture is "inspired, reliable, and the final authority for faith and practice" (Talbert-Wettler 2001:449). Nevertheless, these feminists were asking similar questions to those of the other feminists. Gallagher (2004:227) puts it as follows: "Paralleling developments in feminist theory, evangelical feminists began to question the usefulness of theorizing gender along a "difference equals hierarchy' and 'androgyny equals equality' continuum".

Evangelical feminists have decided to stay within the evangelical camp because of their view of the authority of Scripture. This group find that they have more in common with the post-Conservative Evangelicals than the Conservative Evangelicals (cf. Olson 2008; Caputo 2008). Evangelical feminists are proponents of the concept of egalitarianism. Egalitarianism refers to the shared spousal authority within marriage, which amounts to mutual submission. Evangelical feminism recognises that men and women are equally made in the image of God, that God equally calls both genders into God's family and equally gifts them for service. According to Groothuis (2005:304) it is impossible for a person to be spiritually and ontologically equal and yet be required to be subordinate to another person, "The logical connection between woman's being and woman's subordinate "role" is attested not only by common sense but also by common experience - an experience all too common for countless women who have followed God's call into Christian ministry" (Groothuis 2005:325). The following aspects characterise evangelical feminism:

- **Spirituality and the Bible**

The Bible is an important aspect in the spirituality of evangelical feminists. Evangelical feminism recognises that the Bible is the final authority in matters of faith

and practice, as Conservative Evangelicals do. Gallagher (2004:226) describes the approach of evangelical feminism as follows: "Seeing feminism as a logical extension of their faith rather than its compromise, egalitarian evangelicals insisted that they were motivated by Biblical themes of justice and the creation of a new kind of community rather than simply adopting the issues of the women's movement as their own". While recognising that the Bible is the inspired Word of God, evangelical feminists believe that the Bible was written in a patriarchal culture and writers were prejudiced because of this culture, ignoring women's rights. Therefore a hermeneutic of deculturisation should be applied in order to gauge the true meaning (cf. Miller 2007). Evangelical feminists therefore believe that the hierarchical model taught in Scripture is culturally based and therefore no longer binding on Christians today.

The key passage for evangelical feminism's theological underpinning, is Galatians 3:28: "There is neither Jew nor Greek, there is neither slave nor free man, there is neither male nor female; for you are all one in Christ Jesus". This passage is used in the principle of the analogy of faith (cf. Ramm 1970:107). This principle basically states that Scripture interprets Scripture. This method is also used by Conservative Evangelicals. The Evangelical feminists apply the principle in a different fashion to that of the Conservative Evangelicals. The Evangelical feminists assume Galatians 3:28 as a clear text, used to understand the "obscure" passages such as 1Tim 2:11-12. The difficulty is that the Galatians passage is a filter, through which the other passages are reviewed, and considered incorrect because of reasons such as patriarchal bias due to the culture of the day. Passages of Scripture that support a woman's experience are considered prescriptive, while passages that are contrary to the experience are "labelled cultural or descriptive or incidental or whatever, and are set aside from the beginning" (Cottrell 1994:59). There are a number of other hermeneutical tools that evangelical feminists use (see Thomas 2002:393). However, some theologians have expressed their concern as to how evangelical feminists are using these tools (see Kostenberger 1994; Felix 1994; Kassian 2005). Grudem (2006:261) suggests that Evangelical feminism is on a slippery path to liberalism.

- **Spirituality and the home**

Evangelical feminists believe that the Bible does not teach a universal principle of female subordination to male spiritual authority within the church and the home. For

Evangelical feminists, the correct manner in which the genders should relate within the Christian faith is through mutual submission and complete equality between the sexes. This is the basic tenet of Evangelical feminism: mutual partnership in the home and no role-distinction between men and women in the home or within the church.

Evangelical feminists believe that gender equality is a consequence of salvation through Christ, as indicated in Galatians 3:26-28. Therefore there are no role-distinctions in the home. Roles and functions depend on the giftedness of the spouse and the time available. Therefore, the roles of provider and decision maker designated exclusively to the husband whereas the role of nurturing children is the exclusively designated to the wife, no longer apply.

In the same way as feminism has influenced society, so has evangelical feminism has influenced the evangelical church. Gallagher (2004:215) notes that although the majority of evangelical spouses are pragmatically egalitarian, "the ideals of 'biblical' or evangelical feminism remain relatively marginalized within evangelical subculture".

5.2.3   Conservative evangelicalism

5.2.3.1   Introduction

Barr (1981) raises a question in his book *Fundementalism* regarding the term "Conservative Evangelicals". According to Barr (1981:2), it is unnecessary to use the term "conservative" to describe the word evangelical, for to be an evangelical implies that one is conservative. This study will use the term Conservative Evangelical/ism however, in order to differentiate from post-conservative evangelical/ism as discussed above. Secondly, Barr (1981:2) suggests that the term "Conservative Evangelical" equates the term "Fundamentalist". However, this study draws a distinction between Conservative Evangelicalism and Fundamentalism. During an interview with the Public Broadcasting Service in America in 2003, John Green, author of *Religion and the Culture Wars* stated, "the differences between fundamentalism and evangelicalism are a bit subtle, and oftentimes difficult to understand from the outside" (Public Broadcasting Service 2004). There are distinct differences between these two groups however. On the surface, Fundamentalists generally seem to have a narrower belief system than do Conservative Evangelicals.

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They also appear to hold to a literal view of the Bible, while Evangelicals understand that there are liturgical genres that require careful interpretation. Thirdly, Fundamentalists are considered to be less tolerant, (even of other Christian groups) critical and legalistic. Fourthly, Fundamentalists are frequently perceived as being separatists, not only do they separate themselves from people of different religions, but they also separate themselves from Christians who do not hold to the same value system as themselves. Kyle (2006:11) notes that some of the characteristics of fundamentalism are, "rigid separation from the world, militancy toward liberalism and a lack of social concern".

Conservative Evangelicals may see the need to separate church and state, however they are willing to tolerate and even cooperate with people of other religious faiths should the need arise. Green states "In style, belief, and practice, fundamentalists really are different from evangelicals" (Public Broadcast Service 2004).

5.2.3.2   Principles

Conservative Evangelical spirituality could seem "underdeveloped" when compared to that of, for example, Roman Catholicism. In order to fully appreciate the spirituality as expressed by Conservative Evangelicalism, it is necessary to understand its priorities and the role of the Bible as the basis for its belief and practice. Bebbington & Bebbington (1989: 2-3) coined the phrase "quadrilateral of priorities", for the four characteristics he deems pertinent to evangelicalism. These principles are: conversionism, activism, biblicism and crucicentrism. This classification is still used today and will now be explained briefly:

●   Conversionism

Conversion refers to the spiritual birth of a believer and is central to Evangelicalism. It is only through the event of conversion that a person is considered a believer in the Christian faith. A Christian spiritual conversion is necessary before someone can be regarded as a "spiritual person".

- **Activism**

Conversion results in changed lives and the believers are therefore expected to be active in a number of ways, for example, changing their moral lifestyle and promoting their faith. This activism is also manifested in spirituality for it alters believers' behaviour with regard to spiritual activities such as prayer and Bible reading.

5.2.3.3   Conservative evangelical spirituality

5.2.3.3.1 Introduction

Evangelicalism has a distinct devotion to the content of the Bible and this is foundational to the believer's faith and practice. The Bible has a direct bearing on the believer's spirituality.

The centrality of the cross of Christ is essential for Evangelicals. It is in the death of Jesus that reconciliation and forgiveness are possible therefore teaching concerning this event greatly influences the spirituality of Conservative Evangelicals.

Apart from the above-mentioned distinctives, other Conservative Evangelical characteristics are the centrality of preaching and the importance of fellowship. The influence of deconstructionism and pluralism, and the rejection of foundationalism do not find any place within Conservative Evangelicalism as is the case with Post-conservative Evangelicalism. These two therefore also differ with regard to the nature of their spirituality.

In Conservative Evangelicalism, the Bible is understood as the final authority on all matters of faith, belief and practice. This authority rests on seven elements: inspiration, canonicity, Scriptural authenticity, sufficiency, clarity, mystery, and conscious submission.

Scripture is interpreted by means of a hermeneutical method known as the "grammatico-historical method", where the Bible is understood as being transparent and easy to understand – the "plain sense of Scripture". Its message is therefore capable of being discerned by the ordinary reader. This does not, however, imply a rigid literalism that fails to take account of the various genres of biblical material. For the Conservative Evangelical, the Bible is seen as sufficient and the final authority for human lives.

Conservative Evangelicalism places a strong emphasis on doctrine and more especially, doctrines in relation to the cross. Doctrines such as sin, the

substitutionary atonement, and justification by faith are therefore all important. Turnbull (2007:66) puts it as follows: "Any theory which evacuates the cross of the substitutionary nature of the atonement and the consequences, positive and negative, of the penalty that is borne, also evacuates the Christian faith of central purpose and meaning". Other doctrines that are of importance are, for example: assurance, individual forgiveness, and redemption. Without the cross, there is no Christianity (cf. Balogun 2011).

Conservative Evangelicalism believes that life changes for the individual from the time of conversion. This change is on-going and impacts the believer's attitudes, thoughts and behaviour. This has implications for society, as the believer both individually and corporately, reaches out to those in need. Transformation is regarded as the direct result of the working of the Holy Spirit who illuminates the truth of the Scriptures. Transformation is not self-induced, nor is it as a result of any efforts of the individual.

Conservative Evangelicalism is foundationalist. The theology of the early theologians such as Augustine of Hippo and the theologians of the Reformation, Calvin and Luther, had a great influence on the theology of current Conservative Evangelicalism.

The Puritan movement of the seventeenth century influenced the Conservative Evangelicals especially with regard to their emphasis on preaching, the prominence of the Bible, and the necessity of conversion. Conservative Evangelicals today differ from the earlier Puritans with regard to the Puritan's desire for a "purified state-church establishment" (Noll 2004:426). The Pietist and Holiness Movements have influenced Conservative Evangelicalism with regard to personal devotion and holiness. The Conservative Evangelicals are however, sceptical of the personalised "ecstatic expressions of intimacy with God" of the Pietist movements (Zahl 2010:82).

5.2.3.3.2 The role of the Bible

For the Conservative Evangelical, spirituality is focused on the person and work of Jesus Christ as revealed in the Scriptures. He is the exclusive means by which humankind may be reconciled to God. Conservative Evangelicals believe in a personal God who is revealed in the Scriptures and who is to be loved and worshipped through faith in God, fearing God and repentance. It is because of Christ and for Christ that the believer is converted. The believer's relationship with Christ is

consequently a personal relationship which is characterised by love, obedience and worship.

The study and application of the Bible has for the most part been left to biblical and systematic theologians. Practical theologian Paul Ballard (2012:171) cautions: "The use of scripture is an area that has not received sufficient attention in practical theology". This is also true for spirituality. According to Conservative Evangelicalism, it is through the Bible that the message of Jesus, and therefore God, is made known. The Bible instructs the believer on how to live a life that is pleasing to God. For Conservative Evangelicalism spirituality without the Bible is unthinkable. Carson (1994:391) puts it as follows: "If spirituality becomes an end in itself, detached from the core and largely without Biblical or theological norms to define it and anchor it in the objective gospel, then pursuit of spirituality, however nebulously defined, will degenerate into nothing more than the pursuit of certain kinds of experience". Spirituality is therefore inextricably linked with the gospel as portrayed in the Scriptures and it is from this point that Conservative Evangelical spirituality originates and operates. Carson (1994) believes that if every aspect of human existence is under the authority of the Scriptures, and life is lived in the understanding of God's presence and for God's glory, that is a truly spiritual life.

5.2.3.3.3 Spiritual gifts

Conservative Evangelicals believe that God, by God's divine providence, has directly intervened in the personal lives of believers - firstly through conversion and secondly, through calling. They believe that God has bestowed upon each believer spiritual gifts that they are expected to use for the worship of God and the "edification of the saints". These gifts are not primarily for the enrichment of the individual believer, but rather for the benefit of the collective. God is glorified through the exercising of these gifts. This is the sole aim of spirituality for the Conservative Evangelical.

5.2.3.3.4 Worship and preaching

Worship is a goal in itself. Carson (1994: 388) puts it as follows: "We worship God, the God and Father of our Lord Jesus Christ, and all other worship is in some measure idolatrous, however much the gifts of common grace have preserved within such alien worship some insight into spiritual realities. In short, not all spirituality is

spiritual". Worship requires the object of worship to be valid and for the Conservative Evangelical, this "object" of worship is God (cf. Webber 1987). It therefore follows that it is essential for worship to be prescribed by the "object" of worship, who is God. For Boice (1986:592), there are necessary principles which will ensure the appropriate worship of God. These include: approaching God with honesty and Christocentric worship based on biblical revelation. Should these criteria be met, then the style of music and activities in the service will be acts of authentic worship.

Preaching also plays a major role within Conservative Evangelical spirituality. The role of the preaching is to guide believers in their spiritual growth, to teach and instruct believers in the way of holy living and to encourage believers who are in a place of spiritual struggle. While the preacher plays a key role in the spirituality of the believers, Conservative Evangelicals hold strongly to the principle of the "priesthood of all believers" (cf.1Peter 2:9). Waaijman (2002:22), who himself is not a Conservative Evangelical, points out that "the reformers brought lay-spirituality back to its central core: all Christians are priests". This is also the legacy of Conservative Evangelicalism.

5.2.3.3.5 Holy living

For Conservative Evangelicals a key component of spirituality is an emphasis on holy living. This passion and desire for holy living involves a focus on repentance, sin, a mind conformed to God's will, fear of God, obedience, a life of struggle against sin and demonstrating the fruits of the Spirit and faithfulness. This passion for holiness extends beyond the individual to the family, Christian interaction, the community at large, and the organisation of the church and worship. Holiness is in essence Christ-likeness, and believers seek to imitate Christ. The concept of imitating Christ is discussed in Chapter 7.

5.2.3.3.6 Evangelism

Conservative Evangelicals believe in the reality of heaven and hell. There is therefore a natural passion and urgency to reach others and prevent them from experiencing eternal separation from God. This urgency is viewed as an act of obedience to the demands of the gospel as set out in the Bible. The task of evangelism is applicable to every believer, however it is recognised that some have particular giftedness to fulfil this role.

Missionary enterprise is inextricably linked to the evangelistic mandate and is therefore ultimately aimed at conversion. This conversion is not linked to a desire for the spread of a particular subculture or a church denomination, but rather to a concern for the present and eternal right standing of people before God.

5.2.3.3.7 Family and society

The family – spouses/parents and children – is an important conduit through which the conservative Evangelical expresses their spirituality. Children are recognised as a gift of God therefore careful nurture, love and protection of them are expected by God. In the same way children are required to honour and respect their parents (Eph 6:2). In most Conservative Evangelical homes, the use of corporal punishment is considered an appropriate means of correction for children. Although this may be frowned upon by others, the Conservative Evangelical parent believes this is a Biblical requirement (Prov 13:24).

The interaction between the spouses in a Conservative Evangelical home is generally different to the other Evangelical groups mentioned above. Conservative Evangelicals hold to the system called "complementarianism". Kostenberger (2008:180) defines complementarianism as "a non-feminist evangelical approach, [which] contends that male-female equality in personhood and value must be placed within the larger framework of male-female distinctions in role". The term implies difference. Conservative Evangelicals recognise this difference between husband and wife to be not only in the gender, but also in the roles of each. Complementarianism is further worked out later in this chapter.

Conservative Evangelicalism has been criticised with regard to its limited social involvement. While it may be true that Conservative Evangelicals view spirituality in terms of personal piety, devotion and spiritual formation, the apostle James (1:27, 2:15) elaborates on the component of spirituality involving what is today called "social concern". Conservative Evangelicals are aware of their responsibilities with regard to social concern even though at times their involvement is lacking, especially when compared to other communities.

Conservative Evangelical spirituality is based upon love – love for God and love for humankind. The challenge for the Conservative Evangelical is to place more emphasis on love for others. This love for others is not in contrast or opposition to love for God, but rather an out flowing of love for God. Love for others should take

into consideration the fact that both those within, and without the Christian community, possess ontological value.

5.3   Spirituality and spousal rape

5.3.1   Practical theology, pastoral counselling and biblical theology

In light of the above view of spirituality from the perspective of Conservative Evangelicalism, it is clear the Bible influences every aspect of life, belief, attitude and behaviour. This implies that the use of Scripture in the care and counselling of believers plays a pivotal role. Conservative Evangelicalism considers the Bible to be the final authority and the inspired Word of God. Packer (1975:4) explains it as follows: "The theological basis of biblical inspiration is the gracious condescension of God, who, having made men capable of receiving, and responding to, communications from other rational beings, now deigns to send him verbal messages, and to address and instruct him in human language". The Bible as the final authority cannot therefore be subject to the judgment of human experiences or reason. Boice (1986:39) puts it as follows: "Whatever God speaks, either directly or through one of his prophets, there is not only perfect accuracy but absolute authority as well". Michener (2007: xi) articulates the Conservative Evangelical point of departure in the form of a personal confession, "I would affirm the authority of Scripture and its expression of doctrinal truths through narrative, poetry, and other literary genres. I believe in a real personal God, who can modestly and partially be described by, but not fully contained in propositions of Scripture".

The Bible plays a prominent role not only in the lives and work of preachers and pastors but also in the lives and work of psychologists and counsellors who are Christian believers (cf. Collins 2007; Crabb 1977). They accept the authority and value of Scripture in their work. McMinn and Campbell (2007:207) note that for Christians, the Bible is the "greatest resource for determining the validity of our thoughts, beliefs, values and assumptions".

In the development of practical theology as a field, the relationship between theology and praxis has always been central. Tidball (1995:42) puts it as follows: "Theology rises from practice, moves into theory, and then put into practice again". The aim of much of what practical theology investigates, is the transformation of practice. In this regard practical theology and spirituality share common ground. Both

address the transformation of individuals and communities. Clare Wolfteich (2012:335) describes it as follows: "Like practical theology, then, spirituality is deeply concerned with practices, contexts and communities; critical appraisal of traditions in light of the demand of faith and justice; and the teaching of spiritual wisdom".

Poling et al (2002:19-20) describe pastoral theology as a set of beliefs, attitudes and behaviours motivated by the Christian gospel, and practiced by Christian communities, in order to provide care for all people in terms of offering resources for survival and healing, a trustworthy community, and empowerment for justice-work on behalf of others.

Pastoral counsellors, who work in the disciplines of practical and/or pastoral theology, include the aspect of spirituality when guiding women who have been raped by their spouses to healing and wholeness. These disciplines are closely related.

The Bible should be regarded as a reliable resource to which pastoral counsellors can turn when working with victims of spousal rape. However, Batholomew (2006:135) regrets that this is not always the case and gives two reasons: Firstly, pastoral counselling has been strongly influenced by psychotherapy and this has resulted in Scripture being marginalised and often considered irrelevant. Secondly, it is often difficult to relate the results of historical-critical readings to pastoral care. A third reason for the lack of an adequate and effective use of Scripture in counselling can be that it is deemed inappropriate. This can be the case either when the counselee is of a different faith, or when the pastoral counsellor is uncomfortable with using a direct biblical approach. Some pastoral counsellors, however, do still choose to make use of the Scriptures during counselling sessions, though even when this is the case their methods vary from counsellor to counsellor, depending upon their particular theological and/or philosophical view regarding theology and psychology.

According to Donald Capps (1995:62), Scripture need not be read as a unitary whole and neither should it be treated with undue reverence. Rather, he develops his method "by referring to form criticism" (Hurding 1995:192). Capps employs a thematic approach during counselling. He makes use of the various literary genres (such as wisdom and lament) within the Bible in order to address different issues in counselling.

Some pastoral counsellors focus prominently on the inspiration and authority of the Bible. Even in such instances, Scriptural usage differs from one pastoral counsellor to another. The nouthetic counselling approach (Adams 1970) views the Bible as the sole authority on all behaviours, morals, values and standards in life. The Bible is therefore all that is needed in order to resolve any life issues. On the other hand, the integrational approach brings psychological and theological insights into pastoral counselling methodologies. Pastoral counsellors such as Collins (1988) and Crabb (1977) are exponents of this approach and both have a high regard for Scripture.

From the perspective of a Conservative Evangelical the use of Scripture is essential to the counselling process. It is not necessary to present it from a nouthetic perspective which could run the risk of being seen as too unloving and judgemental. Benner (2003:58) cautions: "The Bible's use in counseling must be disciplined and selective, and particular care must be taken to ensure that it is never employed in a mechanical or impersonal manner". Chapter 6 develops an integrational approach with regard to the counselling of spousal rape victims.

A woman who has been raped by her husband is not only affected physically, emotionally, psychologically and cognitively, but also spiritually. Gilbert (1994:67) points out that the damage caused by sexual assault involves the person's physical, emotional, cognitive, relational, sexual as well as spiritual functioning. This section therefore considers the impact of spousal rape on the spirituality of the victim.

According to Perrin (2007:17) some spiritualities are authentic whereas others are non-authentic. The latter is considered to be pathological. Louw (2005:37) notes that when the human soul is operating within the zones of dysfunctional relationships, spiritual pathology is a reality. In light of the incident(s) that the spousal rape victim has endured, and the dysfunctionality of the spousal relationship, pathological or inauthentic spirituality is a real possibility. Louw (2005:140) explains it as follows: "Pathology develops when god- images become inappropriate, when religion becomes spiritual obsession (perfectionism) and soulfulness becomes separated (dualism) from "worldliness" (enfleshment and embodiment)". These are possible struggles that a spousal rape victim may encounter as she attempts to adjust her life, beliefs and identity to her circumstances. This pathology is worsened if the perpetrator, that is, her spouse, considers himself a believer. Issues of trust,

belief in self and God, and questions regarding the purpose and meaning of life are evoked at such times.

Non-authentic spirituality robs the spousal rape victim of being able to critically examine herself, her relationships and her life. She therefore struggles with significant values in her life and is unable to distinguish between authentic and pathological relationships. Further, she may turn her back on friends, family and her community which will isolate her from her support systems.

In order for the spousal rape victim to regain – or possibly experience for the first time – an authentic spirituality, the following characteristics of authentic spirituality should to be kept in mind. Authentic spirituality is about more than a "spiritual issue". It involves the whole person as a unit. Perrin (2007:17) puts it as follows: "The psychological, bodily, historical, social, political, aesthetic, intellectual, and other dimensions of the human subject of spiritual experience are integral to the understanding of spirituality". Authentic spirituality requires authentic relationships. These relationships are numerous and include family, friends and community. The concern for meaning and purpose in the midst of daily life are found through authentic spirituality. Authentic spirituality promotes hope in addition to developing values. Authentic spirituality is demonstrated through compassion and care for others. According to Perrin (2007:39), the Christian Scriptures are the privileged text for discerning the manner in which authentic Christian spiritualities are lived out today. These points are further discussed in Chapter 7.

5.3.2   Rape in Scripture

5.3.2.1   Introduction

The Bible is essential to the life of Conservative Evangelicals due to its instruction regarding the believer's faith and life. This section investigates how the subject of rape is dealt with in the Scriptures, and how insights from Scripture can be applied when counselling a woman who has been raped.

There are a number of instances in the Bible where incidents of rape are recorded (Gen 34:1-31; 2 Sam 13) and commandments regarding incidents of rape are given by God (Ex 22:16; Deut 22:25-29). The Bible does not however record any specific instances of spousal rape. Some Scriptural passages relate how women are given to men as the spoils of war (Jud 21:10-24; Num 31:7-18). These passages are

difficult to understand today and have drawn much criticism even in Christianity (cf. Cooper-White 1995, Scholtz 2004). These accounts as recorded in the Scripture do not seem to offer any comfort to victims of rape today. Baker (2006:2) puts it as follows: "While scholars note that the violence, connotation and subsequent meaning is the result of examination through modern interpretation and may have little to do with God's actually intention towards women, for the woman who is working towards recovery, the Hebrew Bible provides several texts of terror" (see Trible 1984).

