

## Exploring the Meanings of Posttraumatic Growth in Spanish Survivors of Clergy-Perpetrated Child Sexual Abuse: A Phenomenological Approach

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### **Abstract**

A healing and recovery perspective related to child sexual abuse (CSA) has gained attention in the past two decades, a concept that accurately refers to the process is posttraumatic growth (PTG). Scarce empirical research on PTG in clergy-perpetrated CSA survivors shows evidence of the presence of growth after the abusive experience and a tendency to create accounts of trauma as a way to heal. The general aim of the study is to explore the experiences and meanings of PTG as lived by survivors of clergy-perpetrated CSA. Seven clergy-perpetrated CSA survivors were interviewed with semi-structured in-depth interviews conducted in person. Using reflexive thematic analysis, we identified three dominant themes in the participants' stories: (a) the hindering of PTG; (b) the idiosyncratic experiences and meanings of PTG, and (c) the contextual and internal factors and life events that facilitated PTG and led from personal damage to personal growth. The present study brings new insights into the meanings of PTG, the close relationship between damage and growth, and the mechanisms (both internal and contextual) that are involved in healing from clergy-perpetrated CSA in Spanish culture.

*Keywords:* Child sexual abuse, survivor, posttraumatic growth, Spain, clergy-perpetrated CSA, Catholic church

## **Exploring the Meanings of Posttraumatic Growth in Spanish Survivors of Clergy-Perpetrated Child Sexual Abuse: A Phenomenological Approach**

### **Clergy-perpetrated child sexual abuse**

Child sexual abuse (CSA) is a violation of children's and adolescents' rights that affects their safety, dignity, and freedom (United Nations, 2022), causing a profound physical and psychological damage in the short-term and long-term (Amado et al., 2015). Moreover, it is also an international institutional, political, and social problem that has received enormous attention in recent decades (Dressing et al., 2017), and that necessary needs to be seen as a human rights issue that has severe consequences to victims and their close environment. Sumed to physical and sexual abuse, clergy-perpetrated CSA also included institutional and spiritual abuse, given that is perpetrated by a representative of the Church, the Catholic faith and God (Wolfe et al., 2003). Clergy-perpetrated CSA can involve serious lifelong physical, psychological and psychosocial problems (Pereda & Segura, 2021), and survivors also tend to report more damage to their faith in God and in the Church than those abused by others (Pereda et al., 2022). Although evidence shows that CSA in general may broadly affect spirituality and trust in life (Walker et al., 2009), some authors have supported the idea that clergy-perpetrated CSA in particular may cause profound spiritual damage as it represents a unique betrayal (Guido, 2008). Indeed, it involves institutional betrayal, committed systematically by a trusted and powerful institution, damaging children and adolescents dependent on them for safety and wellbeing. This institutional and spiritual abuse, that may exacerbate psychological damage, has usually being hidden by the whole society, including victims and survivors, as well as psychology researchers (Smith & Freyd, 2014).

Disclosure of CSA during childhood and adolescence is difficult (Brennan & McElvaney, 2020) and particularly affects clergy-perpetrated CSA survivors owing to the exclusion and ostracism that they can receive from their own community. These communities

often reject and deny narratives of abuse committed by representatives of religion, trust, and morality (Harper & Perkins, 2018). These particular dynamics have led some authors to look at clergy-perpetrated CSA as different from CSA committed by other figures (Fogler et al., 2008).

### **Healing and recovery approach to CSA**

While knowledge about the sequelae of CSA is relevant to the promotion of reparation and healing processes in survivors, a healing and recovery perspective has gained attention in the past two decades (Fouché & Walker-William, 2016). In addition to the negative effects linked to CSA, acknowledging the damage abuse can cause, and through a process of re-signifying this difficult experience, other psychological processes and changes related to personal growth can follow from the struggle with trauma related to the experience of abuse, such as learning, strengthening and self-regulation, which can help to improve well-being (Capella et al., 2016; Draucker et al., 2011), not only among people that develop functional and normalized lives after struggling with the trauma but also and more importantly among those who present mental and psychosocial difficulties (Vilenica & Shakespeare-Finch, 2012).

Accordingly, the healing and recovery approach is far from being a perspective that focuses on reducing the severity of symptoms or social functioning on long-term development, entails a strengths perspective that is grounded in the idea that resources come from the struggle to cope with the aftermath of CSA and also that outcomes can be reframed as opportunities for growth, identifying a new life narrative based on strengths, including a prospect of the future (Fouché & Walker-William, 2016). According to this perspective, a concept that accurately refers to the process is posttraumatic growth (Tedeschi & Calhoun, 1996).

### **Posttraumatic growth**

Posttraumatic growth (PTG) refers to the profound psychological changes that can appear when a central distressing and disruptive event breaks down a person's assumptive core beliefs

(Tedeschi & Calhoun, 1996). Such changes are self-perceived as personal growth and reported as subjective well-being. It requires cognitive processing that leads to making meaning of the experience and regards it as a valuable personal life background that can help to bring a greater sense of life (Park, 2010) and rebuild one's assumptive world (Tedeschi et al., 2018). Tedeschi and Calhoun (1996) have undertaken factor analytic processes and have defined five growth constructs that can be understood as dimensions of PTG: relating to others, new possibilities, personal strength, appreciation of life, and spiritual change.

