

Spiritual healing experiences of rape survivors

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Abstract: Rape incidence is reportedly high in South Africa, yet the number of professionally trained therapists is limited. Some rape survivors end up seeking help from churches and then claim to have received spiritual healing. This study aimed to find out how this healing occurred. The results indicate that survivors whose pre-morbid functioning had been stable, had symptom relief through attending churches and counselled by church leaders. The support given approximated psychotherapy in that they experienced unconditional positive regard, empathy, and respect. Survivors expressed that relief came after saying prayers, reading Biblical scriptures, and receiving spiritual guidance; which they accepted as spiritual healing. After receiving support from the church they experienced peace and forgiveness for the perpetrators.

Keywords: Spirituality, Spiritual Healing, Rape Survivors, Community Psychology, South Africa

Introduction

This is a research report based on the study that was conducted to acquire knowledge on spiritual healing experienced by rape survivors in the Nkangala district in South Africa. The aim was to find out how rape survivors reached relief from their traumatic symptoms.

Spirituality represents different things to different people. Wilber (2000) describes spirituality as the highest level of human development as it resides in the non-dual level of development that has transcended the body-mind duality. In his *Great Nest of Being Theory*, he describes human development as evolving through the stages of matter, life, mind, soul, and lastly, spirit. Judith (2004) describes the soul as an individual expression of the spirit, and the spirit as the universal expression of the soul. This can be interpreted as everyone carrying part of the universal intelligence that can be described as spirituality. Human development into maturity, therefore, is directed towards transcending the mind-body duality and becoming the integrated whole (Wilber, 2000).

Survivors of rape described their healing processes as spiritual because, in their quest for healing, they reached out to a Higher Being. This was achieved through working with their religious leaders whom they believed had a special connection with this Being. They described the relief of symptoms they experienced after consulting with their religious, mostly church leaders as having had a spiritual healing.

Background Information

Rape is one of the serious problems which plague South Africa. In the first three months of 2022 there was ten thousand, eight hundred and eighteen (10 818) reported cases of rape and almost half of these cases (4 653) took place in the homes of the survivors (SAPS Crime Statistics Report, 2022). The Nkangala District, in Mpumalanga Province, has been reported to have a high incidence of reported rape cases but the number of professionally trained therapists to attend to them is limited. Pillay & Nyandeni (2021), report that in 2018, there were only 2 883 new clinical psychologists registered with the licensing body for psychologists. Of this 2 883, only 426 were Black African. This report indicates the discrepancy that exists between the incidence of rape (and other sexual offences) and the available support services for survivors. An observation has therefore been made that rape survivors end up looking for assistance from their churches, and then claim to be healed spiritually. What was of more concern to the researchers is that rape trauma does not affect the victim only, but also has spiral effect on the family, community and the country

if left untreated (Ullman, Lorenz & O'Callaghan, 2018). The general lifestyles of most survivors change drastically after the assault. The survivor may behave in any of the following ways:

- Anger, fear, depression, and suicide
- Engagement in substance abuse
- Promiscuity
- Hesitancy to enter stable new relationships as a way to reassert a measure of control over sexual relations.
- Loose sense of personal security.
- Questioning one's own sexual identity or sexual orientation leading to dressing and behaving like men (Breslau & Peterson, 2010; Haskell & Randall, 2019).

Method

Sample Selection

The following criteria were followed to select participants that would provide rich, in-depth information regarding the phenomena under investigation:

- rape survivors who had experienced spiritual healing,
- did not receive any psychotherapy
- were able to articulate their experience in a fluent and comprehensive manner,
- were willing to participate,
- were committed to attend stipulated sessions and
- were drawn from different religious denominations, in order to provide diversity to the research.

The researcher was granted permission by the Station Commander of the twelve police stations of the Nkangala district from whom to collect a list of rape survivors, aged eighteen (18) and above, irrespective of their marital, employment and congregational status.

From these police stations, the researcher was able to get a list of 120 rape survivors. Sixty-four (64) had already received psychotherapy. From the remaining fifty-six (56), the researcher managed to get hold of thirty-two (32) survivors; the reason being that several telephone numbers had changed or were incorrect and five (5) clients were not interested in participating in the study. Thirty-two (32) participants were willing to participate in the study.

Of the thirty-two (32) only eight (8) of the survivors met the criteria for inclusion in the study. These eight (8) participants considered themselves to have experienced post-traumatic spiritual healing and were able to articulate their experiences in a fluent and comprehensive manner. These survivors viewed themselves as having recovered from traumatic experiences through spirituality (i.e., reaching out to a Higher Being guided by the church) without undergoing psychotherapy. In addition, they were willing to participate and committed themselves to attend the stipulated sessions.

The researcher assisted twenty-four (24) clients who did not meet the study's inclusion criteria to receive counseling from social workers and psychologists in their own area of residence as they could not afford transport fees to the hospital.