However, a number of scholars from different backgrounds do offer some assistance with these passages of Scripture. Norman Perrin (2007:129) emphasises that, pre-modern personhood cannot be understood from the perspective of a postmodern understanding of self. He puts it as follows: "The problem is this: when people from the past are studied, their stories need to be appreciated from within their own self-understanding and their own cultural definition of selfhood" (Perrin 2007:129).

In order to understand these difficult passages of Scripture, sound hermeneutical principles should be applied. Different types of hermeneutics are applied in order to solve this problem. For example, Reformed feminists make use of, amongst others, the hermeneutic of suspicion, (cf. Fiorenza 1984) while Evangelical feminists use, among others, culture conditioning and higher criticism (cf. Cochran 2005:63). Post-conservative Evangelicals make use of, among others, the hermeneutic of humility (cf. Bohannon 2010:234). Conservative Evangelicals make use of the grammatical-historical hermeneutic (cf. Thomas 2002:63). This study uses the Conservative Evangelical hermeneutic method to further understand the above Biblical passage that pertains to this study of spousal rape. Although spousal rape is not addressed directly in the Scriptures, using the grammatical-historical hermeneutical, approach Biblical insight and principles may be gleaned from various Biblical passages.

5.3.2.2 The Old Testament

It is generally understood that the cultural system of family relations in the Old Testament times, was patriarchy. In contemporary scholarship this cultural system has been criticised as being male hegemony and therefore detrimental to women.

Hermeneutical principles suggest that marriage in the Old Testament should be understood within a broader sociological context. Individuals should not impose their

own notions of modern marriage onto the Bible. Block (2003) argues that the husband in an Old Testament marriage, was neither an oppressor nor an autocrat. Rather than being perceived as a totalitarian despot, the husband's role of headship engendered confidence, trust and security in the family through the fulfilment of his responsibilities. Block (2003:44) puts it as follows: "This emphasis on the responsibilities associated with headship over the household (as opposed to its privileges and power) is consistent with the overall tenor of the Old Testament". Feminists (amongst others) have warned against the dark side of patriarchy in Old Testament times. It should be noted that the biblical passages to which they refer should rather demonstrate the degeneracy than be understood as the healthy and positive expressions of patriarchy.

With regard to the interpretation that women in Old Testament times were the property of men, Block (2003:64) notes, "to view women in Ancient Israel as chattel of their husbands and fathers is to commit a fundamental fallacy: the failure to distinguish between authority and ownership, legal dependence and servitude, functional subordination and possession". Sin unfortunately had distorted this ideal as many of the stories in the Scriptures depict.

In Old Testament cultures it was possible for the wife to have significant influence in marriage. One of these areas was that of lovemaking and sexual relations, where husbands and wives were told to treat each other as equals. This is borne out in the message of Song of Songs where the couple interacted on equal terms. Exum (2000:24) confirms this fact when she clarifies, "Feminist critics are virtually unanimous in their praise of the Song of Songs for its non-sexism, gender equality and gynocentrism". On closer examination of Proverbs 31:10-31 too, the understanding of a wife's role is "a far cry from the image of oppression and suppression that modern feminists associate with patriarchy" (Block 2003:74).

The Old Testament records the way a husband is to treat his wife in their sexual relationship. In Malachi 2:16 is often quoted to support the notion that a domestically abused wife is not to divorce her husband (see Powell 2008:36). However, Malachi 2:16 continues and states "I [God] hate a man covering himself (or his wife according the footnote) with violence as well as with his garment". According to Talyor (2004:369) covering with a garment refers to the marriage. Therefore, should the husband act in a manner that is of a violent nature towards his marriage partner, he is in violation of the covenant between the two parties. Malachi 2:14

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reminds the husband that God himself stands as witness of the betrayal of the husband towards his wife and he, God, will judge the husband for his action. (see Mal 2:2,3)

One of the foundational cornerstones of Scripture is the concept of "covenant". Scripture records covenants made between God and man, and man and man. Conservative Evangelicals hold to the view that marriage is understood in Scripture as being a covenant. As with all covenants, God demands absolute compliance. Numbers 30:2 reminds believers: "When a man makes a vow to the Lord or takes an oath to obligate him by a pledge, he must not break his word but must do everything he said". This passage can cause confusion and be used to manipulate women to stay with abusive husbands. Many women in abusive domestic situations have been reminded of this verse in one form or another. This frequently prevents them from leaving their abusive husbands for fear of breaking the covenant of marriage made before God.

It must be understood, however, that a covenant is made between two parties and if one party fails to uphold the covenant, then the other party is freed from their obligation. Eilts (1988: 210) emphasises this as follows: "God, the one who has been faithful, is the one who says the covenant is broken; the covenant no longer stands. It is the one who is faithful to the covenant who calls attention to the fact it has been broken, and that makes sense, does it not?" In other words, should a husband fail to uphold the covenant vows that he made to his wife and treats her in a manner that is demeaning, then the covenant is broken and the wife has grounds to divorce her abusive husband. In addition, he is accountable before God for the fact that he broke the covenant.

5.3.2.3   The New Testament

In the New Testament, there is no mention of domestic violence or spousal rape. It does however, have much to say concerning marriage and interaction between spouses (1Cor 7:4, 11; Eph 5:22-28; Col 3:18; 1 Pet 3:1). The relevant passages emphasize the safe, loving and respectful environment in which both spouses are to find true fulfilment. Other passages in the Bible demonstrate that God does not look kindly upon spousal rape. Hebrews 13:4 states, "The marriage bed must be kept pure for God will judge the adulterer and the sexually immoral". Alsdurf (1989: 119) explains this passage as follows: "If we understand fidelity to imply much more than

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sexual faithfulness and to encompass the honoring of the one's partner in a life-giving way, marital violence becomes a manifestation of infidelity".

Other Scriptural references indicate God's attitude to marriage (Matt 19:6, Mark 10:6). These references serve to protect the wife against unfair marital practices as they are primarily addressed to the husband. According to Jesus (Matt 19:9), the only grounds for divorce is marital unfaithfulness. Thayer's *Greek-English Lexicon of the New Testament* (1889: 533) defines the word used by Jesus in this passage as "porneia" or "illicit sexual intercourse". The word "porneia" is frequently translated as "adultery". However this translation does not cover the spectrum of the meanings of the word. Bonhoeffer (1969:121) broadens the meaning of "porneia" to "any sexual irregularity inside and outside of married life". Spousal rape can be seen as illicit sexual intercourse and can therefore be permitted as grounds for divorce. Eilts (1988:213) puts it as follows: "While marriage is a covenant that is meant to be everlasting, there is nothing in Scripture that can be construed to justify a lifetime of meaningless suffering and there is substantial evidence calling with God to be ended when their purpose has been forgotten, ignored, or transgressed".

5.3.2.4 Interaction with others

The Bible guides believers as to how to treat fellow believers. This has direct bearing on how a husband should treat his wife. It would be hypocritical for a husband to treat other believers as demanded in Scripture, but to then treat his wife in an unloving, controlling and violent manner.

When one becomes a Christian he or she becomes a "new creation" (2 Cor 5:17) and a member of a body, family and community. There are communal responsibilities in terms of how believers are to interact with one another. These responsibilities include encouraging the well-being of other members in every way (Rom 12:10; Eph 4:32; Col 3:12, 13; 1Pet 3:8). Banks (1980:140) puts it as follows: "Both nurture and discipline with the congregation should then arise spontaneously from the concern of every member for the duality of its life and the involvement of every member in decisions affecting the whole". Jesus himself called Christian believers to follow his example of serving one another, even to the point of laying down one's life for his or her fellow believer. In Mark 10:42-43, Jesus explains the attitude in which this is to be done: "Whoever wants to be great among you shall be your servant and whoever wishes to be first among you shall be slave to all". If this is

how the believer is to love, protect and care for others in the Christian community, how much more so for his spouse who is part of his own "body" (1Cor 7:4)?

This means that Christians should not turn a blind eye to incidents of wrongdoing within the Christian community. Rather, the church has a responsibility to hold the wrongdoer accountable, to admonish him, to judge (or investigate and discern right from wrong) and to encourage the abuser to change his or her ways (cf. Rom 15:14; 1Cor 6:1-3; 1Thess 5:14; Jam 5:19, 20) The Christian community has an added responsibility towards the victim in terms of care, comfort, support (Is 1:17; Gal 6:2; Heb 12:12, 13:3).

The Christian community is an open one and has the responsibility of caring for and supporting the wider community. In Matthew 25:31-46, Jesus identifies the Christians' responsibility to the poor, oppressed and voiceless in the broader community. In this passage, Jesus warns that the threat of eternal condemnation awaits those who fail to care for this broader community. On another occasion (Lk 10:29), in the parable of the Good Samaritan, Jesus taught that anybody who is in need, is the neighbour (whether Christian or non-Christian). It follows logically that if Christians are to love, respect and care for those they do not even know, they should show even more love, respect and care for their spouses.

5.3.3   Theologians' perspectives on rape – past and present

Conservative Evangelicals are foundationalists who build on the foundations of the teachings and doctrine of the early church fathers and theologians throughout history. It is therefore necessary to briefly consider the perspectives theologians, both in history and contemporary, regarding rape. Pellauer (1998: 228) observes that "rape was often ignored by theologians in our time as well as in those early centuries".

While Augustine (*De Civitate Dei* in Dods 2009:20) did in fact briefly address the issue of rape, he seemed more concerned about the spiritual well-being of the women about the victimisation they had experienced. Augustine did not deny that physical suffering resulted from rape, but was more concerned about it causing a possible flaw in the victim's spiritual condition. Pellauer (1998:228) explains it as follows: "To introduce any notes of fear, trembling, terror into the discussion might cast doubt upon the steadfastness of will so necessary to his account of the rape victim's innocence". Any words of comfort or advice that Augustine (2003:28) did

have to offer a rape victim were merely to encourage her not to punish herself or to commit suicide in order to escape disgrace. Scholtz (2004:209) takes a dim view of Augustine's approach which she interprets as follows: "In his work *The City of God*, Augustine prohibited suicide after rape because in his view rape was ultimately for a woman's own good. It helped her to deepen her faith and to purify her soul".

Further, Augustine (*De Civitate Dei* in Dods 2009:30) seems to imply that incidents of rape fall within the 'permissive will of God' for the victim. "If you should ask why this permission was granted, indeed it is a deep providence of the Creator and Governor of the world; and 'unsearchable are His judgements, and His ways past finding out'". According to Livezey (1987:938) Augustine's doctrine of divine providence "lead him into speculations that are unhinged from the experience of rape and invidious to the women violated". Pellauer (1998:321) points to the problems with regard to Augustine's approach to rape. "We need to grieve for the mistakes Augustine and the church around him made about rape". However Stark (2007:88) warns that, "while feminist scholars should directly confront the troublesome aspects of Augustine's theology, we should not be tempted to dismiss the whole of Augustine as a result".

Another influential theologian was the reformer, John Calvin (1509-1564).Calvin too did not escape the critics with regard to his approach to the subject of rape. Witte and Kingdon (2005:137) put it as follows: "Calvin was particularly zealous to protect the consent of women to engagement and marriage, though he dealt with the issue rather clumsily in interpreting various biblical passages on rape". According to Calvin's interpretation Dinah was responsible for her own rape, "Dinah is ravished, because, having left her father's house, she wandered about more freely than was proper" (*In primum Mosis librum, qui Genesis vulgo dicituri.* in King 1998:581).

Reformer Martin Luther (1483-1586) came to a similar conclusion concerning Dinah. Nevertheless, Luther seems to be more sensitive to the distress experienced by Dinah and does not think that she consented or enjoyed it. However, the victim is still blamed. Schroeder (1997:791) refers to the Works of Luther (LW, 6:193; WA, 44:143) and points out that Luther interpreted the rape of Dinah as a result of her sin of curiosity. The rape was her punishment.

Closer to our time, theologian John MacArthur preached a sermon in 1979 on the dialogue of divorce. While MacArthur does not specifically mention spousal rape, but suggests that, in an abusive situation, the wife should get away for the sake of

her safety. However, from a biblical perspective he does not regard abuse as sufficient grounds for divorce.

In general, the subject of rape and especially spousal rape is rarely raised from the pulpit. Rape narratives in Scripture are seldom read in churches. According to Cooper-White (1995:5), stories of rape "should be heard and this hearing should be in a critical and questioning frame of mind". Crisp (2001:33) concurs as follows: "Selectivity around the texts used in worship, particularly those which are preached on, has tended to keep the topic of rape out of the pulpit". Jeanne Stevenson-Moessner (1996:222) explains the detrimental effect of this void as follows: "Most congregations believe that only bad women are raped, while most pastors believe that no one in their congregation has ever been subjected to that kind of violence". This attitude perpetuates a pattern of silence in the church and Christian homes. This silence is damaging, not only theologically (because the whole counsel of God is not preached) but also socially, while women are disadvantaged by the silence from the pulpit. For some women who have been raped, certain religious attitudes and teachings with regard to biblical stories about sexuality cause feelings of shame and self-blame. Some of these teachings could further complicate the healing process especially with regard to matters such as the religious expectation to forgive and the perpetrator and a wife's obedience to her husband. Crisp (2001:25) notes that these attitudes and teachings have complicated the experience of rape victims. These victims feel that they cannot openly discuss it in the church environment. In additions, victims are confronted with profound theological concerns arising from it.

Overall, many rape victims see the church as being of little use and irrelevant. This could cause these individuals to leave the church and to cut all ties with Christianity. Visser and Dreyer (2007:807) describe the consequences for those who do want to hold on to their faith as follows: "Others go to another church carrying their unresolved pain and anguish (emotional baggage) with them". For those who choose to stay, the challenge of integrating their experience with the church's traditions (which may be seemingly indifferent or even antithetical to the experience of rape) is be crucial, if faith is to be sustained. One such challenge is the manner in which the victim reads and interprets biblical passages.

The Christian church has often been accused of being judgmental. Delaphane & Delaphane (2004:159) capture the essence of the challenge to the church as it tries to deal with the issue of rape as follows: "The business of faith communities is

to deal with right or wrong, the strong temptation to judge is always present. But the business of the people of God is also to love, care for, support and comfort those who have been hurt. In the case of rape, to indulge the former is to preclude the latter".

South African theologian, Isabel Phiri (2003), carried out a study concerning domestic violence and sexual assault within the family in the Kwa-Zulu Natal area. The study indicates that domestic violence also occurs in Christian homes. Many women in Kwa-Zulu Natal are religious for they "find consolation and meaning in life through a relationship with Jesus whose message is in the Bible" (Phiri 2003:85). This explains why the majority of women in Phiri's study sought assistance from their pastors, even though this help was not always forthcoming. The situation was further complicated as "the women who experienced violence did not feel free to use intervention facilities that were not church-based" (Phiri 2003:95). The already limited resources available to women as victims of spousal rape and domestic violence, were therefore restricted even further. According to Smith (1998:240), sexual and domestic violence was not the exception, but rather a common occurrence within the evangelical community.

The church commonly remains silent regarding the issue of spousal rape. Marie Fortune, in the foreword to Heggen's book (1993:9) *Sexual abuse in the Christian home* calls the church's attitude towards this issue one of denial and stigmatization: "The history of our churches is rife with denial of the common experience of sexual abuse. And when churches have acknowledged abuse at all, they have stigmatized the survivor who dares to disclose the abuse". Even when church leaders and members are aware that spousal rape has taken place within church families, they lack understanding of the dynamics of the abuse and are unable to relate to and minister to the victims effectively. Few know how to engage with families where sexual abuse is an on-going issue. Still fewer know how to encourage the prevention of sexual abuse, or how to assist congregants develop healthy sexual attitudes and behaviours (cf. Heggen 1993:14).

5.3.4   A doctrinal perspective

5.3.4.1   Introduction

Doctrine has been criticized as a vehicle for the further restriction and disempowerment of women. It is accused of adding to the plight of women trapped in abusive marriages. Doctrine may well be applied to such situations in a distorted way. An adequate understanding of doctrine, as it has been developed through close scrutiny of Scripture, can however be useful and comforting to such women. This study has elected to focus on specific aspects of Christian doctrine as it pertains to the issue of spousal rape.

5.3.4.2   Image of God

Erickson (1985) distinguishes between the "substantive", "relational" and "functional" aspects of the image of God. While criticised by some, this categorisation is widely accepted and offers significant insight into the concept of the image of God. The implications of these doctrines will be elaborated on in Chapter 6. First a brief overview is given.

The substantive aspect of the image of God suggests that human nature has definite characteristics (such as justice, mercy, compassion, love) which reflect something of the nature of God. While not all humankind reflects these characteristics, they are inseparably connected to humanity as universally evidenced.

The relational aspect of the image of God highlights the vertical relationship between God and humankind, and also with each other. God created humans to not only "do" and "be", but to also connect with Him and others.

The functional aspect of the image of God demonstrates that God created humans with a definite purpose to work, and be stewards of God's creation. His creation includes more than nature. It includes the creation of social and financial structures in order to ensure the well-being of all God's creation. These structures require further functioning in terms of the areas of thinking and learning.

In summary, it is seen that the image of God "refers to something that a human is rather than something a human does" (Erickson 1985:532). The relational and functional aspects are applications of the image of God, rather than the image itself.

However, all three aspects together reflect the essence of God's nature and image (cf. Ashbaucher 2011:137).

According to Harper & Metzger (2009:23) the image of God in humankind has been marred as a result of original sin. Therefore, although, the existence of the image of God is in each person, it is distorted. It is only in the person of Jesus Christ that the prefect reflection of the image of God is found. The work of Christ enables the image of God in the believer to be restored. (cf. Berkouwer 1962:52; Faber 2008:91)

This doctrine of God has huge implications for the well-being of the victims of spousal rape. It indicates that humankind has intrinsic worth, value and dignity. This means that victims (and even perpetrators) are to be treated with respect and care. According to Schonborn (2011:42) humanity has meaning only as the image of God. Erickson (1985:536) highlights an important principle: "Because all are created in the image of God, nothing should be done that would encroach upon another's legitimate exercise of dominion, depriving someone of freedom through illegal means, manipulation, or intimidation is improper". The second implication is the significant that role spirituality plays in the wellness of the spousal rape victim for this doctrine highlights the possibility of the restoration of the image of God through the redemptive work of Jesus Christ (cf. McGrath (2011:349).

5.3.4.3 Sin and forgiveness

The concept of sin a central to the Christian faith and has implications to the well-being of the spousal rape victim. It also influences the approach to therapy that pastoral counsellors may undertake as they have their own understanding with regard to what is sin and how it should be dealt with. McMinn and Campbell (2007:37) points out that sin as a concept has "fallen out of favor in contemporary mental health professions, so many psychotherapists function with an 'I'm okay, you're okay' assumption". (*I'm ok you're ok* is a title of a book by Harris [1973] which is a practical guide to Transactional Analysis)

Total depravity is the first point of the Calvinist's five core points using the familiar acrostic TULIP. The term "total depravity" does not refer to utter depravity but rather refers to "the effect of sin and corruption on the whole person" (Sproul 2005:118). In other words, sin affects every aspects of a person's life: the body, mind, emotions, spiritual, psychological, relational, and so forth. Therefore, sin is not

just bad behaviour, but rather a state that influences every part of creation and every aspect of human existence. One of the primary outcomes of the living in a state of sin means that proper relationship between God and humanity is broken. Sin is a means of declaring a "unilateral declaration of independence" against God. Dunn (2003:97) points out, "When humankind declared its independence from God, it abandoned the only power which can overcome the sin which uses the weakness of the flesh, the only power which can overcome death".

Sin also encompasses wrongful acts. Humans are biased toward rebellion against God, and are more frequently concerned with meeting their own desires than meeting the needs of others. Sin is a universal reality. Scripture points out that "all have sinned; all fall short of God's glorious standard" (Rom 3:23). There is therefore no one who may declare themselves faultless. This assists with the understanding that all humankind are under condemnation (see Cottrell 2005:202). Conservative Evangelicals believe that it is only through the redemptive work of Jesus that condemnation of sin is removed (see Wiersbe 2007:429; Thompson 2007:120). According to Cloud (1994:156), "it is only through 'no condemnation' that sin loses its power". At times spousal rape victims have a sense of condemnation. The task of the pastoral counsellor is to work through this particular schema and bring to the fore inappropriate beliefs. Sin not only relates to wrongful behaviour, but individuals may also be sinned against as a result of the wrongful behaviour of others. This can and does have devastating consequences for the overall wellbeing of the victim of spousal rape.

An accurate understanding of sin is important for a number of reasons. Firstly, it assists with the understanding of the distortions and shortcomings of humanity in general. This is a fact that many secular health professionals fail to recognise. These individuals frequently operate under the premise that humans are intrinsically good. Secondly, it demonstrates that sin contaminates more than mere human functioning. It also impacts on the quality of human relationships. According to McMinn and Campbell (2007:42), "Augustinianism holds that sin changes everything: relationships, biological factors, emotions, cognitions, rationality, the capacity for wilful change, and so much more". This means that effective change is difficult and the task of therapy is complicated. Thirdly, sin negatively affects everyone in terms of its consequences. These negative consequences affect the innocent and those "sinned against" more often than not. McMinn and Campbell (2007:42-43) put it as

follows: "Without the sinfulness of our world, without the realities of war, abuse, divorce, oppression, defiance of God, bad parenting, physical illness, rebellious choices and all other forms of brokenness, then shalom would never have been shattered" .

From the perspective of Conservative Evangelicalism, pastoral counsellors ought to acknowledge that all problems originate due to sin (cf. Bobgan & Bobgan 1985:51). This detracts from the complexity of dealing with brokenness, but rather assists with cultivating understanding, compassion and hope. The doctrine of sin paves the way for the doctrine of redemption, which is effected by the grace of God. The redemptive work of God in restoring the relationship between humankind and God-self brings great hope for the pastoral counsellor who is carrying out the task of restoration together with God. Romans 3:23 emphasises that "all have sinned and fallen short of the glory of God". Victims of spousal rape are "sinners in the hands of a loving God who is present in our wounds and in our healing and provides us hope" (McMinn and Campbell 2007:51).

Forgiveness is an important doctrine in Conservative Evangelicalism due to its connection with the doctrine of Atonement. Smeaton (2001:11) suggests that there is an inseparable link between forgiveness and atonement. The doctrine of forgiveness has additional aspects that are also pertinent to the victim of spousal rape and her healing.

The doctrine of forgiveness is complex because the usage of the word in Scripture conveys different meanings. In fact, there are occasions in Scripture where the different ways in which the word is used may seem to be contradictory (Matt 18:15-20; Matt 18:21-35). In order to obtain a biblical understanding of forgiveness as it relates to spousal rape, Tracy (2005:184) suggests that there are different forms of forgiveness. Firstly, that of judicial forgiveness, which refers to the pardoning of sin. This forgiveness is exclusively the work of God and relates to the salvation of the believer. Secondly, that of psychological forgiveness, which refers to the willingness to extend goodness to the perpetrator. This means that the victim is willing to let go of the natural responses of anger and hatred and the desire for revenge. Thirdly, that of relational forgiveness, which according to Fortune (2002:3) refers to the fact that harm inflicted occurred within the context of a relationship. The ideal situation therefore requires that principles of forgiveness also operate within a relationship. This may not always be possible. However, the relational aspect of the forgiveness

process is best addressed when the victim is involved in other supportive relationships with God, family, friends and/or a pastoral counsellor.