PTG is understood from the eudaimonic well-being theory (Tedeschi et al., 2018) as a recovery model that focuses on the purpose and meaning of life, pursuing personal aims and projects, building and caring for relationships, taking part in the community and having a full life independently of the existence and presence of any psychiatric diagnosis (Shepherd et al., 2008; Slade et al., 2019). In this vein, scientific evidence shows a positive relationship between PTG and the presence of sequelae, such as post-traumatic stress disorder (PTSD) (Shakespeare-Finch & Lurie-Beck, 2014). Indeed, some authors suggest that PTG appears regardless of other mental health problems like depression, anxiety, or psychosis if there is a meaningful cognitive process and the construction of a comprehensive narrative of the traumatic experience (Long et al., 2021; Mazor et al., 2018). Thus, as opposed to critical perspectives that understand that experiencing PTG is related to better functioning well-being or mental health than before the trauma and that the majority of people experience illusory PTG more than genuine PTG (Boals, 2023), some authors consider that PTG is an idiosyncratic and unique personal experience and is completely different between individuals (Tedeschi et al., 2018). This conception of PTG implies that it is always self-perceived and that the beliefs and well-being can be compared with what the person had before the trauma, as well as, what the person would have in the present if the traumatic experience had not occurred. Moreover, it is not necessarily a holistic improvement, but it can occur only in one or some specific cognitive, attitudinal, social, spiritual, and emotional areas.

**Posttraumatic growth and child sexual abuse**

Available empirical research on PTG in CSA survivors shows evidence of the presence and awareness of growth after the abusive experience and a tendency to create accounts of trauma as a way to heal, bringing quality of life and well-being (Draucker et al., 2011; Perry & de Castro Pecanha, 2017). However, research in this area is scarce.

Barriers and promoters in PTG development have usually been studied independently. Aspects such as abuse-related shame (Willie et al., 2016), attachment styles based on anxiety and avoidance (Nelson et al., 2019), denial and dissociative beliefs (Lahav et al., 2020), a lack of support (Shakespeare-Finch & de Dassel, 2009) and greater adherence to traditional masculine norms in the case of men (Easton et al., 2013) can act as barriers to PTG. As for the promoters of PTG, some studies consider relationships to be the primary source of healing and growth, emphasizing peer support (Evans, 2020), more supportive contexts in which to make disclosures (Patterson et al., 2022), and the presence of safe, trust-supportive and enduring therapeutic and extra-therapeutic relationships (Chouliara & Narang, 2017; Dagan & Yager, 2019). Others have highlighted the experience of turning points such as influential relationships or insights and new meanings (Easton et al., 2015), the importance of treatment (Classen et al., 2017), and the role of religion, spirituality, and culture (George & Bance, 2020). As for resilience, PTG, and PTSD of CSA survivors, studies reveal a complex relationship between the three concepts and corroborate their paradoxical nature (Dagan & Yager, 2019; Kaye-Tzadok & Davidson-Arad, 2016).

Research into the meaning of PTG in CSA survivors has found that they identify with all aspects of complex trauma and the domains of PTG. Particular meanings of “growing” may include engaging in a “rebuilding” process (Buchbinder & Sinay, 2020), evolving an alternative life (Walker-Williams et al., 2013), achieving acceptance and positive recognition and learning to think about themselves in a new way (Hartley et al., 2016), developing hope and fulfillment healing (Saint-Arnault & Sinko, 2019), and building greater empathy or a desire to help and

protect others (Glad et al., 2013). All the studies associated with PTG and CSA that are noted above highlight meaning-making and the creation of coherent and comprehensive narratives as an essential mechanism for PTG. Nevertheless, there is a lack of research on how the relationship between childhood or adolescence CSA experience and the possible PTG in adulthood. Little is known about what makes PTG after CSA different or idiosyncratic, and, consequently, how survivors define it for themselves.

The present exploratory study aims to contribute to the research into the internal and contextual factors that act as barriers or facilitators of PTG in survivors of CSA, with particular focus on examining the negative sequela and the growth resulting from struggling with trauma, showing the interaction and contradictions between them, among survivors specifically of clergy-perpetrated CSA. Survivors of clergy-perpetrated CSA have received little attention in the research, so the study will bring new knowledge to the subject.

### **Aim of the study**

The general aim of the study is to explore the experiences and meanings of PTG in survivors of clergy-perpetrated CSA. The specific objectives are to explore: (a) how survivors live and define PTG as a process in their personal story related to the victimization, including its relationship with their psychosocial distress and suffering; (b) how diversity of issues about posterior living to the abusive experience may hinder PTG; and (c) how the context of particular life experiences can promote PTG.

## **Methods**

### **Participants**

Seven participants who had experienced clergy-perpetrated CSA were interviewed about their PTG as well as about any sequelae, social support, coping, and spirituality. The group contained four cisgender men and three cisgender women whose ages ranged from 38 to 64 years old ( $M = 49.3$ ;  $SD = 8.9$ ). Each survivor's age at the beginning of the abuse ranged from 9 to 14 years old and the average duration of the abuse was 4.3 years. All of them

suffered abuse with physical contact. The abuse occurred in a priest's office (generally at school or boarding school), in the priest's home, in the survivor's family home, or during camps. All participants had received psychological attention because of the consequences of CSA victimization, had disclosed it to their close relatives and friends, and had notified the authorities. Moreover, all of them lived another kind of traumatic experience years after their victimization. Most of them acknowledge there was a relationship between the different traumatic events and the ways of struggling with them, even when CSA was the central traumatic experience.