Forgiveness is not without problems. Poling (2003:191) points out that in a study undertaken in the Netherlands, forgiveness to be one of the most dangerous concepts for survivors. Engel (2008:201) concurs with this sentiment and believes that forgiveness is not a prerequisite for healing and does not always promote an improvement in the victim's health. There are valid reason**s** for some to be suspicious of forgiveness as a process of healing for the spousal rape victim. Poling (2003:192) warns of the dangers of pastors urging premature forgiveness and believes that forgiveness can be used as a weapon against the victim. Nevertheless, a number of therapists and theologians (see Fortune 2002; Poling 2003; Tracy 2005) believe that forgiveness is part of the healing process. According to Allender (2008:216), forgiveness plays a vital, but extremely difficult role in the healing of the victim.

Forgiveness is no quick fix but rather a process that is painful. In fact the deeper the hurt, the slower is the healing and forgiveness process. Fortune (2002:2) notes that forgiveness is should not be an immediate and inconsequential act that diminishes or negates the intensity and nature of the wrong. Forgiveness can only occur when the victim is ready. It order to assist with this process, there should be conditions of acceptance, protection from further harm, justice and healing. The purpose of forgiveness is not to necessarily remove negative consequences, nor automatically grant trust and reconciliation (cf. Tracy 2005:171). It is also not concerned with the release of all negative emotions, including fear, anger, suspicion, alienation, and mistrust (cf. Norris-Bern 2011:60). Forgiveness is not about forgetting. It is doubtful that a spousal rape victim will ever be able to forget what has happened to her. Allender (2008:242) puts it as follows: "To forgive another is always an on-going, deepening, quickening process, rather than a once-for-all event". Lastly, forgiveness is not appeasement or submission (cf. Berecz 1998:132).

Forgiveness is often linked with reconciliation between transgressor and victim. Colijn (2010:169) calls this "conjunctive forgiveness". The ideal situation happens when the offender is truly repentant and the forgiveness of the victim results in the couple being reunited. An additional form of forgiveness is known as "disjunctive forgiveness" (Colijn 2010:169). In this instance the forgiveness process ends with the transgressor and victim moving apart emotionally or geographically, but without

chronic bitterness. The purpose of forgiveness is for the victim to be released and to develop opportunities for healthy relationships and improved spiritual, psychological and physical health.

5.3.5   Patriarchy

The social system of patriarchy is generally considered to be the root of all oppression (Berlowe 2011:313). Patriarchy is believed by some to be the prime causal factor for abuse against women. Dutton (1996:127) puts it as follows: "Patriarchy and patriarchal institutions are accused as the main contributor to wife assault".

Patriarchy has been defined in a number of different ways and one's response to the system is influenced by one's definition of the system. Adrienne Rich (1986:57) in her book *Of women born*, defines patriarchy as " the power of the fathers: a familial social, ideological, political system in which men by force, direct pressure, or through ritual, tradition, law, and language, customs, etiquette, education, and the division of labor, determine what part women shall or shall not play". Many others have subsequently built on this definition (cf. Miller 1999:146; Whitehead 2002; Johnson 2006).

Practical theologian, James Poling (1991:29), also makes a close connection between patriarchy and unethical and abusive power relationships. He understands patriarchy as "the unjust power relationships of men and women perpetuated by ideologies and institutions [and] is another structure of domination that creates the conditions for abuse of power". Though sociologist Hunnicutt (2009:557) also defines patriarchy in terms of male privilege and domination, she finds that there is little supporting evidence for the radical feminist belief that men are violent towards women in order to perpetuate patriarchy. She notes that this is simplistic and negates the fact that violence is a prerequisite for the continuance of patriarchal systems. Not all men are power hungry tyrants (Hunnicutt 2009:561).

According to Dutton (1994:125ff.) there is no direct causal relationship between patriarchy and woman-abuse. According to him, patriarchy does not provoke violence against women in an explicit fashion. Rather, it is used as a tool by "personality-disordered men" to justify their abuse of women (Dutton 1996:142). In other words, the principles of patriarchy are misused by some, but this does not

mean that all men are violent towards women. The opposite is in fact true as the majority of men remain non-violent, especially towards women (cf. Dutton 2006:111).

This study contends that, while patriarchy cannot be held responsible for all abuse and social ills, the abuse of patriarchy is often the cause of some of these problems. Similarly it is possible that patriarchy contributes to the problem of spousal rape. There are however a number of additional contributing factors that should be taken into consideration. Patriarchy cannot be deemed a universal constant. Rather, issues such as men who are dysfunctional due to a range of factors and conditions, as well as the variations in patriarchy should be taken into account. Hunnicutt (2009:568) suggests the following: "Mapping varieties of patriarchy and the victimization of women would focus on overlapping hierarchies such as race, class, and age, noting how these interlocking hierarchies work together".

There are several variations of patriarchy. This study makes a distinction between humanist patriarchy and patriarchy in the Bible. The purpose of including this discussion stems from the Conservative Evangelicals' high view of Scripture.

The model of patriarchy in Biblical is a family structure that is recognised in the Bible, both by example and instruction. In this view of patriarchy the father is the head of the home and responsible for the conduct of his family. However, patriarchs in the Bible are in danger of falling into the two streams of patriarchy, namely *legalistic* and *hegemonic* that are counter to the positive view of patriarchy which is to be found in the Bible.

Legalistic patriarchy occurs when spirituality is judged by how strict the home made rules are kept (see Elshtain 1993:116). This is a dangerous mind-set, as a father or husband can become a law unto himself and accept no other authority as being higher than his own. Such a man is critical of those who live according to different ideals. Home schooling is deemed important in this mind-set.

Hegemonic patriarchy occurs when males lead or guide with an attitude of dominance (cf. Thatcher 2011:146). An example of this form of patriarchy is when husbands and fathers control and dominate every aspect of the household and all members therein.

According to the patriarchal view reflected in the Bible, gender roles are accepted as having been ordained by God for man and woman prior to sin entering the world. Conservative Evangelicals are of the opinion that these roles are relevant for marriages today (cf. Packer 1986:298-299). Sin has however, has distorted and

marred the relationships between men and women. The role of husband and father is primarily to be head of the home and to provide for and protect his family. The role of the wife and mother is primarily to be a helper to her husband, the bearer of children and the keeper of the home. Thatcher (2011:146) points out that anyone who is a follower of Jesus and therefore a member of His body "cannot entail relations of control, for all are conformed instead by roles of service and self-giving". According to Moore (2006:576), Conservative Evangelicals, who hold to this view of patriarchy, should speak out against spousal abuse because studies show that positive patriarchal gender roles assist in protection against spousal and child abuse. Kostenberger (2008:40) adds that "it is necessary to elaborate on the difference between patriarchy and what may be called *patricentrism*, between harsh male dominance on the one hand and loving, caring leadership on the other" (emphasis is the author's). Albert Mohler (2009), the president of The Southern Baptist Theological Seminary, interviewed Wilcox about the latter's book, *Soft patriarchs new men: How Christianity shapes fathers and husbands.* Wilcox explains that appropriate patriarchy should lend itself to faithfulness in marriage, family cohesion, and the continuation of the faith from one generation to another.

The word 'patriarchy' generally has negative connotations, even in Christian circles. This is not because the concept is unbiblical, but rather because men in society, and even Christian men, have abused their position. When it comes to an understanding of patriarchy from a biblical, conservative perspective it must be understood that no matter what terminology is used, caring leadership is vital to the benefit of the family.

A thorough study of complementarianism is beyond the scope of this study. Nevertheless, a brief understanding is critical. Complementarianism goes against the basic tenets of the feminist movement and is also at odds with Evangelical feminism. Both complementarianism and Evangelical feminism lay claim to an inerrant and authoritative understanding of Scripture and both are committed to its application in the lives of Christians. While Evangelical feminism holds to equality in all things (including roles), complementarianism contends that gender equality exists *ontologically* but that there are distinct God-ordained primary male and female *roles*. This does not preclude both sexes from fulfilling other secondary roles. Essentially, complementarians promote Biblical male headship and female submission as designed by God in the created order. This means that male leadership is not based

on isolated verses in the Bible but is, according to Kostenberger (2006:48), "grounded in the created order and the subsequent sweep of Biblical history and teaching". For complementarians, the Bible promotes gender equality in worth and dignity, whilst preserving distinct gender roles. While these roles are different in content and nature, they are equal in value.

As unlikely as it may seem, feminism, egalitarianism and complementarianism agree on a number of important issues. The value of this conviction is that all three movements are able to stand together in condemnation of all forms of abuse and domination. A proponent of this view is Kostenberger (2006:261) who propogates "a total rejection of male domination in the family, the church and the state".

Broadly described, complementarianism consists of three aspects. According to the Conservative Evangelical view, when God created humankind, God created male and female to be equal in dignity, value, essence and human nature but with distinct individual roles. The husband was given the primary responsibility of loving authority over his wife and the wife was primarily responsible for offering submissive assistance to her husband. This male-female relationship was designed by God to be complementary. However, the relationship was disrupted by the introduction of sin into the world. A consequence of sin is the female desire to undermine male authority and male wanting to reclaim his authority, sometimes achieving this inappropriately and sinfully by ruling over the female in an abusive manner. The redemptive work of Christ later restored God's created intention of a complementary relationship between the genders, when he negated ontological worth discrepancies between sexes, cultures and social class structures.

The concept of God's design for male and female equality is in essence accepted by complementarians. The Scriptures are clear that both male and female are made in God's image and both are given the commission to rule over the earth and that gender is irrelevant to the issue of who may or may not be saved. Further, Scripture confirms that wives are to be treated with honour because they are fellow-heirs of the grace of life in Christ (1Pet. 3:7b). Biblical references that can be interpreted as though God's design was for male and female role-differentiation further support the practice of complementarianism. God has given the male role authority over the female within the order of creation (cf. 1Cor 11:8; 1Tim 2:13). Furthermore, Scripture can be interpreted as that wives are to be subject to their husbands in response to their submission to the Lordship of Christ (Eph 5:23). God's

design remains consistent and God instructs males to be leaders in their homes (cf. Col. 3:18-20; 1Pet. 3:1-7).

Complementarianism is concerned with more than solely gender roles. The attitude and the manner in which these roles are carried out is of paramount importance. Firstly, headship of the male has nothing to do with superiority or privilege. Rather, it is based on equality. Males and females were created by God to be equal in all respect with regard to being made in God's image. Both have equal ontological equality and functional equality. According to complementarians, a wife submitting to their husbands does not make her any less equal. Rather, the wife's roles are of equal value to that of the leadership roles of the husband (see Shaw 2008:186). Driscoll & Driscoll (2011:83) use the following Trinitarian analogy: "Although the Father, Son and Spirit are different persons, they are also equal and one while practicing submission. Similarly, a husband and wife are equal and one while practicing submission" (Winston & Winston 2003:51, Schreiner 2003:151). Other theologians (see Bacon 2009:80-86) have a different theological understanding with regard to the concept of the submission of God the Son to God the Father.

Secondly, complementarianism is grounded in love. Complementarians liken the means of headship of the male over the female by referring to the sacrificial love Christ has for His church (cf. Thomas 2006:80). Therefore, authentic Biblical headship is expressed by sacrificial and loving intimacy. Furthermore, husbands are to treat their wives in the same caring manner in which they care for their own bodies (Eph 5:28). Sumner (2003:161) refers to a couplet of the wife as the body and the husband as the head. Together they form one flesh. As one flesh the husband is to love his wife as his own body for that is what she is.

Thirdly, complementarians believe that male authority is delegated by God (see James 2010:154). In other words, males are fully accountable to God for the way in which they carry out this task and apply their delegated authority. This position of delegated authority is not a position of lordship, rather a position of servanthood with a high responsibility. Scriptural references to God who is partial to the disadvantaged and voiceless are important to consider in this regard (cf. Poe 2002:319). With respect to delegated authority, the wife has been given delegated power from God to fulfil her tasks. These tasks range from prophesy, managing a household, and serving as co-workers with men in ministry and more.

Fourthly, husbands are called to honour their wives. This is necessary for a number of reasons: husbands and wives are equal in the sight of God; husbands and wives obtain salvation by means of their personal faith; both are indwelt by the Holy Spirit; both enjoy the privileges and responsibilities of being members of the priesthood of believers and both have received spiritual gifts for ministry. 1Peter 3:7 warns that, should a husband fail to honour, respect and love, his prayers will remain unanswered.

Fifthly, husbands are instructed to protect their wives even to the point of death (Eggerichs 2004: 205). This goes to not only physical, but also emotional, psychological, social, sexual and spiritual protection. This protection is not meant to be restrictive, but rather should include the liberty of personal and intellectual growth and stimulation. The husband is to be sensitive to the stresses that his wife is exposed to on a daily basis and protect her from burnout and fatigue. Tracy (2003:21) captures the heart of the matter as follows: "The most instructive model for male leadership is the headship of the Father over the Son".

5.3.6   Summary

This chapter has considered the impact which spousal rape has on the spirituality of the victim. It developed the concept of spirituality as it pertains to spousal rape victims by considering spirituality in broad terms, that is, humanist spirituality and then narrowing it down to the specific Conservative Evangelical spirituality. Various aspects of Conservative Spirituality were then considered. Chapter 6 now considers the role of the pastoral counsellor and proposes an integrative model for pastoral care with spousal rape victims.

CHAPTER 6
A COUNSELLING MODEL

6.1   Introduction

Any aid to the well-being of spousal rape victims is multifaceted and involves aspects such as individual care and therapy, community involvement, mentorship programmes, gender-related issues and theological perspectives. This chapter considers all these aspects as a means of assisting spousal rape victims. The chapter is divided into a number of sections: understanding the role of the pastoral counsellor with regard to the assistance given to the victim; individual care of the spousal rape victim; suggestions regarding the prevention of spousal rape.

At the outset of this study, a number of hypotheses were proposed as a means of effectively addressing of the problem of spousal rape. These hypotheses and questions are tested and evaluated in this chapter. The hypotheses of this study and preliminary findings at this point are the following:

- **The majority of pastoral counsellors are male**

The responses to the questionnaires in Chapter 4 suggest that not to be the case. Because the questionnaire was sent specifically to pastoral counsellors, the same conclusion cannot be arrived at regarding pastors themselves.

- **The clergy as judgmental and blaming the victim**

All three of the participants interviewed in this study indicated they did not trust the pastoral counsellor/church leader/pastor when they approached them for assistance and the experience was of little use to them. Therefore, the finding is that there are times when clergy are judgmental of the spousal rape victims. This means that pastoral caregivers are not necessarily a useful resource when it comes to matters of sexual abuse.

- **The church and Christian faith are patriarchal**

The majority of the pastoral counsellors (see Chapter 4) who responded to the questionnaire indicated they held to a patriarchal belief system as portrayed in the Bible. While there are differences between this perception of patriarchy and complementarianism (see Chapter 5), there are sufficient similarities to conclude

these pastoral counsellors view the Christian society and biblical teaching as patriarchal in nature.

- **Patriarchy is not female friendly**

Patriarchy can indeed be problematic and abusive, even from a Christian perspective, when this social construct is manipulated to suit male dominance, control and manipulation. In the framework of Conservative Evangelicalism however, patriarchy is considered as the Biblical design of a loving and just God and would therefore accordingly be implemented in a non-abusive, loving, kind, fair and accepting manner. This negates self-seeking or impure motives. Even so, Conservative Evangelicals, recognise that the term "patriarchy" has negative connotations and therefore prefer to use the concept of "complementarianism". Patriarchy and complementarianism are discussed in Chapter 5. In conclusion, patriarchy has the potential to be female friendly but in general it is perceived as a means of abuse towards women.

- **The church is inadequate and irrelevant concerning psychological issues**

The health care professionals who responded to the questionnaire in Chapter 4 indicated they did not see any role for pastoral counsellors other than that of spiritual support. The church frequently assists spousal rape victims on a short-term basis and does not have the capacity for the long term counselling required for rape victims. The pastoral counsellors indicated in their interviews and questionnaires that they do not conduct long term counselling with spousal rape victims. The majority of pastoral counsellors, in fact, prefer to refer rape victims to members of the psychological fraternity.

- **The clergy are generally silent on the issue of rape**

This is generally true as was shown by the literature and the interviews with spousal rape victims. There are obvious exceptions though. Some church communities are involved in addressing the issue of rape and gender abuse. Reverend Marie Fortune (cf. 2003; 2008) has, for instance, written a number of books in order to address this issue.

- **Pastoral counsellors are not adequately trained to deal with rape and posttraumatic stress**

This has been found to be true not only from a psychological perspective but also from the perspective of pastoral counsellors themselves. The pastoral counsellors who responded to the questionnaire in Chapter 4 indicated they do not conduct long-term counselling with spousal rape victims and would rather refer victims to psychologists. Their answers reflect there are, in fact, a number of highly qualified pastoral counsellors.

- **Pastoral counsellors fail to engage in ongoing professional development**

Though this hypothesis was not explicitly tested in the course of this study, pastoral counsellors are not obliged to attend any ongoing training, as are their counterparts in the field of psychology, who are required to obtain a set number of Continued Professional Development, or CPD, points in order to continue to practice. This suggests that the training of pastoral counsellors is not adequate.

- **Pastoral counselling does make a meaningful contribution to a spouse who has rape-related posttraumatic stress**

The literature review in the study seems to indicate that, in general, pastoral counselling does not make a significant contribution to wellbeing of spousal rape victims. The interviews with the spousal rape victims that were conducted in the study confirm the literature review. This study proposes that the reasons for the lack of contribution are multifaceted.

6.2   The pastoral counsellor

One of the greatest assets of pastoral counselling is the person of the pastoral counsellor. The concept of the pastoral counsellor as a "healing tool" is crucial to effective counselling. Tan (2011:16) characterises four distinctives of Christian counsellors:

- they have unique assumptions which are based on Biblical principles and teaching;

- they have unique goals, namely not only to alleviate psychological suffering but also to facilitate spiritual growth;
- they have unique methods which may differ from standard counselling methods and techniques and which add the use of Scripture and prayer;
- they have a unique giftedness, are called by God and equipped by God's Spirit.

When it comes to spousal rape, the pastoral counsellor ought to acknowledge that this is an extremely difficult matter. Pastoral counsellors should have a thorough knowledge of the dynamics of rape in general and spousal rape in particular. They should not be biased, either personally or theologically and should have an understanding of the biopsychosocial (biological, psychological and social) impact of spousal rape, such as rape-related posttraumatic stress, other related illnesses such as depression, victimisation, stigmatisation. The pastoral counsellors should be aware of the legal and medical ramifications of spousal rape and have knowledge of the correct referral resources and procedures (trusted professionals, shelters and support structures). They should be self-aware and understand the effect that gender or previous traumatic personal experiences may have on their reactions. In other words, pastoral counsellors should be aware that counter-transference is possible. Cohen (2011:456) defines counter-transference as follows: "A psychoanalytic term referring to intense and inappropriate feelings therapists develop toward their patients, which may reflect either the therapist's own emotional conflicts or the patient's unconscious emotions". This could negatively affect the victim's healing. Female counsellors should be aware of experiencing feelings of fear, anger, mistrust and revenge. Male counsellors should be aware of feeling overprotective and over-stepping boundaries. They should also be aware of guilt that may arise because of their maleness, or of a wish to rescue to the victim. The theological and spiritual implications of spousal rape are important for pastoral counsellors to address, in order to prevent the ripple effect that spousal rape has on the spouse's children, extended family, church members, and the wider community.

An easier option may seem to be for pastoral counsellors to completely withdraw from counselling spousal rape cases; however they have a vital role to play in the victim's healing, even should the victim be referred for concurrent or subsequent psychological care. An attitude of concern and interest in the victim and

the affirmation of the victim and belief in the victim's story are necessary. In addition, pastoral counsellors should educate the congregation concerning rape in general, spousal rape, domestic violence and ensure that the church develops policies with regard to dealing with the abuse of women in its congregation. Pastoral counsellors should break the silence on rape. Kowalski (1988:202) believes that church members who have experienced spousal rape are wary of asking for pastoral counselling if they have not explicitly invited to do so.

One would expect that though fellow congregants are not be able to care adequately for spousal rape victims, trained pastoral counsellors should be better able to assist these hurting and traumatized members of the congregation. However, Dalphane (2004:157) points out that marital rape is still not receiving sufficient attention. This may be due to a number of reasons. Most theological seminaries offer little or no training on the subject of pastoral care for the victims of violent crime in general and even less in the area of women studies (see Baker 2006:14). Another reason could be the attitude of pastoral counsellors in general. According to West (2004:42), pastoral counsellors sometimes perpetuate cultural attitudes that encourage shame and silence regarding rape. Smith (1998:341) applies this specifically to evangelicals: "Because evangelicals often see themselves as more righteous than non-Christians, they often discourage victims from seeking help in secular agencies should the church prove incapable of handling the assault". While clergy often think that only they should help, they tend to experience a degree of anxiety when doing so (see Nason-Clark 1997:64). When victims experience criticism from pastoral counsellors because they seek help outside of the church, even if this has been beneficial to them, they feel guilty and anxious with regard to clergy. Such a situation exacerbates their distress and reluctance to seek help from the church.

Further it would seem that not all assistance offered by pastoral counsellors is useful. Delaphane (2004:158) puts it as follows: "Probably the most damaging pastoral response to a victim of rape is that of judgementalism or questioning as to what she did to invite the act". Scholtz (2004:209) concurs and points out that raped victim-survivors rarely have the support of religious leaders and thinkers. It is an indictment against pastoral counsellors that they are sometimes perceived as being judgmental and perpetuating abuse as a result of affirming age-old myths regarding sexual abuse. An example of this is that pastoral counsellors sometimes suggest

that spousal rape victims should love, submissive and subservient to their abusers because the Bible expects this of them. Anderson (2007:65) captures the tenets of this approach as follows: "The passive approach centers almost completely around the unbiblical strategy, and uncertain outcome, of changing her spouse through reacting to his abuse in a manner prescribed by the church". Anderson's (2007:71) assessment of this approach is that it perpetuates the problem "amounting to nothing less than church-sanctioned oppression".

Psychotherapy has become an integral part of today's society. Many people (including Christians) make use of the services of mental health practitioners for a myriad of reasons. There appears to be a growing need for supportive counselling services and a number of Christian churches have therefore opened counselling houses that operate from their premises. Tertiary institutions have also recently begun offering qualifications in therapy from a Christian perspective. Many of these centres and institutions promote a psychotherapy method.

Psychotherapy has been criticised however, even by members of its own fraternity. In his book, *The myth of psychotherapy: Mental healing as religion, rhetoric, and repression.* Psychiatrist Szasz (1988:158) expresses concern that psychotherapy may in fact be harmful. Dineen (1998, 2007), a psychologist, also has reservations concerning what she calls the "psychology industry". According to her (Dineen 2007:1; cf. Epstein 1995:133), psychology is all about making money and in order to make money the industry must make victims.

There are those in the church who are also critical of psychology (cf. Bobgan & Bobgan 1996; Almy 2000). Jay Adams (1974), who is known for his model of nouthetic counselling, is critical of psychological and psychiatric interventions and argues against the client-centred approach of Rogers, the exploring of childhood memories of Freud and the behaviourist techniques of Skinner. While I believe some of Adam's criticisms are valid, I disagree with his model of nouthetic counselling. I also do not agree with is idea that God always seeks to confront and change something wrong or sinful in the counselee (Adams1974:133). This would lay blame on the victim of spousal rape. Where Adams finds pastoral counselling the only viable option, Bulkley (1993:24) on the other hand argues that churches and pastors are unable to adequately and appropriately address the "deepest hurts of modern man" without the use of secular psychology techniques. I also do not agree with this other extreme. Prior to the inception of modern psychology, clergy were the ones

who carried out their God-given task of caring for the overall well-being of individuals within their congregations.

I align myself with the approach of Crabb (1977:40), who is of the opinion that Christ is sufficient for every need of humankind. By this I do not deny Christ's sufficiency when I acknowledge the useful input of psychology "which in no way contradicts the revelation of Christ in His Word" (Crabb 1977:40). Nevertheless, the insights of psychology should be integrated into Christian thought with caution. According to Conservative Evangelicalism, the Scriptures should be the lens through which psychology is evaluated and not the other way around.

In Chapter 3 of this study, I have motivated why I regard Cognitive Behavioural Therapy (CBT) as an adequate therapeutic model for treating victims of spousal rape who are suffering from post-traumatic stress. In light of the above, concerning the role of psychology in the Christian faith, a short evaluation of the relationship between CBT and pastoral counselling is now necessary.

The basic theoretical rationale behind CBT is that individuals' emotions and behaviour are largely determined by the way in which they perceive their world. Beliefs, worldviews and schemas therefore have a large influence on an people's interaction with their world. Should these perceptions become distorted, dysfunctional behaviour and emotions could result. This would in turn negatively affect an individual's relationships, functioning and behaviour. A particular problem is addressed by means of cognition. Another pillar of CBT is the fact that it focuses on the present and deals with the here and now.

According to Conservative Evangelicalism, Scripture points out that right behaviour comes from correct core beliefs. It is therefore necessary for believers to challenge their own thoughts, beliefs and presuppositions. The Scriptures provide the means to understand the truth of who people are. They should then conform their thinking to Scripture and then act out that reality. This means that believers do not subjectively develop beliefs that suit them, but rather place themselves under the authority of the principles of Scripture through which objective truth is to be found. The standard by which the believer is to assess faulty behaviour, emotions, attitudes, worldviews and cognition is therefore found in Scripture. Some of the principles in Scripture are compatible with the therapeutic objectives of CBT.
Tan (2011:274), for instance, is of the opinion that CBT has potential to be positively integrated into Christian models for counselling. While there may be synergy

between CBT and pastoral counselling, there are also, however, distinctive differences. From a Conservative Evangelical perspective the idea of "thinking towards renewal", is not valid. Rather, "for the believer is by faith" and minds are to be transformed "by truth which is beyond us" (2Cor 5:17). The apostle Paul, in 2 Corinthians 5:17, adds that the past is over and the focus should be on the present. Scrivener (2007) sets out the parameters for the pastoral usage of CBT and emphasises that believers should be encouraged to explore the Biblical passages/texts that guide their beliefs and thinking, rather than to develop relationships with therapists in the fields of psychology and psychiatry. Scriptural passages originated with God, whereas therapists have merely developed techniques. Therefore CBT techniques used should be applied within the Bible in mind.

Though there are some dangers in incorporating the insights of psychology into pastoral counselling, I agree with Hall (1995:237) who points out that the significance of cognitive treatment methods has not been fully absorbed by the pastoral community. Pastoral counselling aims to renew, transform, change and heal individuals on all levels of their life, by means of "Christ's salvific work" (Louw 1999:112). Christ's death on the cross was sufficient, once for all. Any counselling offered is secondary to this fact and should be undertaken through means of talk therapy, with an emphasis on Scripture readings, prayer, spiritual rituals and the church community.

This study reflects on the appropriateness, impact and affectivity of male persons counselling victims of spousal rape. Their maleness could have an impact on the outcome of the counselling. The results of the questionnaire sent to pastoral counsellors indicate the majority of people who were raped and were seeking help, were women. In the case of spousal rape, of course all were women. The results of the questionnaire also indicate a majority of the male pastoral counsellors have never been requested to counsel victims of spousal rape. The interviews with spousal rape victims revealed none of the victims had sought the assistance of pastoral counsellors (male or female) for the rape. Two participants referred to previous negative experiences with male pastoral counsellors.

Being counselled by a woman could offer the victim the gentle support and empathy men are sometimes perceived to be lacking. Women could be considered better able to identify with and understand the victim's experience. Further, spousal

rape is perpetuated by men against women. Women can therefore project negative emotions onto male counsellors. It can also be easier for a woman to explain the sensitive details of the traumatic event to a woman counsellor. Chaplin (2000:47) also points out that having a male counsellor can remind the victim of a time when another man was in charge, telling her what she thinks. Some pastoral counsellors are of the opinion that, whenever possible, men are to be counselled by men and women are to be counselled by women. Nason-Clark (1997:107) points out that a male pastoral counsellor could misinterpret the deeper issues of women who are suffering under an abuse spouse. Some are strongly against male pastoral counsellors counselling women who are in an unhappy marriage (see Blackburn 1997:76; Bryant & Brunson 2007:160) on account of ethical and practical considerations.

While it generally seems preferable for female pastoral counsellors to counsel spousal rape victims, I believe there is definite therapeutic value in male pastoral counsellors counselling these individuals. Having a caring, empathic male counsellor, could assist the victim to realize that some of her core beliefs about men (e.g. all men are dangerous and untrustworthy) are generalizations and possibly unfounded. Secondly, male counsellors may be better able to understand and explain certain male behavioural traits and perceptions. Thirdly, male counsellors may be able to role-model positive, Biblical gender interaction with female spousal rape victims. This would facilitate the development of positive interaction styles between the victim and other males in her environment. The victim may therefore be assisted to develop a more realistic understanding of males and challenge the stereotype that they are 'all bad'. This may ultimately encourage the development of her relationship with God, the Father.

In spite of these possible therapeutic benefits of male counsellors, there are also distinct disadvantages. While female counsellors could experience counter-transference and experience emotions of anger and disdain towards men (even their own spouses), there could be an even more significant counter-transference between male counsellors and their female counselees. These male counsellors could develop a need to protect female victims. This could result in inappropriate or unethical behaviour on the part of the male counsellor, who could cross counselling boundaries and become overly personal. There is also the danger of transference taking place during the counselling session, as the victim can perceive the person or

the care of the pastoral counsellor as being attractive. The pastoral counsellor may then be given the role of 'saviour' or 'knight on a white horse'. Such perceptions are dangerous, as they could result in inappropriate counsellor-counsellee interaction and can cause further confusion and distress to the victim.

In summary, there are benefits to male pastoral counsellors counselling spousal rape victims, but there are definite risks involved. Male pastoral counsellors should therefore need to take every precaution to prevent irrelevant or damaging interaction with victims of spousal rape. The best solution seems to be for spousal rape victims to receive counselling from female pastoral counsellors. Maybe male pastoral counsellors could the counselling session when female colleagues deem it necessary. Ideally, marital rape victims should be given the option of selecting the gender of their counsellors where possible.

The interviews conducted for this study demonstrate that spousal rape victims are critical of how pastoral counsellors deal with the issue of spousal rape. Andersen (2007:110) records her own experience as follows *"None* of the pastors I approached (and only one of the licensed counselors) were qualified to deal with the problems in my marriage" (emphasis is the author's). The problem appears to begin with the training of pastoral counsellors. Mary, one of the participants, indicates that she believes pastoral counsellors need further training if they are to deal with abused women. In seminary pastors are primarily trained in areas of preaching, theology and missions. Counselling is only a small part of this training. Social workers, for example, are trained for the same period with a strong focus on counselling. Once pastors graduate they are required to do a broad spectrum of counselling, ranging from premarital and marital counselling, to grief counselling, spiritual growth counselling, family counselling and trauma counselling. Counselling in any of these areas requires specialised training due to their sensitive and intense nature. The issue is further complicated as pastoral counsellors are not required to belong to any regulatory counselling body. This could result in poor or unethical counselling practices. While associations for pastoral counsellors do exist, pastoral counsellors do not make full use of the opportunities to attend conferences and discussions concerning counselling ethics, practices and policies. The Southern Africa Association of Pastoral Work as well as the Association of Christian Counsellors in South Africa has a membership of over a thousand, however their conferences and workshops are poorly attended. Furthermore, pastoral counsellors are not obligated

to attend on-going training programmes or supportive supervision sessions, as people in the mental health professions do. Mental health practitioners are obliged to obtain a set number of Continued Professional Development (CPD) points each year in order to continue to practice.

A second issue concerning the training of pastoral counsellors is that they can feel inadequate when having to deal with complicated counselling cases, and therefore refer counselees to mental health practitioners. This is borne out by the responses to the questionnaire sent to pastoral counsellors in Chapter 4. According to Backus (1985:19), seminaries have taught pastors to have an inferiority complex because psychologists and psychiatrists are considered the experts on human behaviour. That is why they should rather refer people to them. Backus (1985:19), himself a psychologist, is of the opinion that pastors should do counselling without the need to get permission from a professional body. According to him, counselling belongs in the church and other professionals should assist the Body of Christ as required. If this is the case, pastoral counsellors ought to ensure they are knowledgeable and properly skilled in the area of counselling – in this study it means specifically in the area of posttraumatic stress. They should also continue to develop their skills with on-going training, interaction with other pastoral counsellors, and investing in their own spiritual growth. From a Conservative Evangelical perspective, pastoral counsellors should also know how to offer biblical advice. The danger of this is that pastoral counsellors could use the Christian faith for their own ends, especially when it comes to seeking support for a particular theological perspective or counselling theory or technique. McMinn and Campbell (2007:209) emphasises that while Scripture is the best resource on truth, self-serving interpretation could distort views of Scripture.

A problem that this study demonstrates in Chapter 4 is that, while pastoral counsellors are generally well educated, they are not necessarily scholars. Ellens (2007: 257) points out that there is "a constant temptation to look for neatly packaged epigrams for the sake of pastoral utility". This could lead to mediocrity. He suggests that those involved in pastoral studies should continue to contribute to disciplines such as psychology, sociology and social work.

A number of pastoral counsellors and Christian psychologists are in favour of lay counsellors and even encourage their involvement in the counselling ministry. Donald Capps (1998:204) advocates the "empowerment" of lay counsellors. Clinical

psychiatrist Almy (2000:214) puts it as follows: "[God] does not use members of an elite corps who claim secret knowledge. He needs neither bearers of training certificates nor those with worldly seals of approval". Rather, God makes use of the priesthood of believers because of what they believe their trust in the truths of Scripture, their unique God-given gifts and the supernatural power that works through them. Other Christian psychologists have encouraged lay persons to participate in Christian counselling (cf. Crabb 1977; Backus 1985; Collins 2007). While this study has not specifically considered the involvement of lay persons in counselling, I believe there is much value in involving such persons. This will assist pastors and pastoral counsellors to deal with the huge number of counselling needs within the church and wider community as these individuals may have more time available and are generally more accessible. Another value is that specific traits are sometimes required to counsel in different situations and it a lay person can be especially gifted in a particular area. Counselees could also find it easier to relate to a lay counsellor with whom they perceive themselves to have more in common, than with pastors and pastoral counsellors. If lay persons are to participate in counselling, pastoral counsellors should ensure they are well trained, correctly supervised and well cared for.

Effective pastoral counselling is reliant upon the work of the Holy Spirit as Counsellor, Comforter, Guide, Empowerer and Wisdom-giver. Pastoral counselling is also reliant upon a biblical understanding of human beings in order to speak meaningfully to the problems of human beings. Capps (1981:10) observes there is consensus among the clergy that the Bible has a role to play in pastoral counselling. This is not to say that humanist theories and techniques have no place in pastoral counselling, but especially in Conservative Evangelicalism ultimate authority is given to Scripture and any other techniques used should be consistent with Scripture. Thirdly, because of the emphasis on Scripture, Conservative Evangelicalism is positive about directive counselling. Humanist psychology, especially since the influence of Carl Rogers with his client-centred therapy, emphasises non-directive counselling (see Steere 2003:372). However this non-directive method has come under criticism for various directions (see Bunting 2000:389). One of the criticisms is that "pastoral counselling had become too no-directive and lacked a moral cutting edge" (Bunting 2000:389). According to Cronin (2004:184) one of the distinctives of pastoral counselling is the use of directive counselling. The pastoral counsellor's

function is to promote the application Christian principles with regard to the issue at hand. Therefore, there are instances where the pastoral counsellor is actively involved in the decision-making of the counsellee by offering advice, guidance, and recommendations. There are times when pastoral counsellors could even be required to challenge the believing counsellee with Christian principles. This does not mean that the pastoral counsellor cannot also adopt a non-directive counselling approach at times, for there is also need for encouragement, support and comfort.

Psychology does not take God into consideration when it comes to issues of psychological well-being. The core of pastoral counselling from a conservative evangelical perspective is "the Truth shall set you free" (John 8:32). This in no way excludes any understanding gained from psychological research. The contribution of Albert Ellis, for example, is a case in point. He was an atheist who developed what is known as Rational Emotive Behavioural Therapy (REBT), which is widely recognised as a precursor to Cognitive Behavioural Therapy (cf. Robertson 2010). Chapter 5 of this study indicates how Cognitive Behavioural Therapy can be utilized as an effective treatment modality and is compatible with biblical pastoral counselling.

Health professionals who work with traumatised people are at risk of experiencing negative reactions (Collins and Long 2003). This is also applicable to pastoral counsellors in some sense even more so, considering their frequent lack of 'professional distance' that is instilled into health care professionals. There are however both positive and negative consequences to working with trauma victims.

Some of the negative outcomes of working with trauma victims are the following:

- **Burnout**

Burnout not only occurs while working with trauma related incidents but can also be evident in any work situation involving many stressors. Pastoral counsellors are already exposed to many work and family stressors and working with trauma victims merely exacerbates the situation and it can lead to burnout. This causes them to be less effective in counselling.

One of the symptoms of burnout is emotional exhaustion. This causes the pastoral counsellor to have a decreased ability to provide appropriate care and intervention to the counsellee. A second symptom of burnout is depersonalisation of

the pastoral counsellor. According to Simeon and Abugel (2006:13), "detachment or estrangement from oneself, coupled with an awareness of this detachment, is the essence of depersonalization". The victim could experience a sense of distancing and cynicism from the pastoral counsellor. The worst case scenario is that the pastoral counsellor could behave in a way that is dehumanising and objectifying, that is treating her like a "case" instead of a person. A third symptom of burnout is a sense of decreased personal accomplishment. Pastoral counsellor experience feelings of futility and concludes that they are failing to make a difference to the victim or to the system. Pastoral counsellors perceive all their efforts as worthless and they feel helpless to assist the victim or to change the evils of society.

- **Vicarious traumatisation**

Vicarious traumatisation takes place when pastoral counsellors over-identify with the victim and her traumatic incidents to the point that pastoral counsellors experience a posttraumatic stress reaction. Larsen and Stamm (2008:279) explain it as follows: "Vicarious traumatization transformations include lasting and pervasive schema changes about the self and one's world". The outcome of vicarious traumatisation is similar to traumatic reactions experienced by the trauma/spousal rape victim. This situation is worsened if pastoral counsellors experience counter-transference or when the pastoral counsellor reflects on how such a traumatic event could affect themselves or their families. Vicarious traumatisation causes pastoral counsellor to struggle with their place of reference, worldview and even their own spirituality. Some pastoral counsellors have themselves experienced a traumatic event and this could result in re-traumatisation being triggered by the counsellee's story.

- **Compassion fatigue**

Compassion fatigue is the reduced capacity for empathic engagement. Weaver et al. (2004:154) explain compassion fatigue as the emotional cost of exposure to working with those who have been traumatised. There are a number of reasons for pastoral counsellors to be susceptible to compassion fatigue. Firstly, empathy is recognised as an essential to helping of those who have been traumatized (Figley 1995:15). Pastoral counsellors generally consider their work to be more of a calling than a vocation. They could possibly be even more empathic than health practitioners. Pastoral counsellors are required to not only display empathy but also compassion,

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which implies "to bear alongside" the person suffering (Scalise 2011:419). In the mental health professions a professional distance between the therapist and the client is emphasised. An emotional distance is required between the counsellor and the counsellee. Compassion fatigue is therefore a greater occupational hazard for pastoral counsellors than for other mental health professionals.

There are also positive outcomes for pastoral counsellors who work with those who have been traumatised:

- **Compassion satisfaction**

Compassion satisfaction is a term used to describe the sense of fulfilment and satisfaction that therapists derive from doing their work well (Collins and Long 2003). They feel that their work is meaningful and makes a difference. According to Larsen and Stamm (2008:283), compassion satisfaction "may be the most potent force in motivating continued work even in the presence of the negative 'costs' of caring".

Compassion satisfaction is not impervious to the negative costs however, as the negative outcomes of working with trauma over prolonged periods will erode compassion satisfaction should necessary precautionary steps not be taken. The steps necessary include positive emotional support from friends and family, a positive supervisory/mentorship relationship, an accurate understanding of self and a balanced, healthy lifestyle, which incorporates sufficient recreational activity.

- **Posttraumatic growth**

It is possible for pastoral counsellors to experience posttraumatic personal growth because of direct or vicarious trauma exposure while working with trauma victims. This subject is covered in more detail later in this chapter.

Pastoral counsellors could prefer to avoid working with victims of spousal rape due to negative personal experiences, a lack of formal training or the fear of making the matter worse, some. Whatever the reason, should this be necessary pastoral counsellors should refer people to a trusted resource in this instance. More harm will be done to victims by failing to acknowledge this fact or deal with it appropriately. There is no place for individualism in the Christian community. It is vital for pastoral counsellors to develop a trusted, extensive and familiar resource base of relevant counsellors who have similar therapeutic approaches and religious beliefs. This will enable the spousal rape victim to obtain the best possible assistance for her unique

personality, and situation and will optimise the effectiveness of the counselling process. Pastoral counsellors should obtain the relevant feedback from the referee and to continue to offer other necessary assistance if and where necessary. The spousal rape victim approaches the pastoral counsellor out of a sense of trust and it is important for her not to feel abandoned. Aspects of on-going care might involve referral to other service providers and agencies, such as law enforcement agencies, medical professionals, and shelters. Pastoral counsellors should avoid interfering with any counselling process once a referral is made, as this could confuse the victim and sabotage the helping process.

6.3   An integrative counselling model

6.3.1   Introduction

I concur with McMinn and Campbell (2007:385) who propose an integrative Christian approach to psychotherapy. This involves the bringing together of various psychology theories and integrating a Christian anthropology with psychological insights. However, McMinn and Campbell (2007:388) caution: "Psychotherapy may be an important part of the church's caring ministry, but it is a peripheral ministry and should not be perceived as central".

An integrative model is useful because it focuses on what Conservative Evangelicalism regards as the centre of the Christian faith, namely that people have been created in the image of God. Systematic theologian, Jürgen Moltmann (1990:44), makes the following connection between therapy and Christian salvation:

> Therapeutic Christology is soteriological Christology. It confronts the misery of the present with the salvation Christ brings, presenting it as a salvation that heals. Healing power belongs to salvation; otherwise, it could not save. These two kinds of relevance are not mutually exclusive. They complement one another.

McMinn and Campbell (2007) use this concept throughout their book. The image of God is explained in terms of functional, structural and rational aspects. These aspects are understood as symptoms-focused, schema-focused, and

relationship-focused interventions. The other useful aspect of the integrative model is that Scriptural truth is utilised to test psychological assumptions and methods and not the other way round. This study builds on the model of McMinn and Campbell (2007:137) and modifies it for the purposes of counselling with women who have been raped by their spouses as is now shown in Figure 6.1
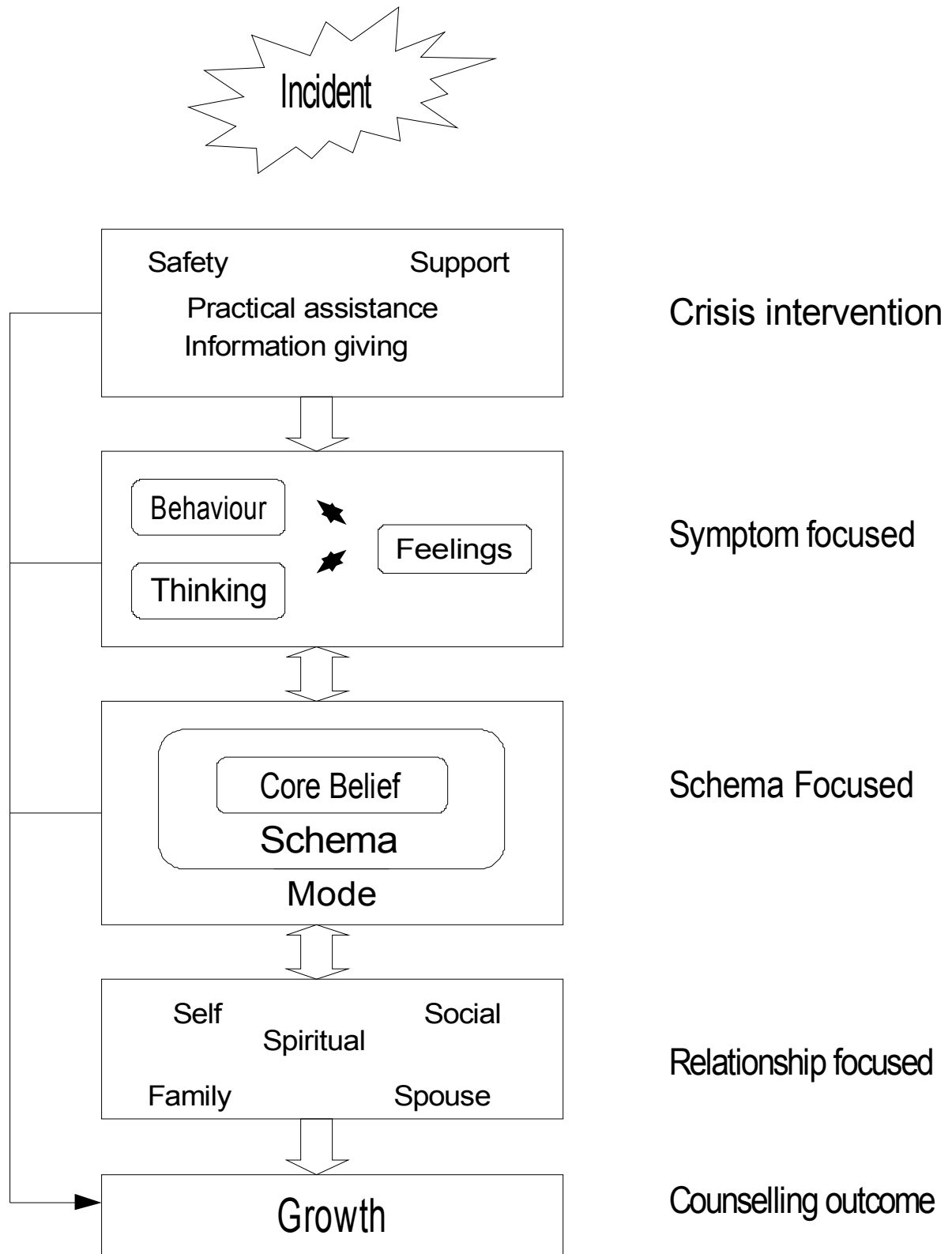
Figure 6.1

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6.3.2   Crisis Intervention

Crisis intervention is the stage directly after a traumatic event has taken place. For a spousal rape victim this could be when she approaches a pastoral counsellor or anyone else for help.

Pastoral counsellors should know how to deal with spousal rape victims even before police and medical involvement. They should be familiar with the medical and legal processes in order to assist the woman to make an informed decision. The role of the pastoral counsellor at this time is to support her and not insist on a plan of action. During this initial phase psychological care revolves around safely, acceptance, believing her story, information and containment. This is not the time for "counselling" whether it is psychological or biblical. The victim at this time needs support and information as to how to proceed. The presence and calm demeanour of the pastoral counsellor is of great importance. The pastoral counsellor's role is to stand in the gap and assist the woman practically both in the hospital and police station, as well as with the children. A safe place should be provided for her for the following days. The pastoral counsellors should know the rights of the victim as set out in the *Service charter for victims of crime in South Africa* and ensure her rights are protected.

With regard to the psychological level pastoral counsellors should be knowledgeable of trauma reactions that could be present. Pastoral counsellors should know which local resources are available to victims of spousal rape. These could include shelters, hospitals, police, emergency food, clothing, transport, support groups, lawyers. The most dangerous time in the life of an abused woman is when she is attempting to leave her husband or have made others aware of the abusive situation existing in the home. The extreme danger of this time cannot be overly stressed or underestimated.