### **Techniques**

Semi-structured in-depth interviews were conducted in person (Braun & Clarke, 2006), following a script with relevant research questions about the experience of CSA (i.e. 'Could you explain your life story about the abusive experience?') and the context in which it occurred (i.e. 'What was your life like at the time?'); the psychosocial impact (i.e. 'What consequences have you had as a result of the abusive experience?'); social support and reactions to disclosure (i.e. 'Could you tell someone what was happening?' 'How do they react when you tell them?'); spiritual damage (i.e. 'Did the experience have an impact on your spirituality and your relationship with religion or faith?'), and the participant's personal meaning of PTG (i.e. 'Can you consider that you get any growth as a consequence of recovering from this experience?').

### **Procedure**

As part of a larger study, participants in this qualitative study were recruited from a sample of adult survivors of clergy-perpetrated CSA in Spain who had responded to a previous set of questionnaires during a previous stage of the larger research that resulted in published studies (Pereda et al., 2020; Pereda & Segura, 2021). Sociodemographic and psychosocial mental health characteristics were similar to those of the larger sample. The assessment of the PTG in other previous studies (Sicilia et al., 2023), through Posttraumatic Growth Inventory



(PTGI, (Tedeschi & Calhoun, 1996) led us to present the scores of PTG of our participants in Supplemental Table 1.

Those who voluntarily provided their email address, a total of 15 participants from 38 survivors of clergy-perpetrated CSA, were asked to participate face-to-face in semi-structured interviews. Firstly, nine survivors responded and offered their interest to be interviewed, but two of them declined participation before meeting for the interview. Thus, seven interviews were conducted from October 2019 to January 2020 by the first author in locations chosen by the participants (i.e. in their home or office). The face-to-face interviews lasted between 90 and 180 minutes.

All participants received information about the anonymity of the obtained data, gave their written and oral informed consent, and gave their permission to record and transcribe the interviews. They did not receive financial compensation.

All the interviews were conducted in Spanish. To write the results, the selected verbatims were translated and reviewed by an official translation service.

The current study followed the ethical principles of the Declaration of Helsinki and was authorized by the Institutional Review Board (IRB00003099) of the bioethical committee of Universitat de Barcelona.

### **Data analysis**

According to the specific objectives of the research, reflexive thematic analysis (Braun & Clarke, 2020), guided by a phenomenological approach, was used to gain a deep understanding of the participant's stories, the participants' experience of abuse, and its effects on their social, psychological and spiritual health, the development and significance of PTG, and the context and interpretation of how PTG appears.

The analysis process combined two kinds of logic. First, using deductive logic, a theoretical knowledge of the PTG phenomenon served to establish the framework of reference and interpretation. The original dimensions of PTG (Tedeschi & Calhoun, 1996), confirmed by

Sicilia et al. (2022) in CSA survivors (i.e., relating to others, new possibilities, personal strength, appreciation of life, and spiritual change), guided an initial selection of the units of analysis. This means, that within the whole interview, the excerpts where these five dimensions appears, where select for further analysis. Then, using inductive logic, the selected units of analysis were analyzed through an iterative process, creating themes and subthemes, with an interpretation from bottom to top, so that they were defined by the actual words and stories provided by the participants (for example, “growth comes with help”, “I started rebuilding my life” or “I value every minute of my existence”). This inductive procedure of analysis allowed us to detect narratives of the absence and presence of PTG experiences, as well as barriers and facilitators of PTG development. The analyses were performed using ATLAS.ti 22.1.0.

To obtain a richer view of the phenomenon, the interpretative work was done by the first author and a triangulation process was then carried out with the other authors in order to test the plausibility, persuasiveness, and pragmatic use of the study (Riessman, 2008). Specifically, the first researcher selected a final pool of units of analysis in relation to PTG dimensions, that gave names to the final themes and sub-themes, while the other authors evaluated the interpretation done and completed the iterative triangulation. The interviews were interpreted and illustrated within their context, employing thick description (Ponterotto, 2006). The principle of methodological integrity was followed during the research (Levitt et al., 2021). The obtained stories were rich and diverse enough for the study of the research question and theoretical saturation was reached so that all relevant conceptual categories were identified, explored, and exhausted (Flick, 2009). The analysis was presented transparently with the use of verbatims (Yardley, 2007) and confidentiality was guaranteed through the use of pseudonyms.

## **Results**

Three dominant themes were identified in the participant stories (Figure 1): hindering of PTG; meanings of PTG; and internal and contextual factors that facilitate PTG.

**Figure 1 here**

Based on an analysis of central developed themes crossed with the axes deductively defined by each main dimension of the original PTG model (i.e., relating to others, new possibilities, personal strength, appreciation of life, and spiritual change), additional sub-themes were identified from the narratives of participants. Each sub-theme was related to the corresponding main theme (Figure 1). The results are illustrated below using verbatims from the participant narratives.

**Hindering of PTG.** This theme included the narratives about the damage received that negatively affects the cognitive and emotional areas of people, mainly during the periods of identity construction (childhood and adolescence) and the assumptive world construction, although according to the interviews, there are some elements that remain in the present. All participant stories talked about psychological damage that directly affected important areas of personal development, such as relationships with oneself and others, self-confidence and trust in others, spirituality, and hope. Accordingly, negative psychological outcomes from CSA betrayal may act as major barriers to PTG development because struggling with these difficulties hinders the possibility of growth and recovery. This theme included the following sub-themes: isolation and loneliness; rage, fear, and distrust of people; obstacles and conditioning; helplessness to choose; “living hurts”; and damage to faith.