If the pastoral counsellor is a male, the spousal rape victim could transfer feelings of anger, fear, and mistrust onto the counsellor. Therefore, the pastoral counsellor should be aware of any signs that his presence is not appreciated, in which case he should refer the woman to a female counsellor. Pastoral counsellors should be careful that their religious affiliation or convictions do not become the cause of further distress for the victim. In townships and rural areas of South Africa,

pastors are often the only helper available even though they may not be adequately prepared to respond to issues such as spousal rape.

One of the criticisms made of pastoral counsellors in this early phase of care of spousal rape victims is the avoidable mistakes they often make. These mistakes could be costly and even dangerous to the spousal victim. Firstly, confidentiality is critical because a victim and her children are at risk. Information about her or her whereabouts must not be discussed with the church leadership as they could inadvertently pass information on to the perpetrator. The possible danger to the woman (and children) should never be underestimated. Secondly, bad practical and theological advices are often offered to these women, even pastoral counsellors. When it comes to spousal rape the traditional "stay and pray" advice is dangerous and damaging. Advice that suggests that the victim should bring the perpetrator to church or for her to be a better Christian wife is harmful. Victims are often advised to remain in the situation in order to change the perpetrator. This is dangerous advice. Thirdly, counselling the couple together is not advisable when spousal rape has taken place. It could be appropriate at a later stage but not at the beginning. The perpetrator should work on his personal issues together with someone who will hold him accountable for wrong action. The problem is that most perpetrators resist any form of counselling especially when held accountable for his actions. Fifthly, pastoral counsellors should not make false promises on behalf of God or themselves.

Pastoral counsellor should believe the woman's story and reassure her that approaching the pastoral counsellor for help was necessary and wise. Active listening to the story without criticism and curiosity, and supporting the woman in the choices she makes, are important. The pastoral counsellor's highest priority is the safety and welfare of the woman and not the status of the perpetrator in business, society, or even the church.

One of the first questions asked of a pastoral counsellor by a spousal rape victim has to do with theodicy: 'why has God allowed this to happen to me?'. There are two problems. Firstly, a pastoral counsellor could be tempted in delve into this theological theme or feel compelled to defend God. Any attempt to explain the inexplicable workings of God will be inadequate and could cause further issues to be raised. An example that Brueggemann (1984:169) gives is that the insistence to hold on to God's love may be at the risk of God's sovereign power. Secondly, even if an answer to the cause behind the cause could be given, it is unlikely that the answer

will be of any comfort to the woman. Rambo (2010:5) notes that theodicies provide logic for thinking about God's nature and human suffering; they do not address and respond to suffering. While explanations are provided, it is unclear to what degree they are useful to the healing process. Therefore, if attempting to answer the 'why' question is not useful, it may be prudent of pastoral counsellors to temper their attempt to answer with authority.

Carson (1990:20) proposes that the subject of theodicy should be addressed in Christian communities in order to build a stable set of beliefs *before* a personal tragedy happens. Then this knowledge and understanding could be a comfort and of help to believers in times of suffering and struggle. The teaching and preaching in the church concerning this matter should be dealt with adequately. Nevertheless, it can never be assumed that human beings could ever understand why individuals experience hardships. Therefore, the pastoral counsellors could remind the woman that God grasps her situation, but counsellors cannot explain God's plan concerning the situation. In Chapter 7 the issue of the theodicy question in pastoral counselling will be worked out further. Here the question "what now" is the focus.

A relationship between the pastoral counsellor and the spousal rape victim could have existed prior to the rape being made known by the victim. On the other hand, this could be the first time they meet. Nevertheless, counselling brings about a special relationship. There is no short-term approach to healing for the spousal rape victim; therefore, the pastoral counsellor should be prepared to be involved with the victim long-term.

Training and Supervising Analyst, Stern (2009), has developed a therapeutic description that is compatible with a biblical understanding, namely to see the pastoral counsellor as a "witness". A witness is essential for someone to be able to narrate their experience (Stern 2009:110). A witness is someone who interacts with the suffering. The pastoral counsellor as witness helps the spousal rape victim to gain clarity of the events that had taken place, not only factually but also emotionally and psychologically. The word "witness" comes from the Greek word "martyreō". From a biblical perspective a witness is required to be willing to suffer. This is the challenge of the pastoral counsellor. There is unavoidable cost for the pastoral counsellor who "witnesses" for victims. The risks of working with victims of spousal rape were covered earlier in this chapter. Cooper-White (2012:30) puts it as follows: "We too are called to be witnesses, martyrs, in the sense of not shrinking from one

another's cries of pain, but entering into the costly but godly vocation of being-with". This level of commitment from pastoral counsellors requires not only that they are present but also that they have a working knowledge of recognised psychological methods to treat posttraumatic stress as this is a predominantly psychological condition. The study has demonstrated that spousal rape victims are likely to suffer from Posttraumatic Stress Disorder.

The domain of most psychologists and other health practitioners is symptom-focused intervention. People generally also approach pastoral counsellors because they experience symptoms of distress such as emotional, physical, cognitive, social and psychological problems. There are a number of approaches to symptom-focused interventions. I will now consider some of these approaches briefly as they relate to posttraumatic stress especially with regard to women who have been raped by their husbands:

- **Cognitive Behaviour Therapy (CBT)**

With regard to spousal rape victims, this study argues in Chapter 4 that cognitive behaviour therapy (CBT) is a recognised and useful therapeutic approach to posttraumatic stress. It also shows that CBT is compatible with the Christian paradigm. Backus (1985), a Christian psychologist, uses what he calls "misbelief therapy", which strongly resembles CBT. CBT is an action-orientated form of therapy that works on the premise of faulty thought patterns that result in maladjusted behaviours and emotions. CBT focuses on the three aspects of behaviour, cognition and emotions.

Behaviour interventions are linked to classical conditioning. According to McMinn and Campbell (2007:182) classical conditioning focuses on emotional responses where a biologically determined and a neutral stimulus are paired. A woman could, for instance, experience sexual difficulties even with a safe and caring spouse. Behaviour interventions help to minimise these conditioned reactions. Various techniques are used to help clients with their problematic behaviour outcomes: relaxation training, breathing trainings, exposure techniques and assertiveness training. The goal of cognition therapy is to help the client identify and change dysfunctional thinking (see Herman 1997). According to Tan (2007:108) cognitive restructuring can be even more deeply conducted with the appropriate use of Scripture than when restricted to a rational or empirical analysis and disputation.

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Another effective approach to the treatment of posttraumatic stress is Eye Movement Desensitization and Reprocessing. EMDR is carried out while the woman is thinking of, or talking about, her memories. She focuses on other stimuli, like eye movements, hand taps, and sounds. Even though it may be an effective means of posttraumatic therapy, for the pastoral counsellor, the personhood of the spousal rape victim cannot be set aside.

Posttraumatic stress can also be treated with medication. While psychotherapy is be a major part of treatment, there are times the distress and discomfort from the hyperarousal of the sympathetic nervous system could inhibit or impede this approach (see Mashiapata 2003:37-38). Medication can be useful in controlling the trauma-related symptoms. During a traumatic event, chemicals are excreted in the body. These chemicals continue to affect the brain and that in turn influences the way the victim feels and behaves. Medication could be necessary in order to adjust this chemical balance. This form of treatment has been shown to be useful, but it would be more effective if combined with one of the therapies mentioned above. Medication is not only useful for treating posttraumatic stress, but also for morbid conditions that could accompany posttraumatic stress, such as depression and ulcers.

Psychopharmacology is outside the scope of the work of pastoral counsellors. Should the pastoral counsellor consider the spousal rape victim to be in need of medication, she should be referred to a medical doctor or psychiatrist. The pastoral counsellor could write a referral letter to the doctor or psychiatrist indicating the reason for the suggestion the pharmaceutical therapy is needed.

There are a number of other possible therapeutic approaches. These include hypnosis, Transactional Analysis (TA) and Emotional Freedom Techniques (EFT). It is important that pastoral counsellors familiarise themselves with these forms of psychological therapies in order to make an informed decision.

Traumatic incidents affect every aspect of the person. Mental health practitioners are concerned with the 'psychological element' while medical doctors focus mainly on the physical element. Little attention is given to the 'spiritual element'. Pastoral counsellors have much to contribute in this regard. They have the resource of Scripture that provides an effective means of determining the thoughts, values and beliefs of believers. It would be useful to the victim to gain further understanding of pertinent Scriptural passages. Betrayal is a symptom spousal rape

victim's experience. There are a number of Scriptures that deal with this matter. In Jeremiah 12:6 God says to the prophet, "Your brothers, your own family, even they have betrayed you; they have raised a loud cry against you. Do not trust them, though they speak well of you". This passage can help the victim to understand that she is not alone in experiencing betrayal. She can identify with others, even people of long ago and others can identify with her in her time of hurt. As the pastoral counsellor expounds this passage, the victim could gain understanding and comfort. In other passages, such as Genesis 50:19-21, the victim may gain confidence in the workings of God through the example given in the life of Joseph. Other passages that speak of the faithfulness of God (see 2Tim 2:13) could assist the victim with faith in God, trust and hope. Most posttraumatic symptoms can be addressed by means of Scriptural passages that give comfort, hope, understanding, wisdom and instruction at such times. It is incumbent upon the pastoral counsellor to handle wisely the Scriptures to ensure they are not used to silence the spousal victim with blanket statements, but to sensitively and timorously work through relevant passages.

Pastoral counsellors, ministers, and theologians have used the Book of Psalms since the early church to comfort and encourage believers in times of difficulties and hardships (Capps 2003). John Calvin's commentary of the Psalms written in 1557 was translated from Latin to English by King in 1998). This commentary expounds the experiences of the psalmists, especially David, in times of hardship and struggle. Calvin (translated in1998:152-153), in his expounding on Psalms 10:1, draws the principle that when individuals are in trouble they should "seek comfort and solace in the providence of God: for amidst our agitations, vexations, and cares, we ought to be fully persuaded that it is his peculiar office to give relief to the wretched and afflicted".

The death of Jesus is a powerful story which can bring healing to victims. Jones (2009:81), in her work with battered women, explains to them that, that in the moment of crucifixion, Christ is the one who shows his followers that in the depths of traumatic violence, God stands with them. The life story of Paul, the author of much of the New Testament, can provide motivation for those who have suffered traumatic experiences. Although Paul has been accused of being misogynist (cf. Polaski 2005:54) spousal rape victims can benefit from his teachings. Sumner (2003), for instance, sees Paul as giving women a prominent place in society. In addition, Paul

himself endured many hardships, disappointments and sadness. Yet, in the midst of these situations, he was never without hope or faith.

Theologians are often criticized for not applying Scripture to the 'real' world (see Sokolowski 1995:121-122). Their writings, although of theological value, do not seem to have a place in addressing the difficulties and hardships in the world today. However, this study is in agreement with Jones (2009:49-50), a feminist theologian, who suggests that "when we read [John] Calvin's writings with the Bible in the one hand and the work of trauma theorists in the other, we are able to identify certain resonant patterns of meaning that might otherwise not come to the foreground of our theological reflections".

Schema- focused interventions have similarities to Jeffrey Young's Schema therapy, which is used for disorders such as personality disorders (see Young 1999). Both approaches consist of beliefs and assumptions that influence a person's interpretation and meaning of life. However, Schema Therapy is designed to help the person identify negative patterns of thinking, feeling and behaving, and then replace them with healthier alternatives. McMinn and Campbell (2007:292) describe schema-focused interventions "as ways to facilitate recursive schema activation with the goal of promoting decentering". The Merriam-Webster Online Dictionary (2011) defines decentering as "the shift from an established center or focus". In schema focused interventions, schemas are not changed by simple logical argument (as suggested in Schema Therapy), but by insight and practice of new life perspectives. Schemas operate in the unconscious, they are more difficult to change and require recursive activation in therapy. The person should understand the nature, power and origins of the negative schemas and although they cannot be fully eliminated, the person understands himself or herself, becoming healthier by distancing their identity from their maladaptive core beliefs (cf. McMinn and Campbell 2007:272).

Spousal rape victims struggle with a shattered worldview and shattered personal schemas. Their experience of spousal rape has to be assimilated into and accommodated in their world. They have to learn to live with their history. McMinn and Campbell (2007:247) explain that if a schema contains excessively negative beliefs and assumptions, a person could develop an inaccurate view of self and misunderstand social cues in unhealthy ways that can have serious emotional and interpersonal consequences.

Both adaptive and maladaptive schemas can develop at any time in life. This has implications for the spousal rape victim for not only does she have the schemas of her past to deal with, but also the schemas developing as she lives through the ordeal of spousal rape. Therefore, schemas have to be dealt with when counselling spousal rape victims. The schemas that develop have an impact only on her and the perception of herself, but on her view of men in general. Her Christian schema may also be affected.

Schemas cannot be altered by logic alone but also by practicing new ways to view her life. This approach requires long-term interaction with the spousal rape victim. Maladaptive schemas should be addressed. Engaging with them is about more than talking about life. It requires evoking emotions and thoughts in an experiential encounter.

A number of believers have inaccurate schemas concerning the Christian faith. Many of these erroneous schemas are derived from the believer's own experiences and assumptions as well as poor theological teaching. The spousal rape victim could struggle even more with such schemas because of her rape; therefore pastoral counsellors should address this issue no matter how long it takes. In the introduction to his book, *Radical grace*, Ellens (2007: xviii) contends that the quality or state of a people's health is definitively affected by their concept of God and actual ontological relationship with God, as well as their perceived relationship with God. For this reason, beliefs and schemas of women who have been raped by their husbands should be examined by the pastoral counsellors. These include the following:

- **Forgiveness**

In Chapter 5 the issue of forgiveness was explored. This section focuses on the therapeutic application which if done incorrectly, could further damage the woman. According to Berecz (2001: 254), a clinical psychologist, forgiveness is close to the core of the healing process. The findings of a study by Helm et al (2005:32) suggest that trying to encourage victims of sexual abuse to adjust their emotional experiences to conform to a traditional reconciliation model of forgiveness, could be inappropriate and harmful to these women. Should the person choose to forgive her abuser a number of positive benefits could result (Helm et al. 2005:26).

From a theological perspective forgiveness should result in reconciliation. This is known as conjunctive forgiveness. Another form of forgiveness is disjunctive

forgiveness. Disjunctive forgiveness, according to Berecz (2001), is when a victim consciously forgives the perpetrator and shows compassion, but prefers to remain emotionally and physically (if possible) distant from the offender. Further, disjunctive forgiveness is not dependent upon either remorse or denial on the part of the perpetrator. Berecz (2001:264) emphasises that is crucial to understand the difference between conjunctive and disjunctive forgiveness. Disjunctive forgiveness is an authentic forgiveness. Pastoral counsellors should not rush into conciliatory forgiveness. This could cause further psychological harm. They should rather help the victim to achieve emotional and geographical separation without bitterness.

- **The goodness of God**

It is understandable for the spousal rape victim to develop a negative perception of God because of what has happened to her. Not only will the worldview and schema be of little use, but it also robs her of a valuable resource of comfort and healing. Although God is beyond comprehension, God can be encountered in the Scriptures. Even so, there may be confusion concerning the character of God. It would be useful if the pastoral counsellor explored the Scriptures with the spousal rape victim so she could recognise for herself the qualities of a God of goodness. These qualities of God include moral purity, integrity, faithfulness, persistence, mercy, grace and love.

The one thing a spousal rape victim needs is for someone to identify with her suffering. Moltmann (1993:22) argues that it is incorrect to equate the inability to suffer with perfection. God is perfect but that does not mean that God does not have the capacity to experience suffering. If God were unable to suffer during the passion of Jesus, God would be a "cold, silent and unloving heavenly power". The Conservative Evangelical understanding is the suffering of Jesus also became the suffering of God the Father. Therefore, God did and does suffer. Erickson (1985:432) emphasises that God suffers together with people. This view was expressed as long ago as the thirteenth century. According to Eckhart (see Colledge & McGinn 1981:233), God is not only close to those who are suffering, but He also suffers with the sufferers. Further, Eckhart (see Colledge & McGinn 1981:234) believes that through, and because of, their suffering, the sufferer finds God. The implication of this is that the spousal rape victim has the potential and maybe the opportunity to connect with God in her time of suffering. The God with whom she connects not only

previously suffered, but also continues to suffer with her. God's suffering however does not disempower God. Rather, in God's identification with the victim, the Holy Spirit enables God to comfort, encourage and empower the victim along her journey towards healing.

Nothing can be said to the spousal rape victim that would make her believe she will never again experience evil. However, Christian teaching on the life hereafter does promise the absence of hardship and suffering (Rev. 21). Christian teaching also speaks of judgment to come in the life hereafter. This judgment will be thorough, and just, and punishment for evil will take place and none will escape. This is a comforting teaching for the spousal rape victim for it is possible she has not seen justice done for the crime(s) committed against her, but she can know justice will be done.

One of the chief aims of psychology is to promote the attainment of self-actualisation and the development of self-esteem (cf. Maslow 1999; Rogers 1995). In terms of clinical psychology, an individual's self-esteem increases when he or she experiences success and praise. The individual suffering from a low self-esteem has an inconsistent self-concept (Coon & Mitterer 2010:392). Spousal rape victims are prone to suffer from poor self-esteem which is related to their personal schemas. The purpose of this section of the study is to understand the idea of self-esteem from a Christian perspective. Pastoral counsellors understand the concept of self-esteem from two different ends of the spectrum. Some are of the opinion that the concept of self-esteem is problematic and unbiblical (see Adams 1986). Others consider self-esteem to be a necessity for the Christian (Schuller 1982). Self-esteem refers to the evaluation an individual places on his or her worth, competence and significance (Collins 1998:314). Other terms closely related to self-esteem are those of self-image and self-concept. These terms refer to self-description rather than self-evaluation however.

Self-esteem is strongly linked to a sense of self-worth and it is therefore necessary to consider the origin or source of a Christian's worth. Humankind is shown to be valuable to God throughout the Bible. As previously stated in this study, humankind is created in the image of God and is "crowned with glory and honour" (Ps. 8:4, 5). The ultimate demonstration of humankind's worth is evidenced in the death of Jesus, which has enabled them to escape eternal separation from God. Self-esteem also should be understood in terms of sin, pride and self-love. True self-

esteem is not pride, but rather an attitude of humility and gratitude to God for His goodness. Self-esteem is therefore not related to the self, but rather to who the Christian is because of Jesus.

Pastoral counsellors are in a privileged position to remind Christian spousal rape victims that they are chosen, have a place of belonging and acceptance, are justified by faith, are declared blameless, are not worthy of hell, and are adopted into God's family. God places great worth on them and will never leave or forsake them. The meaning of the word 'grace' refers to God generously blessing Humankind despite the fact that they do not deserve it (Hughes 1984:482). However, it includes more than this. It also refers to God's acceptance of believers just as they are. This implies that the believer's sense of alienation from God for any reason is unjustified (Rom 8:38-39). Ellens (2007: xviii) believes that the central healing dynamic to encourage maximum well-being, is the perception and experience of God as being a God of grace. This is especially applicable to the well-being of spousal rape victims. Pastoral counselling must therefore be grace-based.

Today's world commonly understands the concept of hope as being a positive attitude towards the future. This is a useful attitude for spousal rape victims to possess, however a Scriptural view of hope is even more beneficial. Christians understand hope as being a confident expectation in God. 1Peter 1:3 highlights the value of this Christian hope: "Praise be to the God and Father of our Lord Jesus Christ! In his great mercy he has given us new birth into a living hope through the resurrection of Jesus Christ from the dead". This living hope is not only related to a new way of life which is grounded in the work of Jesus, but also to the confidence to make a stand against wrongdoing in the present.

Schemas are not only about beliefs, but are also about the actions that result from such beliefs. Therefore the following Christian rituals could also be useful for the healing process of the spousal rape victim:

- **Prayer**

Ellens (2007: 61) articulated the power of prayer in the healing process as follows: "Anyone who prays knows self-talk has a way of clarifying and cleaning our inner selves of grief, shame, fear, guilt, anger, or confusion". Prayer is an opportunity to painstakingly talk issues through with God. This is cathartic and of great assistance in terms of gaining clarity regarding a situation. Collins (1988:567) is of the opinion

that prayer increases psychological well-being and decreases anxiety. This is supported by evidence that demonstrates that prayer enhances spirituality and contributes to the effectiveness of psychotherapy (see Finney & Malony 1985; Gubi 2008). McMinn and Campbell (2007:300) caution against prayer being primarily motivated by the psychological benefits. Prayer is more than self-talk. It is communication with God. In Psalm 34:6 David articulates his experience of prayer: "This poor man called, and the LORD heard him; he saved him out of all his troubles". Prayer has many benefits for spousal rape victims and it is useful for pastoral counsellors to encourage them to pray. Some pastoral counselling models have prayer as their basis. These include theophostics (see Smith 2004) and the inner healing movement (see Sandford and Sandford 2008).

- **Worship**

Worship is the acknowledgement of the worth of an individual by offering special honour to that individual. In a spiritual context, worship is about revering and loving God. This can be done corporately or personally. A spousal rape victim who holds to the Christian faith may struggle to worship God in the light of her experience(s). According to Wright (1993:297), worship presents an opportunity for grieving, cleansing, and restoration. Southard (1989:158) explains that worship is a means by which humankind can realistically assess its condition in the light of God's intentions for it. Worship is a means by which the spousal rape victim too can view circumstances and herself in light of the bigger picture. Milaccio (2011:145) connects counselling and worship by pointing out that worship and counselling are both about positive personal change. A number of biblical characters experienced threats and overwhelming experiences, yet their world view and schemas were positively altered through worship (see Isaiah, Habakkuk, Job). Many of the psalms written by David indicate that the worship of God changes one's lookout on life. Psalm 42 records the anguish David experienced, yet he could still say: "For I will yet praise him, my Savior and my God" (Ps 42:5). Ellens (2007:199) argues that when a Christian therapist or pastor views life as a celebration of God's beneficence, then the crucial elements of celebration in the clinical spirit and the process of illness, healing, and the achievement of wholeness come to light for the patient.

Crabb (2005) connects worship and relationship. The concept of relationships is further developed in the following section.

6.3.3   Relational-focused interventions

Humankind is comprised of relational beings who interact with others, with self and with God. Spousal rape victims frequently experience relationship difficulties. These problematic relationships not only involve the abusive husband, but also other individuals with whom the spousal rape victim is involved (such as children, parents and friends) and individuals with whom they may interact in the future. Further, the spousal rape victim's relationship with herself may lead to other complex and problematic issues such as low self-esteem, emotional disorders (such as depression and anxiety), personality disorders and behavioural disorders. Cash and Weiner (2006:130) point out that repeated exposure to trauma could lead to negative long-term changes in personality development, structure and individual functioning. The victim's relationship with God could also be negatively impacted to such an extent that she turns her back on her faith.

Relationally focused intervention seeks to answer the question of how maladaptive thoughts, feelings and behaviours have resulted in problematic relationships. McMinn and Campbell (2007:317) note that relational healing often requires one to three years of therapy (and sometimes longer). This illustrates the severity of spousal rape on the victim and the approximate duration of pastoral counselling intervention.

A number of psychological approaches deal with the issue of personality disorders. Object-relation theory is useful for understanding how personality disorders develop. This theory suggests that in a healthy situation, a child, through integration and differentiation, takes on some of the characteristics of his or her caregiver while discarding other undesirable traits. According to Beit-Hallahmi (2010:634), "individual personality is formed through object relation patterns which are set up in early childhood, become stable in later childhood and adolescence, and then are fixed during adult life". Traumatic events in adult life (and more especially, spousal rape) can negatively affect individuals by the lack of trust, anxiety, and aggression.

Another interpersonal approach to counselling is that of family-systems theory. This theory promotes the idea that individuals are best understood in the context of their families. Family members' individual and communal communication,

boundaries, rules, roles and goals therefore influence their particular behaviours and reflect the dynamics and characteristics of the family system as a whole, rather than the individual family member. Family members are inter-related and any change in the system affects the individuals and every other member as well as those outside of the family with whom they interact. Family systems theory also explores the impact of the family on the psychological development of the child within the family system. One of the complications of spousal rape is that it occurs within the context of a family system. This therefore influences interpersonal relationships within the family system, in addition to negatively impacting the victim who is a member of that family system.

The above-mentioned theories show how early childhood development influences the behaviour and beliefs of individuals in adulthood and are useful resources when counselling a spousal rape victim. This influence is well entrenched in the individual and is very difficult to change. A severe traumatic event such as spousal rape is able to highlight many 'blemishes' of childhood and the victim may suffer further negative after-effects due to a pre-existing lack of resilience.

Christianity is a relationally based faith. It is therefore important to explore the healing value of faith with regard to the relational issues of spousal rape. Johnson (2007:583) believes the Christian faith to be a constructive resource, claiming that it "provides a rich metadisciplinary context for understanding human relational development and therapy". It is from this basis that pastoral counsellors are then well positioned to assist individuals who suffering from relational problems with themselves, others and God.

Pastoral counsellors therefore not only deal with problems and schemas, but also to engage more positively with the victim than did other negative and destructive people in her past. The purpose of this relationship is to give the victim an opportunity to become aware of how past variances affect both her present and future relationships. The therapeutic relationship therefore promotes positive behavioural, attitudinal and cognitive changes. When victims get stuck in their previous negative ways of relating to themselves, others and God, their outlook on life is stunted and bleak. The positive counselling relationship between the pastoral counsellor and victim is therefore critical to the positive relational growth of the victim.

Developing rapport and trust with the counsellee is without doubt a vital task of the counsellor. This should be the focus from the outset of the counselling relationship. Issues of boundary setting, empathy, confrontation and interpretation are most important at this level of counselling and possibly assume an even greater role than developing a safe and secure environment for the victim of spousal rape. The following aspects help to bring about relational transformation:

- **Empathy**

One of the six conditions that, according to Carl Rogers (1989:211), are basic to the process of personality change is that therapists should have an empathetic understanding of the client's internal frame of reference and should be able to communicate this to the client. Although pastoral counsellors (especially males) are unable to understand fully the victim's "internal frame of reference", it is necessary for pastoral counsellors to adopt an attitude of sympathy as they "communicate Christ-sympathy to people" (Louw 1999:111). In practical terms, pastoral counsellors engage with the spousal rape victim as a *person* and not a patient. There should be no psychological labelling. Ellens (2007:200) suggests that pastoral counsellors should place themselves inside the psychospiritual frame of reference of the patient or parishioner's pathology.

- **Confrontation**

Confrontation is required at times in pastoral counselling. There are times when inconsistencies and discrepancies come to the fore during the counselling process. It is then incumbent upon the pastoral counsellor, in the interest of relationship development, to confront and address these issues with the victim. The pastoral counsellor must be neither forceful nor judgmental in this instance. The motivation is to confront behaviour and its impact on others, rather than trying to ascertain the victim's intentions. This approach fits very well into the Cognitive Behavioural Therapy model, with regard to behaviour and dysfunctional thoughts.

- **Interpretation**

Interpretation is "connecting current behaviour, feelings and images to previous ones in the client's life" (McMinn & Campbell 2007:376). The role of the pastoral

counsellor is therefore to assist the victim to understand how her past and current behaviour is affecting her existing relationships.

Relational interaction is necessary for interpersonal transformation to occur. The pastoral counsellor assesses and responds differently to the victim than others have in her past. The counselling relationship is a catalyst for the development of positive relational expectations, roles and behaviours in current and future relationships. From a Christian perspective, the victim will function most adaptively when she and the pastoral counsellor treat each other in a manner that honours the God-image in each of them (McMinn & Campbell 2007:382).

Victims are often trapped in their predetermined relational roles. The pastoral counsellor should explore the fact that in family life, new roles and behaviours are required to develop in order to promote relational growth. This aspect of counselling requires sensitivity as well as patience on behalf of the pastoral counsellor and an understanding that family dynamics and characteristics are unique. Past hurts and possible regrets may therefore be brought into conversation. These all need to be investigated, because while not directly linked to spousal rape, they are linked the spousal rape victim's self-perception and sense of safety and trust.

The spousal victim is likely to be highly sensitive when the subject of the perpetrator is brought into conversation. Pastoral counsellors therefore cannot be perceived to be judgmental and should take their cues from the victim in this regard. Much open, honest and non-judgmental discussion is required regarding the future of the counselling relationship and the victim's relationship with the perpetrator. Further, pastoral counsellors cannot impose their belief system upon the victim and should engender a sense of trust, compassion and overall concern for the victim's well-being.

Spousal rape influences the manner in which a victim perceives herself. She may consider herself to be shameful and may therefore have no self-confidence or sense of self-worth. The spousal rape victim therefore has a relational need to recognise herself as being valuable and worthy. This will take a fair amount of time as it is not a matter of convincing, but rather of encouraging the development of real understanding, insight, self-awareness, belief and self-love. It will also require a much exploration in order for the victim to be satisfied that she is a person of substance. One of the most effective tools available to the pastoral counsellor in this regard is the use of the Scriptures, which reinforce God's unconditional love for

humankind and his concern for the downtrodden and disadvantaged (Mt 11:28-30). As the spousal rape victim comes to grips with this fact, she will begin to feel empowered. This will in turn influence the manner in which others engage with her.

The traumatic events which have taken place in the life of the spousal rape victim are life changing. The influence of these events can therefore be profound and on-going. Grief is frequently experienced due to the perceived, threatened or actual loss of personal security, family, friends, hope, self-esteem, self-confidence and innocence, amongst others. The grief process is therefore an appropriate response in this regard and is necessary as a means of encouraging the victim to regain control over her life. Protective factors such as strong social support prior to and subsequent to the trauma could diminish the severity of posttraumatic stress disorder symptoms. Foy et al. (2003:278) indicate that intrinsic religiosity, that is religion as a central focus of life, could serve as a protective factor in reducing the risk of developing PTSD and in moderating the severity of symptoms.

The New Testament church had the mandate to care for the hurting and protect the needy. It was a situation of mutual support. This is still the mandate of the church today and includes the care, support and protection of spousal rape victims. The church should be seen as a safe place in which a victim of spousal rape may develop relationships and where she can be accepted for the person she is. The church should also have support groups geared to women who are experiencing hardships and difficulties. These groups can provide a safe environment in which spousal rape victims can disclose the events of their trauma without fear of misunderstanding, judgment, ridicule or blame. The church should be a place where a victim is free to divulge as much information as she feels comfortable, without pressure. At the same time she will be able to listen to the stories of other women in similar situations. This interaction will enable the victim to find solace and support. There may be instances where spousal rape victims are unable to relate effectively to others. Encouragement from the church and pastoral counsellors is then beneficial. Care should be exercised in order to ensure that the victim does not feel forced into any situation or group. The pastoral counsellor also should ensure that all leaders are well trained and equipped to run a church-based support group, should such a group exist.

Humankind is social in nature and individuals gain much of their development and well-being within the context of community. Peck (1990), a clinical psychologist,

promotes the development of effective communities. He suggests one of the characteristics of community to be that of healing and converting. According to Peck (1990:68), when individuals are in a safe place, they no longer require fear defenses and can therefore dispense of them and move toward health. The early Christian church cared for the poor, the widows and those in need and shared what they possessed. This community approach greatly benefited the evangelistic effectiveness of the church, as new believers understood the imagery of 'body' and 'family' as used in Scripture. Today's church should rediscover the principles of community for the sake of both the church and society as a whole. Solid relationships should be forged between the victim of spousal rape and members of the community and church. This requires that pastoral counsellors initiate support groups which are able to increase opportunities for victims of spousal rape to form new and supportive relationships. Members of the church and community should accept the spousal rape victim in her own right, without having to be informed of the details of her traumatic experiences.

Every church should have stated policies and procedures for the operation of all ministries and projects which are run from the church. Church leaders are required to be pro-active in their efforts to protect women and children. They cannot wait until a situation arises before acting. Well thought out policies and procedures need to be written for the governance of the church. These policies and procedures need to include the issue of spousal rape as it relates to the victim, children, and perpetrator.

CHAPTER 7
TRANSFORMATION AND HEALING

7.1   Introduction

The goal of counselling spousal rape victims is to assist them to move from being a victim, to being a survivor and finally, to being a victor. In my understanding (as described in Chapter 1) a victim is a woman who is at the beginning stages of her healing. At this stage, she is unaware of the severity of her injury, the accompanying reactions, and the stages of recovery that lie ahead. A survivor, on the other hand, is a woman who is on the journey to recovery and reaches a place where she can live a relatively restored life which resembles the one she knew prior to her traumatic experience. The survivor does not ever fully recover from her trauma, but rather finds a way in which to deal with it while continuing to carry her traumatic memories. The survivor becomes a conqueror when she is able to acknowledge that she has grown because of and in spite of her spousal rape trauma. This is the most effective outcome of pastoral counselling.

Psychology is generally concerned with psychopathology. This means that psychology promotes an "illness ideology" which is more directed at the presence of pathology than at how this pathology can be changed. Positive psychology on the other hand, emphasizes personal strengths and abilities. Maddux et al (2004:322) are of the opinion that illness ideology should be replaced with a positive clinical psychology which is grounded in positive psychology's ideology of health, happiness and human strengths.

Positive psychology became a recognized school of thought in 2000, when the then president of the American Psychological Association, Martin Seligman, endorsed it. It has subsequently blossomed. Magyar-Moe (2009:1) defines positive psychology as "the scientific study of optimal human functioning". Positive psychologists are concerned, not only with pathology, but also with balancing the management of weaknesses with the repairing of the worst things in life by building strengths (Magyar-Moe 2009:12). Positive emotions regarding the past, present and future are important. This allows the victim to attend to her immediate experience and to not be distracted by concerns regarding her past or future. The purpose of positive psychology is to complement and extend problem-focused psychology,

which has been criticised for being too focused on mental illness and giving insufficient attention to mental health. It is therefore not viewed as being in opposition to problem-focused psychology. According to Seligman (2003:127) positive psychology consists of three aspects: the pleasant life, the good life and the meaningful life. These will now be discussed briefly:

- **Pleasant life**

The pleasant life gains its perspective from the experience of satisfaction, contentment and pride, which all generate positive and present well-being. Optimism, hope and faith also influence how the present is positively engaged.

- **Good life**

The good life is more concerned with participating in pleasant activities than with emotions. It is more concerned about investing in and forming connections with work, intimate relationships and leisure activities. Individuals are not isolated, but rather have active engagements with people.

- **Meaningful life**

Seligman (2003:127) defines a meaningful life as "the use of your strengths and virtues in the service of something much larger than you are". In this way, individuals gain a sense of belonging to a larger group, cause, or institution and enhance their sense of self-worth and life purpose. Positive psychology is therefore not concerned with instant gratification, but rather obtaining happiness through giving.

The psychological assessments, treatments and interventions employed within the framework of positive psychology do not differ significantly from those of traditional psychology, but rather emphasise an evaluation of an individual's unique strengths and assets. There are three possible cognitive outcomes from a traumatic event such as spousal rape. Firstly, there is assimilation, where the victim's attempts to return to their way of life prior to traumatic the incident. This requires the victim to modify their existing security structures in an attempt to prevent the incident from re occurring. It frequently causes the victim to experience a sense of vulnerability and constantly being on guard against another possible future attack. The second cognitive outcome is that of negative accommodation. Negative accommodation leads to pathology that is depression, helplessness and other recognised

psychological disorders. The third outcome is that of positive accommodation. This is known as posttraumatic growth (PTG). According to Joseph and Linley (2008:14), accommodation of new trauma information will change the personality schema. This manifests in either some form of psychopathology, or in posttraumatic growth, depending on whether the information is negatively or positively accommodated.

Posttraumatic growth (PTG) therefore refers to positive psychological change which is experienced as a result of the struggle with highly challenging life circumstances. Posttraumatic growth is not simply a return to the pre-trauma baseline. Rather, it is an experience of improvement and is deeply profound for some. In other words, posttraumatic growth is the "post event adaptation that exceeds pre-event levels of functioning" (Morland et.al. 2008:57).

Growth does not occur as a direct result of trauma. It occurs as a result of an individual's struggle with their new reality in the aftermath of trauma. This is crucial when determining the extent to which posttraumatic growth occurs. Tedeschi and Calhoun (2004:408) emphasise that traumatic events produce attempts to cope. The struggle in the aftermath of the trauma and not the trauma itself produces posttraumatic growth. The study of Joseph and Linley (2006:1041), amongst others, has shown that stressful and traumatic events can lead to personal growth and positive change. These positive changes include a greater appreciation of life, a changed sense of priorities, more intimate relationships, a greater sense of personal strength, self-reliance, the recognition of new possibilities or paths for one's life and spiritual development. Posttraumatic growth is usually characterised by the attainment of a clearer meaning and purpose in life, a closer connection with others, a greater sense of personal strength and self-reliance, as a result of confronting a difficult life event. Joseph and Linley (2008a:33) emphasise that posttraumatic growth is not subjective well-being. They put it as follows: "The concept of growth is concerned with issues of meaning, personality schema's, and relationships, all aspects of psychological well-being, rather than with positive and negative effect, or life satisfaction, which make up subjective well-being" (Joseph and Linley 2008a:33).

Posttraumatic growth does not ignore the negative consequences of a traumatic event. The goal of posttraumatic growth is not merely to promote growth, but also to help lessen the experience of posttraumatic stress. Christopher (2004:92) elaborates as follows on this goal: "Therefore, if the clinical goal of trauma treatment is to facilitate PTG rather than simply minimizing symptoms, as this perspective

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suggests it should be, pharmacological intervention should be used very sparingly in the case of trauma exposure. Instead, the focus should be on assisting the patient to develop the metacognitive reconfiguration of schema needed to turn anxiety into meaning". For this reason, pastoral counsellors should not focus solely on issues relating to posttraumatic stress, but also on the available growth opportunities.

Tedeschi and Calhoun (1996:468) developed the instrument, *Posttraumatic growth inventory,* and discovered that women generally have a more positive outcome after trauma than do men. This encourages pastoral counsellors to actively engage with spousal rape victims with regard to possible positive growth opportunities which may arise as a result of their traumatic experience.

Research into posttraumatic growth does not diminish the need for the study of the pathology of posttraumatic stress. The fact is that distress and growth can coexist. Morland et al. (2008:51) explain it as follows: "The seeming paradox of the coexistence of distress and growth is less problematic when one considers that the experience of a highly stressful or traumatic event is a necessary precondition for growth". This statement has implications for the growth of the spousal rape victim in a number of different areas. The pastoral counselling process can be more effective if the pastoral counsellor keeps a balance between the distress of posttraumatic stress and possible growth opportunities. Pastoral counsellors should address the spousal rape victim's symptoms of trauma and maladaptive coping strategies before they can expect to see any growth in the victim.

Pastoral counsellors can facilitate posttraumatic growth by listening carefully for instances where the spousal rape victim demonstrates signs of strength before, during and/or after the spousal rape incident. They are then able to point out, support and encourage these strengths. Trauma survivors should be encouraged to place all experiences within a developmental framework which supplements standard cognitive-behavioural therapies (Lyons 2008: 253). Morland et al. (2008:55) suggest psychotherapeutic treatment for those unable to recognise either benefits or growth. This treatment should aim at reducing emotional distress through the development of the spousal rape victim's active coping skills and the use of cognitive behavioural therapy to identify and challenge distorted thought processes.

Posttraumatic growth not only concerns the emotion of well-being. Tedeschi et al. (2007:399) explain it as follows: "PTG [posttraumatic growth] involves internal changes that can set the stage for changed behavior". Posttraumatic growth does

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not take place in the absence of negative outcomes as a result of the traumatic event, but in both negative and positive experiences subsequent to the traumatic event. Posttraumatic growth takes place in three general areas:

- **Sense of self**

According to Tedeschi and Calhoun (2010:228), some individuals experience an increased sense of personal strength, changed priorities, altered life paths and an increased appreciation for life and existence subsequent to experiencing a traumatic event.

- **Relationships**

The victim's interpersonal relationships with family, friends and others who are suffering also improve (Tedeschi and Calhoun 2010:229). Victims transform their traumas into efforts to spearhead social change movements and develop greater compassion for others (Tedeschi et al 2007:401).

- **Spirituality**

In a broad understanding of spirituality, the victims reformulate their beliefs and this forces a re-examination of their assumptive world, in order to bring it into line with what they have experienced. In a narrower understanding of spirituality, as covered below, a more meaningful spiritual life is experienced (Tedeschi et al 2007).

- **Meaning**

The victims discover their own personal meaning for a situation which involved unavoidable suffering and where a general discovery of meaning through actions was simply not possible. Frankel (2006) did not regard actions as somehow superior to the fulfilment of meaning through "attitudes" or "experiential" values.

The findings of studies on sexual assault and posttraumatic growth (Frazier & Berman 2008) can be related to the focus of this study, namely spousal rape. The following findings from a study by Frazier & Berman (2008:164) are pertinent. The development of posttraumatic growth in victims of sexual assault did not take a long time to develop and victims reported "at least one positive life change". Those victims who demonstrated the lowest levels of depression and PTSD twelve months after the sexual assault were those who reported positive life changes at two weeks

after the assault, and maintained those changes over time. Survivors who reported the highest levels of depression and PTSD were those who "never reported positive life changes" (Frazier & Berman 2008:169). This suggests that pastoral counsellors can assist the spousal rape victim if they listen for posttraumatic growth, even shortly after the traumatic event. The pastoral counsellor may further assist the victim, by encouraging her to reframe her traumatic events or to "find or create benefits out of traumatic events" (Frazier & Berman 2008:175).

A negative consequence of focusing solely on psychological treatment for the spousal rape victim is that other aspects of the victim's experience are ignored. Her inner strength, faith and social and familial support systems are sometimes not considered. According to Briggs et al. (2012:80) pathologising normal trauma reactions has the potential to reduce the resilience of the trauma victim and promote a stigma associated with psychiatric diagnoses. Lamb (1999:111) is of the opinion that victims are prevented from growing and coping when they are diagnosed with Posttraumatic Stress Disorder. According to him, treating the victim symptomatically results in the strong notion of her being "damaged goods". Long term therapy is usually employed to treat individuals who have been diagnosed with PTSD. This implies that the spousal rape victim is not expected to recover within a short period of time. Lamb (1999:114) therefore blames the victim's extended suffering on professional therapeutic intervention.

Even in the face of a traumatic event such as spousal rape, the victim's resilience factors should be identified and tapped into. Keane & Miller (2012:57) define resilience "as a multivariate concept that covers genetic, psychobiological, cognitive, emotional, behavioral, cultural, and social components" (cf. Friedman 2011:5; Okasha 2011:273; Salehinezhad 2012:476; King et al 2012: 336;). The key factors of resilience include the ability to recover from stressful situation quickly, a sense of family support and a sense of social connectedness. Therefore the spousal rape victim's personal beliefs, social and familial support systems and available resources all influence her resilience. There are a number of factors that influence resilience: intelligence, temperament, the quality of family relationships, the existence of external support from other persons, age, gender, self-enchantment bias and ethnic minority status (see Okasha 2011:273; King et al. 2012:337).

Resilience is an interactive concept and is differentiated from positive mental health (see Herrman 2011:80). In addition, resilience is distinguished from

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Posttraumatic Growth because resilience is related to the lack of change in functioning while Posttraumatic Growth denotes an improvement and positive change in personal characteristics (see Okasha 2011:273). Lilienfeld (2009), while sceptical concerning positive psychology, did suggest "a better understanding of resilience and the factors that buffer people from developing psychopathology in the face of stressors will prove to be among positive psychology's more enduring - and valuable - contributions".

One of the key of ways minimising psychopathology with regard to traumatic events is by the fostering of resilience factors (see March et al. 2011:270). Therefore, prior to the onset of traumatic events the church and pastoral counsellors can greatly influence the resilience of their members and community by addressing issues of personal growth, healthy family life and cohesive communities.

Psychological research demonstrates a connection between religion, posttraumatic stress and posttraumatic growth (see Keener 2007). According to Tedeschi and Colhoun (2010:228), this connection is beneficial because posttraumatic growth is commonly reported in the spiritual and existential domains. One of the reasons which could account for this is that religious beliefs offer a useful framework from which meaning and strength may be gained. This is the view of a number of studies (see Joseph & Linley 2006; McGrath 2008; Loewenthal 2010; DeMarinis 2010). Religion, religious beliefs, and religious believers all differ greatly. In addition, the degree to which people are religious and the way in which they express their religiosity vary from person to person. It is therefore necessary to understand the various recognised religious orientations (cf. Hood et al 2009:411). They are the following:

- **Quest religious orientation**

This religious outlook is open-ended and assumes that there is not only one way to God. Baston and Schoenrade (1991:430) explain, "Religion, as quest, involves openly facing complex, existential questions (questions of life's meaning, of death, and of relations with others) and resisting clear-cut, pat answers". Quest orientation then describes individuals who have questions concerning matters of religion and therefore are not committed to any particular religion. While this religious orientation falls outside of the scope of this study, it is important to note that it has positive and negative implications for posttraumatic growth. The readiness to face existential

questions and openness to religious change is considered to be positive. The lack of a strong faith in God is however considered to be negative (Shaw 2003:8).

Allport and Ross (1967) developed a theory of *religious orientation*. Their research considered the internal motivation for religiosity as well as the external motivation which meant the external receiving of rewards. The differences are known as Intrinsic and Extrinsic Religious Orientation respectively.

- **Extrinsic religious orientation**

Those who align themselves to this religious orientation may identify themselves with a particular religion; however their level of commitment to this religion is low. According to Whitley and Kite (2009:257), people with an extrinsic religious orientation, "use religion as a way to gain nonreligious goals". Individuals, who hold to this view, give little attention to religious teaching and they align themselves with the worldview of society. They therefore use their religion for their own ends, whether this is social interaction, self-justification or other personal needs. Allport and Ross (1967:434) identify those with this religious orientation as being those who "turn to God, but without turning away from self".

- **Intrinsic religious orientation**

Intrinsic religious orientation can be found in believers who have a deep faith and a personal relationship with God. Allport and Ross (1996:434) emphasise that these Christians believe for the sake of their faith and try to live in accordance with Christian teachings (cf. Whitley & Kite 2009). They regard their faith as having ultimate significance and are willing to sacrifice their own needs for the sake of their faith. According to Kahoe 1985:410), "having embraced a creed, the individual endeavours to internalize it and follow it fully". She notes that men with this orientation are tender-minded, dependent and sensitive, while women with this orientation present as conscientious, persevering and rule-bound. Kahoe (1985:411) also found that both the men and women in the research study had significant correlation with being "venturesome, socially bold, uninhibited, and spontaneous". With regard to posttraumatic growth Richards and Bergin (2005:220) note that "religious intrinsicness or devoutness has usually been found to be associated with better physical health, social adjustment, and emotional well-being". In terms of the three posttraumatic growth orientations, Shaw et al. (2005:7) explain:

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Although religious participation per se seems to have some benefit, perhaps because it may lead to increased social support, what seems to be most important are the more intrinsic aspects of religiosity and spirituality because of the sense of meaning, purpose, and coherence that these may provide for people. It is these aspects that can develop following trauma and which in turn can help people to grow.

While it would seem that Christians, who had hold to an intrinsic view of their faith are most likely to experience posttraumatic growth as a result of their traumatic event, it ultimately depends upon the individual's unique outlook on life and his/her perception of the traumatic event.