Regarding the axis of “relating to others”:

***Isolation and loneliness.*** This sub-theme included descriptions of experiences of lack of meaningful ties and perceived social support, with a lack of a social environment of support, trust, and security. Participants described a chronic feeling of loneliness, which sometimes involved isolation. Generally, they described feeling emotionally far away from everyone else as a result of the experience of victimization. Many participants felt that they should not ask for help from others and should be independent. These are feelings and behaviors hinder the

process of “seeing that one can count on people in times of trouble” associated to PTG, overall when those appear many years after the trauma. Pedro stated: “I’m alone and I have to fix it myself, it’s hard for me to ask for help”. Others talked about the issue that they could not count on other people. Juan also remarked that loneliness can be forced on oneself but that it does not mean that the loneliness is either desired or less difficult to cope with because it is like running away: “You run away from people because you’re afraid of betrayal. The hardest thing is knowing that you’ve been isolated from the people you love, or that you’ve isolated yourself”.

***Rage, fear, and distrust of people.*** This sub-theme included descriptions of the emotions and feelings generated by the experience of CSA related to avoidance and rejection behaviors towards close and/or significant people. Participants reported a variety of painful emotions that were generalized and prolonged over time and damaged significant interpersonal relationships. This lack of positive feelings towards people in the long-term may imply high difficulties to achieve PTG for “relating to others” dimension. First, they talked about rage and resentment related to not being supported or recognized after the disclosure. Manuel explained: “I kept a lot of anger against my father and mother, against him [the perpetrator]”. Isabel said: “Because of this episode [blamed on her mother], I had a lot of grudges against my mother until my thirties”. Second, they spoke about the fear of rejection by others. For example, Maria said: “They buy you [your silence]. They shut you up. And this became a pattern in my life. And it has brought me a lot of trouble. You don’t want pain, you don’t want to be hurt”. Third, Juan explained how trust in others is damaged by the abusive experience: “A dark being [the perpetrator] has contaminated the trust you have in people to the point of preventing you from having a normal and balanced life”.

Regarding the axis of “new possibilities”:

***Obstacles and conditioning.*** This sub-theme referred to the narratives that describe the experiences of personal stagnation and rupture of potential life goals resulting from the damage caused by the experience of CSA. The abuse can pose obstacles to life possibilities and

opportunities and deflect a life project from the one that might have been. This could be read as a difficulty to see “new opportunities are available which would not have been otherwise”, a process associated with PTG. For example, Juan talked about his process as follows: "The most painful, in terms of life project, in terms of growth, is knowing that all your aptitudes and possibilities have been shattered”.

Regarding the axis of “personal strength”:

***Helplessness to choose.*** This sub-theme included expressions related to learned helplessness, that is, the feeling that they do not have alternatives to choose from compared to those presented to them by their environment or that the alternative chosen does not matter concerning the result. People who express this kind of experience do not trust in themselves and put their decisions in others’ hands. Women participants, in particular, recounted their helplessness to make important life decisions in line with their own needs or preferences, being forced instead into compliance stemming from social pressure. They could see their marriage as a bad choice, guided by others more than by themselves. Nevertheless, it was also a conscious opportunity for them to become mothers. For example, Maria says: "In some way, I married a person who was the one he [the perpetrator] liked. I had my children, which is something that I can say I consciously wanted, to be a mother, and it has been my fuel to move forward”.

Regarding the axis of “appreciation of life”:

***“Living hurts”.*** This sub-theme included narratives referring to psychological pain linked to sadness, anxiety, and distress in everyday life, and the feeling of not being able to escape these experiences. All participants at some point in the interview raised not only self-damaging behavior over their lifetime, but also their thoughts of death, suicidal ideation, or suicide attempts. This is far away from “appreciating much more day by day” or “appreciating much more the value of life”. Jaime, who lives with a diagnosis of depression, said: "I have to take three pills a day; if not, I would have already committed suicide". Similarly, Pedro spoke

of a feeling of heaviness: “Sometimes living hurts”. Others referred to such experiences in the past. For example, Tania said: “I have been going to the psychiatrist since I was 19. I didn't even want to commit suicide because I had no energy. I just wanted to die”.

Regarding the axis of “spiritual change”:

***Damage to faith.*** This sub-theme included expressions about the negative impact on the cognitive and affective dimensions of religious beliefs and spirituality. Most of the participants talked about a loss of faith in the Catholic religion and God and a loss of trust in the Church, just contrarily to spiritual change PTG dimension, such as “I have a stronger religious faith”. At the same time, they also considered that the perpetrator and the Church as an institution bear a huge responsibility for their loss, not only because of the victimization acts of individual priests but also because of the institutional response to the crisis of sexual abuse and other social and relevant issues. Maria pointed out: “I had been a girl of great faith”. She explained why she had lost her faith: “I guess it was when I saw and started thinking that the message of Jesus was not what was being given and practiced by the Church”.

### **Meanings of PTG.**

This theme included the narratives regarding the meaning-making of the experience of growth that derives from the vital effort to elaborate and overcome the traumatic experience of CSA. Despite the serious hindering of PTG provoked by the CSA experience itself, most participants reported that their particular experiences and meanings of personal growth were an outcome of their struggle with the suffering caused by CSA and the healing process. This theme included the following sub-themes: caring and appreciating; flowering from dirt: gratitude and hope; feeling able to do things; rebuilding and overcoming; acceptance, peace, and healing; desire to live and joy of living; evolution of faith.

Regarding the axis of “relating to others”:

***Caring and appreciating.*** This sub-theme included narratives about the behaviors and attitudes of dedication, generosity, and care toward others. Participants associated their growth

process with the act of taking care of others, especially vulnerable others in need of protection, such as acting as a protective figure for children and youth. They also expressed a need to feel that they were doing something for them. Tania, as a schoolteacher, said about her students:

"It's not that they are my responsibility, it's that I adore them (...) the feeling of growth comes with care". She also highlighted her empathy and need for justice for others, such as the other participants in the study: "I am a better person with the people that I see are vulnerable".

Similarly, Juan, as a leisure educator, reported: "I have never stopped working with young people (...) I needed to be there watching and protecting". Other narratives highlighted the importance of the love and appreciation of people as a way to grow and cultivate compassion for others. As Maria said about her story: "Despite being a strange person, I can love. It's what I learned in all this, to love everyone". This is linked to "have more compassion for others".

Regarding the axis of "new possibilities":

***Feeling able to do things.*** This sub-theme included expressions referring to the awareness of one's capabilities to achieve important goals for oneself. Participants' narratives reflected the importance of doing meaningful things in their lives to make them feel useful and responsible. This may concern rising to a challenge or fulfilling a purpose that brings personal satisfaction. The participants highlighted their power and ability to achieve positive results through their actions in line with their pursuit of justice in the child abuse field. Juan said: "There is a fundamental objective for me, which is to achieve educational reforms". A similar purpose involving a clear component of the empowerment process, such as building an organization against CSA, was brought up by Isabel: "Because I can, I can. So, if it [the abuse] hadn't happened, that wouldn't have been possible [personal project and feeling of strength]. There are a lot of things, if the abuse had not existed, that I would not have done". This is coherent with the PTG dimension such as "New opportunities are available which would not have been otherwise".

Regarding the axis of "personal strength":

***Flowering from dirt: gratitude and hope.*** This sub-theme included narratives referring to the recognition that the abuse suffered has been integrated as a significant part of the internal transformation that leads to growth. Most of the participants expressed in many ways how the pain that had come from the experience of victimization and the possibility of overcoming it is not devoid of meaning but rather brings powerful living in terms of personal growth. They talked about their gratitude for the pain and recovery. For example, Isabel said: “I think that thanks to everything that has happened to me, I am what I am. And that includes the abuse”. Maria added: “I can give thanks for being here now. I have improved a lot, and I wouldn’t be who I am if I hadn’t gone through that”. Their recognition of the value of their personal experience, even when traumatic, hurtful, or denigrating, also includes a feeling of pride in themselves for their ability to work through and heal the pain and all the major hardships in their life that have arisen derived from the struggling with the abuse experience. Juan related the following metaphor of flowering out of “dirt” and pain, a classical term to refer to growing from trauma: “And thanks to his dirty hands, and the pain he has caused me, a flower has grown, too. A beauty has been born, a fight has been born”. Jaime, who denied experiences of growth when he was specifically asked for them, could express hope of experiencing positive changes: “What else can I lose? If I have lost everything. (...) I live day by day, and I only hope that what is coming will be good”.

***Rebuild and overcome.*** This sub-theme included narratives referring to recognizing oneself again and redefining oneself regarding the ways of feeling and living. All participants talked about rebuilding their lives and about their process of overcoming the experience of abuse. They spoke about the moments and motives of their personal change and their intentions to maintain well-being. Juan talked about the remaking process as a need: “There comes a time when you can't take it anymore, and well, luckily, I started rebuilding my life”. Participants also emphasized their efforts to feel as well as they can, or to do their best, here and now. For example, Jaime said: “I try to live from day to day, I try to be the best I can be”. Another



common narrative among the participants was that growth after trauma requires a reset, a new beginning, in terms of learning to live again. Juan talked about a reconstruction and reeducation process that gave rise to new patterns of thinking and behavior that, in turn, brought him good things: “I have rebuilt myself as a person”. Manuel also mentioned this necessary reset process for him to live with well-being and explained that he had to learn to live with the feelings and emotions and recognize them: “You go through a traumatic experience, you inhibit yourself, you separate your mind from your body, in other words, you become a much more mental person, and you hide your feelings. If you can break out of it, you start again. It means learning how to feel”. The vast majority of this narrative implies improving and “gaining trust in oneself”, and also “taking consciousness of own capacity to manage difficulties”.

*Acceptance, peace, and healing.* This sub-theme included expressions of reconciliation with the past, which promotes a state of present well-being about themselves and life. The process of accepting what happened in the past (or is happening in the present) was important for participants. Additionally, so was facing the adversities of life and accepting themselves and life as it is, coming to terms with the abuse and the social reaction of their meaningful people after disclosure. This would be related to “accepting better things in the way they are”. Juan talked about his reconciliation with the past and the peace he felt for everything that he had done in the process, even though his symptoms of mental suffering had not disappeared: “I will die peacefully, even though while I’m alive I will continue thinking every day about dying [death ideation]. Every day I remember the priest [the perpetrator]”. Moreover, he narrated that getting over his resentment was good for the healing process and made way for calm and peace: “Resentment destroys you inside, my work has been done from a place of calm and peace and resolving the conflict”. In terms of healing through peace and reconciliation, Maria added: “I consider that I have pretty well-made peace with this”. In both cases, the two participants also refer to feeling a clear conscience from having done things well and made a

good personal effort at self-regulation. This dimension is connected with the discovery of better emotional self-managing, more self-confidence and trust in managing life difficulties, and developing strength in oneself.