- **Negative view**

If the spousal rape victim has interpreted the traumatic event in a negative manner, it may result in her core religious beliefs being threatened and her experiencing doubt. The victim could feel as though she has been abandoned by God and that God is no longer trustworthy, or even exists. Nevertheless, this does not mean that posttraumatic growth cannot result in such situation. Mahoney et.al (2008:118) believe that individuals who have experienced trauma also suffer spiritually. However the same trauma and struggles can also contribute to long-term psychological and spiritual growth, depending on their individual perceptions.

- **Positive view**

If the spousal rape victim perceives God as loving and supportive, then her relationship with God will remain secure. She believes that God is with her in her struggles and wants to assist her. Mahoney et.al. (2008:105) note that victims often believe they have experienced the most psychological, social and spiritual growth when they have engaged in spiritual disciplines, connected to supportive fellow believers, and have an on-going relationship with God.

The pastoral counsellor has an opportunity to assist the spousal rape victim to develop posttraumatic growth by assessing her spiritual frame of reference. This will include any particular spiritual struggles she may be experiencing because of the

trauma. The pastoral counsellor may also identify adaptive spiritual coping methods that the victim may have previously applied in order to cope with trauma.

This study develops an integrative approach to pastoral counselling with a spousal rape victim. This integrative approach commences from the moment the pastoral counsellor is made aware of the woman's situation and addresses her immediate requirements at that time. It considers the psychological symptoms related to posttraumatic stress and how the pastoral counsellors deal with these symptoms. It also considers the challenges and threats to the spousal rape victim's world view and schema (which include a possible 'faith crisis'). The integrative approach works through the victim's various relationships and even her relationship with the pastoral counsellor. Pastoral counsellors are exposed to some risks as they work with victims of spousal rape. This chapter explores what is needed for a spousal rape victim to develop from being a victim to being victorious especially with regard to her spirituality.

7.2   Spirituality in integrative pastoral counselling

The insights of this study with regard to spirituality, the role of Scripture, and the limitations of existing counselling models are applied to the integrative counselling model. The aim is the transformation and healing of women who were traumatised by spousal rape. Positive psychology is useful in the quest for women who have been raped by their husbands to not only become functional human beings again, but to also be happy and fulfilled members of society. This not only means that the schema of "victim" should be altered, but also their sense of self and general feelings of well-being. This will enable them to become victors in spite of, and even in some instances, because of, their traumatic experience. Studies in posttraumatic growth have indicated that some people who have experienced traumatic incidents demonstrate psychological, social and spiritual growth as they struggle with the aftermath of the traumatic event (see Linley & Joseph 2004; Magyar-Moe 2009). Pastoral counsellors can use the powerful resource of faith in their approach to healing. They are not limited to the use of psychological intervention techniques.

I align myself to the traditions and beliefs of Conservative Evangelicalism, therefore this study was developed on the premise that the teaching of the Christian faith is the exclusive truth and that the God of the Christian faith is the only God.

Christianity is therefore not merely a religion among others, but rather is the only means by which to have access to the one God. A pastoral counsellor is this tradition therefore seeks to apply the truth of the Scriptures and the resources of faith to guide the transformation from spousal rape victim to victor through the work and person of Jesus Christ.

Though the subject of theodicy was dealt with earlier, it is now necessary to focus specifically on its role in and relevance to the growth of the traumatised person.

7.3   Overcoming suffering

7.3.1   Introduction

In a broad sense, suffering is bearing of pain, either physically or emotionally. Cooper-White (2012:25) for healing to take place, the relationship between pain and suffering should be understood. Pain occurs due to hurt which an individual has experienced and which occupies the inner being of that individual. In order for healing to begin, pain should come to expression. The expression of pain is called suffering. Suffering has an element of time to it: what has happened, what is happening and what is going to happen. The manner in which suffering is addressed will influence this "suffering-time" relationship.

In contemporary society and in the church of today pain and suffering are generally thought of as something to be avoided. The Scriptures record that Jesus suffered and that humankind benefited from his suffering. Feminists also see Jesus as the redeemer of women in this regard (see Reuther 1998).

Evangelicals connect the suffering of Jesus with the doctrine of substitutionary atonement (Carson 2004). Hebrews (2:10) articulate the value of Jesus' suffering as follows: "In bringing many sons to glory, it was fitting that God, for whom and through whom everything exists, should make the author of their salvation perfect through suffering". Jesus suffered not only at His passion, but also throughout His life. The issue of Jesus' perfection as both man and God is not in question in this passage. Marshall (2008:26) explains that while Jesus was perfect, He still experienced human suffering. Jesus is therefore fully qualified to be the Saviour of humankind. This is due to the fact that His suffering became the means of humankind's salvation.

Jesus is able to fully identify with all who suffer, due to the fact that He himself endured suffering.

The Scriptures also speak much of the suffering of the saints. While it may be difficult to understand why the saints suffered as they did, the Scriptures focus on how they dealt with the suffering they endured. Their suffering was not only that of persecution and the threat of death, but also included various kinds of trials that saw them being excluded from their families, losing their jobs, being mocked and generally being ill-treated. In most cases, the saints suffered these hardships as a direct result of their confession of the Christian faith. In some cases, the suffering of God's people was a test to prove their faithfulness (Job) or related to their discipline. Hebrews (12:7) encourages Christ's followers to "endure hardship as discipline". Bridges (2006:228) comments regarding this passage that hardship as a discipline "is imposed on us by God as a means of spiritual growth". The Scriptures teach believers how they should deal with hardships irrespective of their reason for suffering which is often unknown to them. The Scriptures also give insight either into the growth that is possible as a result of and in spite of suffering, however. According to Marshall (2008:3), suffering can be positive when the sufferers perceives themselves as having gained something valuable subsequent to, and as a result of, their suffering. The apostle Paul, who was no stranger to suffering, expressed his struggles and triumphs, as well as their positive outcomes. He also taught about how to deal with suffering and the growth that is able to come from it.

Growth through suffering cannot be comprehended until there is a belief that God is sovereign. According to Norman (2009:249) "God is ultimately in control of every event that occurs upon the earth". The believer may not know where the difficult circumstances originated with human evil, Satan, God, or the mistakes of the person him or herself but can see suffering as an ultimate opportunity for God to bring glory to God-self. The Westminster Shorter Catechism which was written in1640 echoes the belief "that the chief aim of man is to glory God and enjoy Him forever" (see Hee 2002:1). This enables suffering to be seen as ultimately beneficial to the person.

The apostle Peter is even more explicit concerning suffering when he declares that suffering is a blessing: "But even if you should suffer for what is right, you are blessed" (1 Pet 3:14). Scripture indicates that suffering results in the following gains:

- **Sanctification** `

Sanctification is the process by which God makes the believer progressively more holy. According to Carson (1990:70), the primary form of suffering in the Bible is that which is imposed by God and is therefore unique to God's people. Stott (2006:308, 309) develops the idea of God using suffering as a means of sanctifying believers. He highlights three Biblical metaphors: Firstly, that of a father disciplining his children; secondly, that of a metalworker refining a piece of metal, and thirdly, that of a gardener pruning his vine. Suffering is a form of discipline which encourages the believer to become obedient to the Heavenly Father. Other Scriptural passages echo this idea of a loving father disciplining His children in their best interest (1Cor 11:28-32; 5:1-5, Heb 5:5-1). Hebrews (12:11) states: "All discipline for the moment seems not to be joyful, but sorrowful; yet to those who have been trained by it, afterwards it yields the peaceful fruit of righteousness". Suffering through discipline not only develops sanctification, but also reinforces that believer are true children of God. God loves them enough to discipline them (Heb 12:8). Almy (2000:59) explains sanctification as follows:

> Sanctification in an ongoing process of change is the life of the believer. It is the psychotherapists' role to assist victims to develop self-mastery over their problems, and there are times when this is necessary. However, the work of sanctification is God's progressive work in the believer. Therefore, sanctification is not dependent upon the believer's self-empowerment, self-actualization or self-cure.

- **Refining faith**

Scripture makes use of the metaphor of a refiner's fire, through which God refines the faith of God's people. In the Old Testament (Isa 1:25; Jer 6:27-30; Eze 22:18-22; Ps 66:10) this refining process led the people of God to positively change their thinking and their behaviour. In the New Testament, the apostle Peter (1 Pet 1:6-7) also uses the imagery of the refiner's "fire of affliction" for the lives of believers. According to Stibb & Walls (1983:78), the image of the metal gold in the above passage is used to signify the value of this commodity as compared to others. In God's sight, the faith of the believer is of even greater value. God therefore makes use of refining trials in order to demonstrate the existence of true faith. The gain for

the believer is that their faith is proved genuine when they have endured the adversity of refinement.

- **Humility**

Humility is often associated with self-deprecation, humiliation and inferiority. For the spousal rape victim, these may be the dominant characteristics of her sense of self. According to Reid (1995:469), the humility of Jesus is illustrative of the transformation that takes place in the life of the believer. Jesus' humility does not fit the above description of humility. Jesus was certainly of humble origins, but He was never without authority and dignity. Crosby's (2011:40) understands humility in the Bible as abandoning one's own sense of control and anxiety and having a fully confident faith in God. The apostle Paul (2Cor 12:10b) states "For when I am weak, then I am strong", with reference to his "thorn in the flesh". When believers endure suffering, God is their source of strength. This was demonstrated in the person and deeds of Jesus. He relied completely on God and the Spirit. Jesus, through the empowerment of the Holy Spirit, was able to display God's glory in His humility. According to Burridge (2007:97), believers should be ready to imitate Jesus in this respect. Pui-Lan (2005:547) also considers an attitude of humility, amongst others, to be necessary in order for Christian spirituality to be "enlivened and rejuvenated".

- **Dependence on God**

At times, through suffering, believers learn to trust in God's ability, power and provision instead of their own strength. In his Letter to the Philippians (3:8) the apostle Paul uses strong language to explain his previous dependence upon things and his new-found dependence upon God.

The spousal rape victim could experience this dependence upon God, particularly if all other resources have been depleted. Heitritter and Vought (2006:126) state the following in their work about counselling victims of sexual abuse: "Accepting one's powerlessness lays a foundation for restorative dependence on God, and the movement toward healing begins with restoration of personal worth". In a bizarre way, this implies that powerless spousal rape victims are more able to rely upon God than are believers who are not powerless. Secondly, the transfer of reliance to God is the foundational source from which the spousal rape victim could gain a sense of personal worth (Heitritter and Vought 2006:126). When

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believers have either given up all to gain knowledge of Christ (Phil 3:8), or have had everything taken away from them, at times violently, they are more able to fully depend upon God and thereby gain something of true value.

- **Perseverance**

Suffering is linked to perseverance in a number of Scriptural passages (Rom 5:3-4, James 1:2-4). In Hebrews 12:1, the believer is encouraged to "run with perseverance the race marked out for us". The danger is that this can lead to "humanistic self-reliance" (Field 1995:657). Believers can attempt to persevere through difficulty by relying on their own strength and resources. Believers should therefore rather learn to persevere through spiritual lethargy (Field 1995:657). The spousal rape victim is to rely upon God and to persevere in her relationship with God.

- **Identification with Christ**

In Romans 8:17 the apostle Paul claims that believers are heirs of God and co-heirs with Christ because they are God's children. The word "heir" refers to the position of privilege the believer occupies as a member of God's "family". According to Morris (1988:317), the term "heir" denotes full possession of son-ship, not so much in the sense of ownership, but rather in relationship. Heir-ship appears to be validated by suffering. According to Marshall (2008:33), suffering was a means by which Paul could identify with Christ (2Cor 4:10). If believers are to be co-heirs with Christ, then they should be prepared to identify with Him in His suffering. The believer's suffering is therefore not without value.

- **Comforting others**

Believers are often able to minister to others at times as a direct result of their own suffering. It is not merely the common experience of suffering that qualifies believers to minister to others. Rather, it is the comfort believers received during their own suffering that makes it possible for them to comfort others. Hauerwas (2004:88) quotes one of his readers who felt that suffering was not the primary function of a Christian. A believer should learn to bear suffering patiently. This benefits not only the believer, but also those with whom he or she comes into contact and who are seeking comfort. Pastoral counsellors should not force a teleological pattern onto a spousal rape victim during the counselling process. The spousal rape victim should

be sufficiently healed and willing, before she is ready to assist others. Failure to achieve this goal would be destructive to all parties involved. Nevertheless, the "wounded helper" is best able to assist other wounded persons (2Cor:1:3-5). This assistance is accompanied by the promise that the God of all comfort will not only comfort the spousal rape victim, but also enable her to use her suffering for a higher good. The victim will therefore be enabled to allocate meaning to her suffering and view it from an alternative perspective of value.

- **Joy**

A number of Scriptural passages link suffering to joy (1Pe 4:13-19; Acts 5:41-42; Matt 5:11-14). The apostle Paul (2Cor 12:10) expresses joy in his "in weaknesses, in insults, in hardships, in persecutions, in difficulties". His joy lies in his relationship with God and is not determined by circumstances. The concept of Biblical joy being linked to suffering (1Pe 4:13-19) is foreign to human society and frequently even to believers, because it seems nonsensical and paradoxical to experience joy while suffering. This subject has intrigued ancient and modern theologians alike. Moltmann (2002:17) explains that one is able to joyfully acknowledge and accept one's circumstances while suffering, because of the believer's expectation and hope. Joy is therefore experienced as a result of viewing one's suffering in the context of faith.

- **Confirmation of faith**

According to Piper (1995:347), one of the major outcomes for believers who suffer is that their faith can become more fully developed and strong. Carson (1990:79) states emphatically that faith is not fully developed until it is tested by suffering. The positive outcome of suffering is that the believer's faith is proven to be genuine. This has implications for the believer's spirituality.

- **Hope**

The Scriptural concept of hope is grounded in future certainty. Jürgen Moltmann (2002) has developed a theology of hope. He sees hope as an expectation of the promises of God that are believed by faith. Hope therefore differs from positive thinking in that it rests upon a reliable external source – God. Hope is connected to the future and is directed by what is invisible. There is a close relationship between hope and faith. According to Moltmann (2002:6), faith is obviously central to the

Christian life, but hope is of equal importance. Without faith, hope is an ungrounded ideal. Hope finds its true meaning in Christ and His future.

Christian hope has distinguishing features that differ from that of utopian hope. Firstly, Christian hope is strongly connected to suffering. The apostle Paul (Rom 5:3) explains that hope is developed through suffering. To possess hope does not signify the end of hardships, or the escape from difficulties. Rather, it means that comfort and strength will be derived from God's promise of having overcome the world and its suffering. Moltmann (2002:7) elaborates as follows on this idea: "Christian hope finds in Christ not only a consolation *in* suffering, but also the protest of the divine promise *against* suffering". According to Moltamnn (2002:7), presumption, despair and acquiescence are the enemies of hope. Presumption results from the past, which the individual cannot change and despair results from concern about the future, which the individual is again powerless to control. Acquiescence is however the most damaging to hope, because the present is approached with passivity. If the pastoral counsellor is able to identify the elements opposing the hope and ultimately the faith of the spousal rape victim, then steps can be taken to rectify the problem. The spousal rape victim will then be able to understand and experience hope and rely on the trustworthy promises of God. De Villiers (2005:3) notes that victims can development a learned hopelessness if the pastoral counsellor is ineffective. Pastoral counsellors should realise the enormity of the impact they have on people's spiritual growth and psychological well-being. The role of the pastoral counsellor is that of an agent of hope (Capps 2001), who encourages the development of the spousal rape victim's patience and trust and allows her to feel safe and contained. Then personal growth can take place. Patience is necessary to keep hope alive. One of the definitions of patience is "quiet, steady perseverance" (Dictionary.com. 2011). In order persevere people who seek help require a solid, long term counselling relationship. Secondly, trust contains an element of confident expectation. This implies that trust and hope are connected to the future. The consistency and reliability of the pastoral counsellor will instill a sense of trust in the spousal rape victim. This trust extends to counselling confidentiality and should be directed by the one in whom the pastoral counsellor trusts, namely God. According to Donald Capps (2001:161-162), hope is instilled when one sees the repetitive and continued faithfulness of God, despite the fact that not most or all of one's desires are met.

- **Wisdom**

In order to experience happiness, wisdom is required and in order to acquire wisdom, suffering is necessary (Kreeft and Tacelli 2010:54). Wisdom is insight gained through suffering, which in turn helps people to deal effectively with suffering. However, wisdom is not automatically gained from suffering. It can also not be obtained from the personal strength of a victim (cf. McArthur 1995:148).

The idea of wisdom resulting from suffering is not new. Hogan (1984:43), in his commentary of Greek tragedies, notes that Aeschylus used the term "learning through suffering" and that "wisdom from suffering seems more honored in word than action". The apostle James (1:5) seems to take a different view to this and encourages his readers to seek wisdom in the light of the trials they are facing. This wisdom will "enable them to discern God's purpose in times of testing" (Sailhamer 1995: 897).

- **Suffering broadens ministry**

According to Marshall (2008:34) the suffering of the apostle Paul's suffering had a direct positive effect on others and their faith in God. The apostle Paul himself put it as follows: "Death is at work in us, but life is at work in you" (2Cor 4:12). This implies that his sacrifice for the ministry had borne spiritual fruit in the development of other believers. Piper (2007), in his address to the students at Wheaton College, encouraged them, "We don't kill to extend our cause but we die to extend our cause". The call is then for believers to be prepared to suffer for the furtherance of God's Kingdom. Christians will affect their churches and wider communities by being willing to suffer for Christ and by demonstrating their ability to endure such suffering. This is great gain and gives benefit to the concept of the "wounded healer".

Suffering therefore has meaning, value and purpose and believers can expect to encounter it on their spiritual journey. This expectation is expressed by different people in the Scriptures, Jesus (Matt. 10:22), Paul (Acts 14:21-22; Phil. 1:29-30; 2 Tim. 3:12) and Peter (1 Pe 4:12-13). This does not imply that the believer should seek out and deliberately create suffering. Suffering in and of itself has no value. Correspondingly, believers need not try and avoid suffering at all costs. They could try and avoiding suffering, as Jesus did in the Garden of Gethsemane (Lk 22:42), but like Jesus, they should also be prepared to endure suffering in accordance with God's will.

It is important to note that suffering does not automatically result in a positive outcome for the believer. It has the ability to either destroy or develop the believer's faith and it is for this reason that the pastoral counsellor should gently guide, direct, encourage (and at times) teach the truths of Scripture to the spousal rape victim. This will encourage the victim's faith to mature and she will be able to integrate her scriptural knowledge with her personal experience. Believers should not to be taken by surprise when suffering occurs. This honest motives and an attitude of courage suffering, which is part of life, can be faced in faith.

7.3.2 Imitating Jesus

Imitation can be understood as mimicking the behaviour and mannerisms of another. While there are dangers associated with imitating others, Richard Burridge (2007) suggests that there is value to imitating Jesus. He comments that the purpose of the gospel is to invite persons to imitate the "words and deeds" of Jesus. The central thesis of his book, *Imitating Jesus,* is that, "according to the biographical hypothesis, the genre of the gospels means taking Jesus' deeds as seriously as his words - or even more so" (Burridge 2007:179). The call to be imitators of Jesus is not only made throughout the four gospels (each author emphasises different aspects of imitating Jesus), but also by the apostle Paul (1 Cor 11:1). This is a call to discipleship and following Jesus within the context of a community of learners. The believer is called to imitate the humility of Jesus, His love and concern for others and the self-giving that was so evident in His life and teachings. Burridge (2007:220) explains it as follows: "Matthew's Christology is constantly concerned to depict Jesus as the truly righteous interpreter of the law in all his teaching, especially ethics, as well as in his deeds". Watson (2010:336) also emphasizes that the gospel message not only contains explicit ethical instruction, but also focuses on Jesus' praiseworthy deeds. Jesus is presented as the friend of sinners throughout the Bible. This translates into a community of acceptance and love. The spousal rape victim has access to this loving community of Jesus, who is able to "be Jesus to her" in every loving way. The pastoral counsellor is also a member of this church community and should be "imitating Jesus" when engaging with the spousal rape victim.

However, Jonathan Draper (2009:2) emphasises that there should also be an aspect of justice in the imitation of Jesus, as love and justice cannot be separated. He links justice to theodicy and notes that, if God loves, God cannot allow believers

to suffer to no end. Justice will consequently be meted out in society. It is especially encouraging for the spousal rape victim to know that God will ensure that justice is obtained. She can confidently rely on this with certainty. The idea of justice can also empower her to utilise the appropriate legal channels and resources available to her.

Some Biblical authors and more particularly Luke, emphasise that Jesus was empowered by the Holy Spirit. His miraculous deeds were made possible because of this empowerment. Believers are only able to imitate Jesus if they rely on the power of the Holy Spirit. In other words, the believer who is filled with the Holy Spirit will live a life that imitates Jesus. Spousal rape victims who are empowered by the Holy Spirit are also enabled to imitate Jesus in terms of forgiving like Jesus forgave, experiencing joy as Jesus did and having intimacy with God and others as Jesus did. The ministry of the Holy Spirit is manifest in the person of Jesus. The spousal rape victim is able to live a victorious life through the comfort and enabling power of the Holy Spirit.

7.4   Overcoming the abuse of power

The issue of the abuse of power is critical to any discussion on spousal rape. Power is a complex phenomenon where individual, social, institutional and religious aspects are relevant. The philosopher who is best known for his work on power is Michael Foucault. According to Mills (2003:34), Foucault focuses more on resistance to the presence of power than on the oppression of the masses. Foucault (1990:38) uses the term "power relations" as a means of explaining the manner in which power relationships exist and present in the areas of family, institutions or administration. In other words, Foucault examines the way in which power relations function in day-to-day relationships between people, and also in how people relate to institutions. The institution of marriage will then also be relevant in this regard. Practical theologian James Poling (1991:24) also focuses on the relational aspect of power and notes the danger of thinking that power is to have "a one-way effect on others".

A woman who is the victim of power abuse in her marriage can only afford to resist if she has access to emotional, physical or material resources. In many cases however, these resources are not available and she has no other option than to desist from resistance. Many abusive men isolate their spouses from friends and family and perpetrate various forms of abuse – emotional, financial, physical and sexual in conjunction. This lowers the woman's ability to resist the abuse even more.

According to Poling (1991:133), the abuse of power raises a theological problem. From a Christian perspective, power emanates from God who delegates it to individuals in the form of authority or office (Eph 1:19). He also emphasizes that sin causes suffering and this leads to the abuse and distortion of power in individuals and societies (see Poling 1991:133). God-given power should be utilised and implemented with caution. In Mark 10:42-45, Jesus says that true power is found in servanthood. In 2 Corinthans 12:9 Paul equates weakness with power. "I [Paul] will all the more gladly boast of my weaknesses, that the power of Christ may rest upon me". For Christians, power should not be about domination or oppression, nor should it be about resistance and struggle. This constitutes a distorted perspective on power.

The victim of spousal rape can be comforted by the knowledge that biblical references to suffering do not only relate to persecution, but also to various forms of struggles, such as difficulties, hardships and traumatic events (James 1:2). Brueggemann (1984:51, 52) demonstrates how the book of Psalms, and more especially the lament psalms, could be of value to people who suffer. The Christian community has often ignored these Psalms because, says Brueggermann (1984:51), their faith does not seek to acknowledge or embrace anything negative. This has resulted in worship and even faith speech that avoid any form of negativity which could be perceived as a lack of faith in God. However, quite the opposite is true. The lament psalms indicate that such experiences have a significant place before the sovereign God. Brueggermann (1984:52) elaborates that everything should be brought to God "who is the final reference for all of life". The normalising of negative experiences, the verbal expression of such experiences in the Christian community and the liberty to corporately bring them before God, will be of great significance to the spousal rape victim and will bring her into communion with God and others. For Hauerwas (2004:82) the lament Psalms create word pictures for the expression of silent suffering. They not only provide an opportunity for cathartic release, but also for sharing one's suffering with supportive co-worshippers. The victim is therefore able to acknowledge the injustice of the event with others. This is not always an easy task, however. It requires raw honesty before God and a willingness to face the emotion of the traumatic event in public – even if the details of the event itself are not made known.