Regarding the axis of “appreciation of life”:

***Desire to live and joy of living.*** This sub-theme included narratives about recovering the pleasure of being alive and the ability to enjoy everyday life. Participants associate PTG with a desire to live, something that they discovered during or after the healing process. Tania spoke about how this feeling of delight is a learning process and makes her value her own life in contrast to how she felt before: “I value every minute of my existence. This is one thing that did not happen to me before. And I enjoy everything. I enjoy not being afraid of anything”. In some way, Tania’s story was similar: “I have a greater appreciation for the value of my own life”. This can also be seen when Juan commented on the loss of fear as an important aspect of enjoying every day in the city where the abuse occurred. He is proud of his process of change, which was the result of delayed public recognition that his disclosure and notification were true, that he was not lying but rather seeking justice, and that he was no longer treated as a betrayer: “Beautiful things... wonderful people. Stepping out again into the streets of my city, and the city center, and not shivering, not trembling”. Maria also raised the wish to enjoy a quiet, beautiful life: “I am looking forward to retiring with my health, I’m excited about it”.

Regarding the axis of “spiritual change”:

***Evolution of faith.*** This sub-theme included expressions about the changes experienced in religious beliefs and spirituality. Participants spoke about processes of transformation affecting their faith – generally, they rejected the Catholic faith – and about their understanding of spiritual issues in new ways. For example, they described the relief that came from their intentional, thoughtful break with the Catholic faith. Manuel said: “Fortunately, I stopped believing in God many years ago”. Maria, like the other participants, explained that her spirituality was far removed from the Catholic faith, but that other religions have been very

helpful to her: “Religion gives me a bit of security. (...) I embrace things that help me”.

Similarly, Jaime offered a unique narrative about the conservation of his religion and faith as a matter of protection for him: “I believe that faith has helped me not to jump out the window already”. Despite his religious and traditional values, Jaime also highlighted his loss of faith in representatives of the Church as a consequence of their reaction to the disclosure of abuse: “I believe in God, but due to what happened to me with this man [the perpetrator], and the attitude of the bishop, I do not believe in priests. I am sorry. I don't go to confession”.

**Internal and contextual facilitators of PTG.** This theme included narratives about elements, life experiences, events, and contexts of personal development that can favor the PTG. During the interviews, the participants also talked about the issues that helped them to move forward from the pain and damage to the experience of growth and greater well-being. This section sets out the internal and contextual issues in the participants’ experiences and lives that helped them to make the transition from damage to growth and meaning-making. This theme included the following sub-themes: introspection process, therapy process, turning point, and social support.

***Introspection process.*** This sub-theme included expressions and narratives about a cognitive and ruminative process that led to a new comprehension of the life experience of the CSA trauma. This issue of work of going through an introspection process was associated by the participants with healing and growth, which brought awareness and insights into the abuse and all of its negative consequences, doing so either on their own or with help, such as through therapy or involving friends. Tania explained her process of understanding the effects of the abuse on her psychological and physical health as an important element in building a healing process, and she talked about how the process led her to exercise her free will: “Since I am aware of the influence it has had on my life... And especially since I have realized that I will do with my life what I really want”.

***Therapy process.*** This sub-theme included narratives of psychological support provided by mental health professionals and therapeutic counseling, related or not to the CSA experience. All of the participants were being treated by mental health professionals as a result of their CSA or other types of problems. Those who received therapy for their experience of abuse highlighted how necessary and useful it was, not only to facilitate their processing of the experiences but also to take action in their life to consolidate growth steps and consequently to increase their satisfaction with life and themselves. Isabel said that the therapy process enabled her to make decisions that modified her perspective of the abuse and encouraged her to address major conflicts that gave her enormous self-satisfaction, such as speaking with her mother and speaking with the perpetrator, an action that commonly helps survivors to feel stronger: "... to start going to the psychologist" and "then, when I confronted [the perpetrator]".

***Turning point.*** This sub-theme included narratives of events that, without necessarily having a direct relationship with the abuse, cause a sudden change in the life trajectory regarding purposes, values, beliefs, and attitudes. Participants commonly described turning points in their lives that could be unrelated to the sexual victimization, but sparked the beginning of a psychological change process that led them to connect those changes with the trauma of CSA. The kind of situation in question could be a different traumatic experience or a high level of suffering that may generate an internal change in how they think about and interpret their stories. Maria spoke about how a traumatic accident made her look at life and people differently than before and start to think about what she really wanted: "I could say that the change came when I hit rock bottom. Then I built myself again". Similarly, Tania talked about a lengthy, severe physical illness that brought her close to death. She described it as a somatization stemming from the intimate partner violence that she was suffering, as well as a moment that made her become aware of her pain and react to protect herself: "I thought: 'It's me who dies, who feels the pain'. It was the first time in my life that I realized that I was a subject because I felt it hurt".

***Social support.*** This sub-theme included expressions that perceive that significant people react with attention, credulity, and care in relation to disclosing the abusive experience. Participants associated their process of growth after trauma with the social support that they received from the people closest to them, mainly family and good friends, after their disclosure. Juan spoke about how his friends' support after many years proved to be important for his growth and his healing process: "The support I have had from wonderful people, meeting my friends again, reconciling with my past". Maria also talked about the impact of her mother's reaction, how it repaired wounds and unblocked the healing process: "I had help from friends and family, my mother. Yes, I could tell her, and it hurt her a lot, and ... I can say that I consider myself very lucky".

## Discussion

The present study focuses on the complexity of PTG experiences and processes in clergy-perpetrated CSA victims in Spain. One of the most significant findings from the participant stories was that the CSA experience in itself affects negatively different areas such as the person's relationship with themselves and others, self-confidence and trust in others, spirituality, and hope. This type of consequence expressed for example in loneliness or desire to die makes it more difficult to develop personal growth. At the same time, all of the participants explicitly or implicitly narrated experiences of growth as a consequence of the prolonged process of healing, which is in keeping with previous studies (Capella et al., 2016; Draucker et al., 2011; Vilenica & Shakespeare-Finch, 2012).

Three main themes were identified from the participant stories: (a) the hindering of PTG; (b) the idiosyncratic experiences and meanings of PTG (c) the contextual and internal life events that have led from personal damage to personal growth. All of the participants discussed and related the two themes – damage and growth – which could happen simultaneously or sequentially, as well as the contradiction or connection that exists between

these two types of apparently opposite experiences. Previous studies have analyzed the CSA consequences valued not only as negative but also as source of growth (Hartley et al., 2016; Saint-Arnault & Sinko, 2019; Shakespeare-Finch & de Dassel, 2009).

Participant stories showed that it is not only possible but also common as part of the same post-traumatic process to experience ambivalent and discordant living, such as suffering from loneliness while feeling love and a desire to protect people, learning after living many years with learned helplessness to make important choices for oneself based on one's own needs and desires, and having thoughts of suicide even while wanting to enjoy life and knowing how to do it, among many other experiences. These results are aligned with theoretical proposals and empirical studies that maintain not only that mental health problems are compatible with the experience of growing, but also that the effort undertaken to deal with such problems and their psychosocial consequences mobilizes growth in a way that would not have existed without the process of working through the trauma (Shakespeare-Finch & Lurie-Beck, 2014; Tedeschi et al., 2018). Moreover, the results are also in line with the mental health recovery model (Shepherd et al., 2008). This literature confirms that PTG is possible even when the symptomatology associated with mental disorders is considered severe, and people living with those symptoms also present the cognitive and emotional ability to understand, make meaning of, and work through the experience (Mazor et al., 2018; Slade et al., 2019). In addition, the descriptions of growth provided by the study participants fit with the conception of PTG as a process that affects subjective well-being related not to functionality or the absence of discomfort, but rather to personal satisfaction and the meaning of living (Durkin & Joseph, 2009).

As has been observed in previous studies involving survivors of clergy-perpetrated CSA (Guido, 2008), most of the participants reported a loss of faith in God. There was a unique narrative explaining the maintenance of faith in God but including loss of faith in the Catholic church and priests. This experience may be related to institutional betrayal (Smith &

Freyd, 2014), and the way of receiving, react, and managing complaints from victims, mostly by protecting abusers and moving the abusers to other dioceses, denying and invalidating victims, and contributing to widespread clergy-perpetrated CSA, as all the participants pointed out during the interviews. Moreover, many participants built new ways of living spirituality and report “having a better understanding of spiritual matters”. Participants often adopted new ways of experiencing spirituality, questioning transcendent and existential issues and belief systems that may be associated with PTG (George & Bance, 2020; Hartley et al., 2016).

Another theme was the context that facilitated participants’ move forward from damage to growth and its importance in the elaboration and construction of meaning about the traumatic experience, as has been reported previously (van der Westhuizen et al., 2022). The main PTG facilitators identified from the participant stories, such as turning points, social support, and introspection, have also been the subject of previous studies (Chouliara & Narang, 2017; Dagan & Yager, 2019; Evans, 2020; Patterson et al., 2022). In a quantitative study of clergy-perpetrated CSA survivors Easton et al. (2013), found an association between the development of PTG and the presence of turning points, perceived social support after disclosure, and understanding of the abusive experience. This was also demonstrated by Henson et al. (2021) in their more recent systematic review of factors that promote PTG. These results are consistent with previous studies that found that social support acted as a predictor of PTG (Wolfe & Ray, 2015) and constituted a recurrent narrative in CSA survivors (Shakespeare-Finch & de Dassel, 2009). As for introspection, understanding therapy as a vehicle for growth is coherent with the importance of treatment, which has been pointed out by several authors (Classen et al., 2017; Walker-Williams & Fouché, 2018), and with the fact that rumination, both intrusive at the beginning and deliberate later on in the post-traumatic process, contributes to the meaning-making and reframing of the experience and the “assumptive world”, and therefore to the development of PTG (Stockton et al., 2011).

It is important to highlight that the qualitative methodology used in this study made it possible to observe nuances and particularities in some of the obtained categories that also happen to coincide with ideas pointed out in previous literature, such as “caring and appreciating people” (Glad et al., 2013), “flowering from dirt: gratitude and hope” (Saint-Arnault & Sinko, 2019), “rebuilding and overcoming” and “restarting and learning” (Buchbinder & Sinay, 2020), and “evolution of faith” and “rejection of faith” (Walker et al., 2009), as meanings of PTG in CSA survivors.

Because knowledge on the topic is scarce, the present study brings new insights into the meanings of PTG, the close relationship between harm and growth, and the mechanisms (both internal and contextual) that are involved in healing from clergy-perpetrated CSA in Spanish culture. Moreover, the findings of this study correspond with the latest model of PTG explained by Tedeschi et al. (2018) as the vast majority of the participants explain their life development of PTG accordingly with the components of this model with high relevance of intrusive and deliberate rumination, self-analysis and self-disclosure, social support, new ways to see life, narrative change, and remaining of some distress persistent and intermittent compatible with change, growth and construction of well-being (Tedeschi et al., 2018).

### **Limitations of the research**

A few limitations in the current study should be considered. First, there is a common difficulty in accessing and recruiting participants for CSA research, which was more pronounced among Spanish survivors of clergy-perpetrated CSA. Using convenience sampling as a recruitment procedure may have conditioned the obtained results even though qualitative interviews are the recommended way to gain more sensitive access to the PTG processes experienced by survivors (Tedeschi et al., 2018). As a result, only the narratives of people that had been disclosed and notified to the authorities as well as any received therapeutic attention were observed, resulting in an incomplete picture of the situation. Second, as part of the nature of qualitative research, the findings were based on the researcher’s interpretation of participant



narratives, which may be influenced by their own subjective experiences and assumptions, although this risk was mitigated through triangulation.