One of the most effective ways for a victim to recover and grow beyond who she previously was is to have someone who can relate to the difficulties she is currently experiencing. No human person can fully relate to her feelings and experience. However, there is One who knows every detail, every thought and feeling. That person is Jesus. He not only knows intellectually, but also experientially. This is because He suffered trauma, mocking (cf. Mat 27:29; Mark 15:32; Luke 22:63), injustice (Acts 8:33) and a traumatic death (Phil 2:8). The author of Hebrews puts it as follows (Heb 4:15): "For we do not have a high priest who is unable to empathize with our weaknesses, but we have one who has been tempted in every way, just as we are".

It is not the intent of this study to suggest that spousal rape falls within the will of God. No one knows the mind of God and one can therefore not speculate. Peter writes to those who are suffering "various kinds of trials" (1Pet 1:7) and notes that it is better, if it is God's will, "to suffer for doing good than for doing wrong" (1 Pet 3:17). Peter calls the suffering person "blessed" (1 Pet 3:14). The spousal rape victim therefore "can approach the throne of grace with confidence" (Heb 4:16), in order that she may "receive mercy and find grace" to help her in "our time of need" (Heb 4:16). In Genesis 50:20, Joseph, who experienced abuse and an attempt on his life by his own brothers, told them years later: "What you intended for me was evil, but God used it for good and the saving of many lives". Suffering is not beyond the goodness of a sovereign God who is able to use the victim's suffering for her and others' good.

This study does not condone or excuse the actions of the perpetrator of spousal rape. Neither does it suggest that the spousal rape victim should remain in her abusive situation and helplessly endure suffering as "God's will for her life". There is no doubt that the victim should seek safety and a means of terminating the abuse. The perpetrator cannot be permitted to continually sin, in order for the victim's sanctification to develop. God requires justice to take its course and has set social justice structures in place to this end. Justice systems, however, often fail victims of rape and especially of spousal rape. Nevertheless, the spousal rape victim can take comfort in the knowledge that nothing escapes God who will see that justice is ultimately carried out to its fullest extent (cf. Aikman 2006:247).

The Scriptures can assist the pastoral counsellor in guiding the spousal rape victim to the reality that she is able to be emancipated from the label of "victim" and

to live a life that is expressed in joy, contentment, hope, fulfillment, growth and purpose, through the enabling power of God. Romans (8:37) states that believers are "more than conquerors". This is the message for the spousal rape victim who is a believer. It does not imply a form of Christianity that lives a triumphant life with no regard to the problematic issues of doubt and discouragement. Rather, being "more than conquerors" means that believers have the full assurance of God's presence, involvement and empowerment in the midst of their struggles and problems. One of the consequences of spousal rape is a sense of mistrust and abandonment. In Romans 8:35-37, the apostle Paul asks who could separate believers from the love of Christ. He concludes that *nothing* is ever able to separate the believer from the love of Christ. Not only are the believer and Christ's love inseparable, but the believer is also able to be "more than conquerors through him who loved us" during times of trial (Rom 8:37). The victim of spousal rape is able to obtain hope and the promise of change from the Scripture: "Thanks be to God which gives us the victory through our Lord Jesus Christ" (1Cor 15:57). This victory could translate into deliverance from a current situation of hardship, though this might not always be the case. Once the spousal rape victim is able to confidently place her trust in God, she may be able to say with Habakkuk (3:17, 19):

> Though the fig tree does not bud and there are no grapes on the vines, though the olive crop fails and the fields produce no food, though there are no sheep in the pen and no cattle in the stalls, yet I will rejoice in the LORD, I will be joyful in God my Savior. The Sovereign LORD is my strength; he makes my feet like the feet of a deer, he enables me to tread on the heights.

7.5   Spiritual healing

Spousal rape victims require multifaceted assistance which includes individual care and therapy, community involvement, mentorship programmes, gender-sensitive counselling and theological perspectives, amongst others. An integrative approach assists the spousal rape victim to progress from a state of victim to that of victor. The victim's spiritual regeneration is only made possible through the intervention, power and wisdom of God. This has positive implications for her coping skills, self-esteem

and emotional health. Nevertheless, an understanding and utilization of psychological principles and techniques are useful. Much psychological research has been undertaken on the issue of trauma and it is prudent for pastoral counsellors to take cognizance of this work. However, from a Conservative Evangelical perspective it is of the essence that the use of psychological theory and the application of psychological methods and techniques should always be undertaken by looking through the lens of Scripture. In the same way, it is useful for pastoral counsellors to keep abreast of current research (by the feminist theologians and social action groups, among others) which has contributed to the fight against spousal rape. Here too, for Conservative Evangelicals, the Scriptures should be the lens through which all research and writings should be perused, integrated and applied.

The process of assisting the spousal rape victim to transform to victor is an intense, prolonged and emotionally demanding one. This requires time, commitment and sacrifice on the part of the pastoral counsellor. The outcome is however well worth it. Any pastoral counsellor who is up for this challenge should be aware of what the helping process entails and be prepared to be consistent, reliable, self-aware, tenacious and committed. In 1 Corinthians 15:58 the apostle Paul instructs:

> Therefore, my dear brothers and sisters, stand firm. Let nothing move you. Always give yourselves fully to the work of the Lord, because you know that your labor in the Lord is not in vain.

Appendix 1.1

<p align="center">**INFORMATION SHEET FOR PARTICIPANTS**</p>

Spousal rape: An integrative approach to pastoral counselling

This information sheet has been designed to assist you to decide whether or not to participate in the corresponding research project concerning women who have experienced rape related posttraumatic stress. The researcher would be most grateful should you decide to participate. However it is important to add that you are free to turn down this invitation.

Aims of the project

This project is being undertaken as part of the requirements for a PhD (Theology)
The aims of the project are:

1. To listen and learn from:

    1.1. Women who have experienced posttraumatic stress due to rape.

    1.2. Pastoral counsellors who work with women who have experienced rape related posttraumatic stress.

    1.3. Secular practitioners who work with women who have experienced rape related posttraumatic stress.

2. Use this information and together with literature review present an effective pastoral counselling method to assist women who have experienced rape related PTSD.

Participants needed for the study

1. Five (5) women who have experienced rape related posttraumatic stress.

2. At least five (5) pastoral counsellors who have worked with rape-related post traumatic

stress.

3. At least five (5) secular practitioners who have worked with rape-related posttraumatic stress.

What will be required of participants?

All participants will be asked to give consent for the information obtained during conversations with the researcher to be used in the research project. Participants will be

expected to take part in about one or two conversations of approximately one and a half hours each.

Free –participation

Participants will be free to withdraw from the research project at any time without any consequence to them.

Confidentiality

The information obtained during the above-mentioned conversations will be used in the thesis. In order to summarize the conversations, notes will be taken during conversations with the researcher. The information collected during the project will be safely stored in a filing cabinet and be submitted to the University of Pretoria for storage at the termination of the project.

Results of the study

The results of this study may be published. Details such as names and places will be distorted to ensure the anonymity of the participants.
All notes relating to all the interviews will be submitted in a sealed envelope to the University of Pretoria and stored for 10 years so per the requirement of the University of Pretoria. Participants are welcome to request a copy of the research results.

Questions of Participants

Should you have any questions or concerns regarding the project, either now or in the future, please feel free to contact the researcher:

James Glanville 082 553 7251

Or his supervisor at the University of Pretoria, Department of Practical Theology,
Prof. Yolanda Dreyer
012 8725776

Appendix 1.2

CONSENT FORM FOR PARTICIPANTS

Spousal rape: An integrative approach to pastoral counselling

I have read the Information Sheet concerning the project and I understand what the project is all about. All my questions have been answered to my satisfaction. I understand that I am free to request further information at any stage.

I know that:

1. My participation in the project is entirely voluntarily.

2. I am free to withdraw from the project at any time without any disadvantage.

3. I am aware of what will happen to my personal information at the conclusion of the project, that the data will be destroyed at the conclusion of the project.

4. I will receive no payment or compensation for participating in the study.

5. All personal information supplied by me will remain confidential throughout the project.

I am willing to participate in this research project.

Signature of Participant _____

Signature of Witness _____

Date _____

Appendix 2.1

The Criminal Law (Sexual Offences) Amendment Bill, 2003, Clause 2

Rape
2. (1) A person who unlawfully and intentionally commits an act which causes penetration to any extent whatsoever by the genital organs of that person into or beyond
the anus or genital organs of another person, or any act which causes penetration to any
extent whatsoever by the genital organs of another person into or beyond the anus or
genital organs of the person committing the act, is guilty of the offence of rape.
(2) An act which causes penetration is *prima facie* unlawful if it is committed—
(a) in any coercive circumstance;
(b) under false pretences or by fraudulent means; or
(c) in respect of a person who is incapable in law of appreciating the nature of an act which causes penetration.
(3) Coercive circumstances, referred to in subsection (2)*(a)*, include any circumstances
where there is—
(a) a use of force against the complainant or another person or against the property of the complainant or that of any other person;
(b) a threat of harm against the complainant or another person or against the property of the complainant or that of any other person; or
(c) an abuse of power or authority to the extent that the person in respect of whom an act which causes penetration is committed is inhibited from indicating his or her resistance to such an act, or his or her unwillingness to participate in such an act.
(4) False pretences or fraudulent means, referred to in subsection (2)*(b)*, are circumstances where a person—
(a) in respect of whom an act which causes penetration is being committed, is led to believe that he or she is committing such an act with a particular person who is in fact a different person;
(b) in respect of whom an act which causes penetration is being committed, is led to believe that such an act is something other than that act; or
(c) intentionally fails to disclose to the person in respect of whom an act which causes penetration is being committed, that he or she is infected by a life-threatening sexually transmissible infection in circumstances in which there is a significant risk of transmission of such infection to that person.
(5) The circumstances in which a person is incapable in law of appreciating the nature
of an act which causes penetration referred to in subsection (2)*(c)* include circumstances
where such a person is, at the time of the commission of such act—
(a) asleep;
(b) unconscious;
(c) in an altered state of consciousness;
(d) under the influence of any medicine, drug, alcohol or other substance to the

extent that the person's consciousness or judgement is adversely affected;

(e) a mentally impaired person; or

(f) below the age of 12 years.

(6)A marital or other relationship, previous or existing, is not a defence to a charge of rape.

(7) The common law relating to—

(a) the irrebuttable presumption that a female person under the age of 12 years is incapable of consenting to sexual intercourse; and

(b) the offence of rape, except where the offence has been committed prior to the commencement of this Act,

is repealed.

(8) Subject to the provisions of this Act, any reference to "rape" in any law must be construed as a reference to the offence of rape under this section, unless it is a reference

to rape committed before the commencement of this Act in which case it must be construed to be a reference to the common law offence of rape.

(9) Nothing in this section may be construed as precluding any person charged with the offence of rape from raising any defence at common law to such charge, nor does it adjust the standard of proof required for adducing evidence in rebuttal.

Appendix 3.1

The DSM-IV diagnostic criteria for Acute Stress Disorder

A. The person has been exposed to a traumatic event in which both of the following were present:

(1) the person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others

(2) the person's response involved intense fear, helplessness, or horror

B. Either while experiencing or after experiencing the distressing event, the individual has three (or more) of the following dissociative symptoms:

(1) a subjective sense of numbing, detachment, or absence of emotional responsiveness

(2) a reduction in awareness of his or her surroundings (e.g., "being in a daze")

(3) derealization

(4) depersonalization

(5) dissociative amnesia (i.e., inability to recall an important aspect of the trauma)

C. The traumatic event is persistently reexperienced in at least one of the following ways: recurrent images, thoughts, dreams, illusions, flashback episodes, or a sense of reliving the experience; or distress on exposure to reminders of the traumatic event.

D. Marked avoidance of stimuli that arouse recollections of the trauma (e.g., thoughts, feelings, conversations, activities, places, people).

E. Marked symptoms of anxiety or increased arousal (e.g., difficulty sleeping, irritability, poor concentration, hypervigilance, exaggerated startle response, motor restlessness).

F. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning or impairs the individual's ability to pursue some necessary task, such as obtaining necessary assistance or mobilizing personal resources by telling family members about the traumatic experience.

G. The disturbance lasts for a minimum of 2 days and a maximum of 4 weeks and occurs within weeks of the traumatic event.

H. The disturbance is not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition, is not better accounted for by Brief Psychotic Disorder, and is not merely an exacerbation of a pre-existing Axis I or Axis II disorder.

Appendix 3.2

DSM-IV diagnostic criteria for Posttraumatic Stress Disorder.

A. The person has been exposed to a traumatic event in which both of the following were present:

1. the person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others

2. the person's response involved intense fear, helplessness, or horror. Note: In children, this may be expressed instead by disorganized or agitated behaviour

B. The traumatic event is persistently re-experienced in one (or more) of the following ways:

1. recurrent and intrusive distressing recollections of the event, including images, thoughts, or perceptions. Note: In young children, repetitive play may occur in which themes or aspects of the trauma are expressed.

2. recurrent distressing dreams of the event. Note: In children, there may be frightening dreams without recognizable content.

3. acting or feeling as if the traumatic event were recurring (includes a sense of reliving the experience, illusions, hallucinations, and dissociative flashback episodes, including those that occur on awakening or when intoxicated). Note: In young children, trauma-specific reenactment may occur.

4. intense psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event

5. physiological reactivity on exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event

C. Persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness (not present before the trauma), as indicated by three (or more) of the following:

1. efforts to avoid thoughts, feelings, or conversations associated with the trauma

2. efforts to avoid activities, places, or people that arouse recollections of the trauma

3. inability to recall an important aspect of the trauma

4. markedly diminished interest or participation in significant activities

5. feeling of detachment or estrangement from others

6. restricted range of affect (e.g., unable to have loving feelings)

7. sense of a foreshortened future (e.g., does not expect to have a career, marriage, children, or a normal life span)

D. Persistent symptoms of increased arousal (not present before the trauma), as indicated by two (or more) of the following:

1. difficulty falling or staying asleep

2. irritability or outbursts of anger

3. difficulty concentrating

4. hyper vigilance

5. exaggerated startle response

E. Duration of the disturbance (symptoms in Criteria B, C, and D) is more than 1 month.

F. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Specify if:

· Acute: if duration of symptoms is less than 3 months

· Chronic: if duration of symptoms is 3 months or more

Appendix 5.1

Pastoral counsellors questionnaire

Please select by placing an x in the relevant block/s

Highest academic qualification:

Matric	
Certificate	1
Diploma	6
Bachelor Degree	12
Honours	10
Licentiate	1
Masters	20
Doctorate	12

Gender:

Male	54
Female	43

Church Stream:

Pentecostal	10
Charismatic	11
Mainstream (Anglican etc.)	12
Evangelical	11
Reformed	21

View of Scripture:

Inspired Word of God	57
Writings from men	4

World view with regard to women:

Patriarchal	3
Egalitarian	14
Complementarian	28
Evangelical Feminist	8
Liberal Feminist	6

Do you counsel trauma victims?

Yes	46
No	12

Do you counsel rape victims?

Yes	29
No	30

If No:

I refer to Christian psychologists	12
I refer to secular psychologists	3
I refer to Christian therapist/ counsellors	10
I refer to secular therapist/ counsellors	3
I refer to other organizations: FAMSA, POWA, etc.	4
I do not refer to anyone	0
This counselling has never been requested	19

If Yes:

Once off session	1
2-4 sessions	10
5-10 sessions	10
Longer	11

If Yes:

Are you willing to be interviewed	24
Your Contact details: ……………………………..	

Important!

Returning this completed questionnaire confirms that you have read the information and consent sheets attached. You agree with the said conditions and you willingly give your consent to participate in this research.

Thank you,
James Glanville (Rev.)
0825537251

Question added later:

Is spousal rape a challenge for the Christian church today?

YES	62
NO	13

Do you counsel victims of spousal rape?

YES	22
NO	55

If Yes:

Once off session	
2-4 sessions	13

5-10 sessions	**7**
Longer	**3**

If applicable:

I refer to Christian psychologists	**22**
I refer to secular psychologists	**8**
I refer to Christian therapist/ counsellors	**24**
I refer to secular therapist/ counsellors	**4**
I refer to other organizations: FAMSA, POWA, etc.	**19**
I do not refer to anyone	**1**
This counselling has never been requested	**29**

Appendix 5.2

Health professions questionnaire

Please select by placing an x in the relevant block/s

Highest academic qualification:

Matric	
Certificate	
Diploma	2
Bachelor Degree	2
Honours	3
Licentiate	
Masters	11
Doctorate	4

Gender:

Male	4
Female	18

Do you counsel trauma victims?

Yes	21
No	1

Do you counsel women who have been raped?

Yes	21
No	1

If No:

I refer to psychologists	3
I refer to therapists/ social workers etc.	3
I refer to other organisations (powa, famsa, etc.)	2

I refer to the woman's Church/pastor/priest	2
I do not refer to anyone	
This counselling has never requested	1

If Yes:

Once off session	1
2-4 sessions	7
5-10 sessions	7
Longer	6

If Yes: What therapeutic approach/s do you use?

CBT	6
EMDR	3
Exposure Therapy	1
Biofeedback	
Art/Music/Drama	2
Narrative	12
Trauma Incident Reduction	3
Other (Please specify) Hypnosis NLP Wits trauma model EFT	4

If Yes:

Please respond to the following statements

1. Men should not counsel women who have been raped?

True	2
False	17
Unsure	2

2. Rape impacts rape victims' spiritual beliefs.

True	17
False	0
Uncertain	4

3. Pastoral counsellors have a counselling role with rape victims

True	15
False	0
Unsure	6

Are you willing to be interviewed	17
Your Contact details:	

Important!

Returning this completed questionnaire confirms that you have read the information and consent sheets attached. You agree with the said conditions and you willingly give your consent to participate in this research.

Thank you,
James Glanville (Rev.)
0825537251

Appendix 5.3

An appeal for assistance with a PhD research thesis

I am undertaking a thesis entitled "Rape related posttraumatic stress – gender sensitivity for pastoral counsellors". with the University of Pretoria. Prof Yolanda Dreyer is my supervisor.

An integral part of the thesis is for me to interview women that have personally experienced a rape:

The following criteria of the participant is –
1. A woman who has experienced a rape as an adult.
2. The perpetrator of the rape was/is known to the rape survivor.
3. The rape survivor holds/ held to Christian faith
4. The rape survivor lives in the Johannesburg area.

All information given will be strictly confidential and the interview will meet the stringent conditions as set by the University of Pretoria.

Below are the questions that will be asked in the formal interview.

The interview will be conducted by a social worker (female) who is well qualified and experienced in working with rape victims/survivors.

Should you wish to assist with this research please send an email to info@crisissupportservices.org or phone 082 553 7251 further information

Many thanks
James Glanville (Rev.)
Student number 26513201

Appendix 5.4

Interview Questions

Background

A1 Please briefly describe the sexual assault

Relationship Sexual Abuse - Marital/Partner

B1 Are you married? How many times have you been married?

B2.How long did you/have you been living with your sexually abusive partner?

B3 What first attracted you to your sexually abusive partner?

B4 How long did you know your sexually abusive partner before getting married?

B5 What were your expectations of marriage/your relationship with your sexually abusive partner?

B6 Was/is your marriage/relationship with your sexually abusive partner the same as your parents' marriage?

B7.How would you describe your sexual relationship with your sexually abusive partner?

B8 Did your sexually abusive partner ever force/coerce you to have sexual intercourse against your will?

B9 How did you react the first time you were sexually assaultd by your partner?

B10 How often did your sexually abusive partner force/coerce you to have sexual intercourse with him?

B11 Did/does your sexually abusive partner ever hit you during your relationship?

B12 Do you think of forced/coerced sex with any partners as being rape?

B13 Have you filed a protection order against your sexually abusive partner?

B14 What contact do you presently have with your sexually abusive partner?

Support

C1 Do you know of anyone who has had a similar sexually abusive relationship to you?

C2 Did you speak to anyone about your sexually assault? (friend, family, pastor counsellor) – C3 Why/why not?

C4 What was the reaction of this individual when you told them of your sexual assault?

C5 Do you seek help at a hospital, police station, rape centre, pastor, social worker, church, counsellor subsequent to your sexual assault?.

C6 What were the reactions of these individuals when you told them of your sexual assault?

C7 Do/did you hold to the Christian faith?

C8 Did you understanding of God alter in any way as a result of your sexual assault?

C9 Is the Christian faith a source of help with regard to your sexual assault?

C10 If yes, "how"? If no, "why not"?

Trauma Reactions

D1 Use of the IES-R Assessment tool. See Below (not to assess but as a guide)

Therapy

E1 Did you receive professional counselling (psychologist, social worker) as a result of your sexual assault?

E2 If so, for how long did you receive therapy with reference to your sexual assault?

E3 If so, was professional counselling with regard to your sexual assault helpful?

E4 What was most helpful regarding your professional counselling for your sexual assault?

Pastoral Counsellors

F1 Did you receive pastoral counselling as a result of your sexual assault?

F2 If so, for how long did you receive pastoral counselling with reference to your sexual assault?

F3 If so, was pastoral counselling with regard to your sexual assault helpful?

F4 What was most helpful regarding your pastoral counselling for your sexual assault?

Changes to System (Secular and Church)

G1 What changes would you make in society as a result of the counselling that you received subsequent to your sexual assault?

G2 Do you consider patriarchy (father figure as head of the household) as a contributing factor to rape?

G3 What you would change in the church as a result of the counselling that you received

subsequent to your sexual assault?

G4 How has your sexual assault affected your perception of marriage/relationships

G5 How has your sexual assault affected your perception of men?

G6 How has your sexual assault affected your perception of self?

Appendix 5.5

Impact of Event Scale – Revised

INSTRUCTIONS: Below is a list of difficulties people sometimes have after stressful life events. Please read each item, and then indicate how distressing each difficulty has been for you **DURING THE PAST SEVEN DAYS** with respect to

_____, which occurred on _____. How much were you distressed or bothered by these difficulties?

Item Response Anchors are:

 0 = Not at all; **1 = A little bit; 2 = Moderately; 3 = Quite a bit; 4 = Extremely**.

Thus, scores can range from 0 through 4.

1. Any reminder brought back feelings about it.
2. I had trouble staying asleep.
3. Other things kept making me think about it.
4. I felt irritable and angry.
5. I avoided letting myself get upset when I thought about it or was reminded of it.
6. I thought about it when I didn't mean to.
7. I felt as if it hadn't happened or wasn't real.
8. I stayed away from reminders of it.
9. Pictures about it popped into my mind.
10. I was jumpy and easily startled.

11. I tried not to think about it.

12. I was aware that I still had a lot of feelings about it, but I didn't deal with them.

13. My feelings about it were kind of numb.

14. I found myself acting or feeling like I was back at that time.

15. I had trouble falling asleep.

16. I had waves of strong feelings about it.

17. I tried to remove it from my memory.

18. I had trouble concentrating.

19. Reminders of it caused me to have physical reactions, such as sweating, trouble breathing, nausea, or a pounding heart.

20. I had dreams about it.

21. I felt watchful and on-guard.

22. I tried not to talk about it.

Total IES-R score:_____

The **Intrusion** subscale is the **MEAN** item response of items 1, 2, 3, 6, 9, 14, 16, 20.

The **Avoidanc**e subscale is the **MEAN** item response of items 5, 7, 8, 11, 12, 13, 17, 22.

The **Hyperarousal** subscale is the **MEAN** item response of items 4, 10, 15, 18, 19, 21.

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