### **Future research**

All these issues must be taken into consideration in any future research in the field of clergy-perpetrated CSA and PTG. Accordingly, it would be valuable to include clergy-perpetrated CSA survivors without clinical or psychiatric attention or disclosure of experiences in subsequent research in order to learn about how PTG occurs more widely in the particular population. In addition, the relationship of PTG with variables like social support and resilience in adult survivors is a challenge that should be taken up by researchers using mixed methodologies.

### **Practical implications and recommendations**

The results of the present study reinforce the proposal that the view on the response to trauma be expanded to include the experiences of transformation and growth, which are common, constructing narratives of understanding and significance of the experiences that make suffering obtain positive value for one's life (Tedeschi et al., 2018), whether for personal or collective good. This holistic conception of response to trauma allows us to see post-traumatic growth as a possible and common process for survivors with important implications for clinical work (Fouché & Walker-William, 2016; Tedeschi et al., 2018; Walker-Williams & Fouché, 2015), encouraging the professionals who accompany them to integrate their work into other common and standardized trauma treatments, such as cognitive-behavioral therapies or narrative therapies. Indeed, listening to the voices of clergy-perpetrated CSA survivors not only involves a political act of validation and legitimization of their experiences, but also amounts to an effort to amass rich knowledge of a very sensitive and complex process, and

carry out person-centred treatments based on strengths and resources to promote the development of PTG and well-being.

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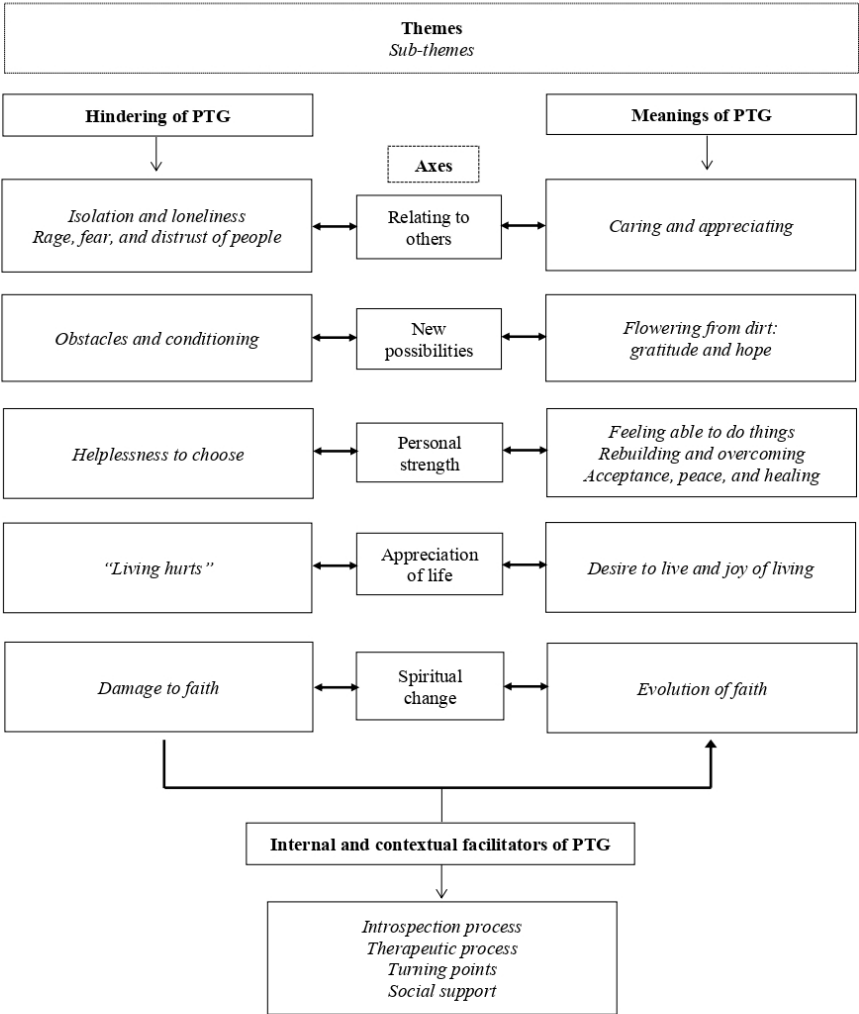
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**Figure 1**  
*Axes, themes, and sub-themes obtained from the analysis*



Supplemental Table 1.  
Direct scores of factors and total PTGI-SF and T scores of PTG (based on Sicilia et al., 2022)

	RO	NP	PS	SC	AL	PTG	T
Pedro (male)	5	1	5	0	0	11	44
Manuel (male)	0	3	4	0	2	9	42
Tania (female)	1	9	3	4	10	27	55
Jaime (male)	3	5	5	4	7	24	53
Isabel (female)	9	9	9	3	9	39	64
Maria (female)	8	10	9	4	9	40	65
Juan (male)	10	8	9	0	9	36	62

*Note:* RO = Relating to others; PS = Personal strength; NP = New possibilities; SC = Spiritual change; AL= Appreciation of life; PTG = Posttraumatic growth; T = T scores of PTG (based on Sicilia et al. (2022).

Further data on participants from this study come from Sicilia et al. (2023).