Data Collection

A popular method of data collection in qualitative research is the use of in-depth interviews that ask an unrestricted number of open-ended questions to obtain depth and richness of the information (Plante & Sherman, 2007; Swinton, 2007). The disadvantage of this method is that the researcher tends to lose focus and push the participants' stories into another direction. Therefore, in order to avoid this, the researcher chose one question, which reads thus: **"Please provide a comprehensive description of your post-traumatic spiritual healing experience"**. Follow up questions were based on the story of the participant.

Interviews were conducted using the participants' native language. Conducting interviews using the participants' home language enabled them to express themselves more openly and thoroughly. The participants' languages were: isiZulu (5); isiNdebele (2); and Northern Sotho (1). The eight (8) participants' stories were then translated into English. The interviews were non-intrusive and non-directive.

Once the interview began, it was up to the researcher and each participant to co-decide if another interview session was needed or not. Each interview took about one to two hours. Once each interview was analyzed, the researcher met again with each participant to reflect on the report and receive feedback.

Each interview was conducted at the participant's home at a time when there was no one else. This was deemed necessary to ensure minimal interruptions and allowed participants to feel comfortable in discussing potentially sensitive material. Individual interviews were followed by a discussion conducted in one of the participants home, that lasted for one and half hour in which selected participants shared their healing experiences. They offered suggestions as to the use of such experiences and knowledge to help others.

Data analysis

Data analysis focused on interpreting the lived experience of people in context so that the results were not only a trustworthy analysis of the evidence but also the generation of alternative discourses on the phenomena being researched (Terre Blanche & Durrheim, 2009).

The researcher followed a qualitative research approach suggested by Ryan and Bernard (2008) of treating the transcribed text as a window into the human experience. This study involved interpreting the windowed human experience, with an intention of finding significant themes in the text (Ryan & Bernard, 2008; Sprenkle & Piercy, 2009). This involved finding significant sub-themes in the text.

The Protocols were reduced to *naturally occurring units*, each conveying a particular meaning. The natural meaning units and central themes expressed by the participants were followed and focused on the content categories of the participants' stories. This was done following these five steps:

- **Selection of themes:** based on the researcher's question, all the relevant sections of the interviews were collected to form sub-themes.
- **Categories:** the sub-themes were then sorted into categories. This process was achieved by seeking commonalities in the sub-themes. This involved careful reading and re-reading of the verbatim stories of the participants, finding sub-themes, and organizing these sub-themes into content categories. The sub-themes that were identified by each participant were further clustered into general themes that were common to all participants.
- An essential general structure that reflects the collective experiences of the participants was formulated and this gave a sense of participants' whole experiences.
- The **content categories** of each participant's story were later shared with the participant and then modified accordingly.

Once each interview had been analyzed, the researcher met with each participant to share findings and receive feedback. Trustworthiness, dependability, and credibility of data were ensured by allowing the participants to check the researcher's story of their own stories during the feedback interviews.

Results and Discussion

The data obtained from this study indicated that resolution of traumatic symptoms was perceived by the seven participants as positively correlated to spirituality. Spiritual healing was viewed as restoring harmony and the normal functioning of individuals regarding their activities of daily living. Religious practices such as prayer, scripture reading, and listening to sermons appear to have instilled cognitive restructuring, i.e., the realization that some situations are beyond one's control, thus instilling a need to seek help from beyond one's cognition.

Praying and listening to gospel music or reading the bible helped survivors to rid themselves of painful, intrusive thoughts and re-orient to the moment (Mckinlay, 2007).

Church attendance, church rituals, fellowship, and acceptance brought unconditional positive regard to the survivors, especially those that had been rejected by relatives and friends. Extracts from the interviews as a testimony are provided here.

Liz (pseudonym) stated that "*With the support of my church and their teachings, I was healed, I attended the church regularly; when alone and feeling low I would read the scriptures and pray*". This resulted to an improvement in self-esteem and resolution of depressive symptoms such as suicidal ideation, e.g., "*my relationship with God was not always strong, but after being raped by my brother-in-law and rejected by people I loved, I gave my life to God and*

developed a very strong relationship with Him. Then I gained the ability to function normally, able to think straight and able to claim my own direction”.

Realization of personal vulnerability encouraged the survivors’ belief in God’s omnipotence. Their need for safety and protection was realized through belief in God. He became a source of strength for them, i.e., believing that God was on their side, made a difficult situation easier for them, Mary stated *“I became aware of God’s presence and His protectiveness. Um-, the rapists would have killed me, but I believe that God looked after me and I could trust Him as He took control of the situation”* and Pauline said *“sometimes when I was in deep pain I felt like I was floating, but Jesus carried me to the end. You know footprint in the sand – remember that? At those times, I believe Jesus just carried me through”.*

Carl Rogers’ **three stage treatment model** in Spiritual Support (in Kataoka, 2006) is discussed in relation to what was said by participants in their stories to compare key elements that were instrumental in symptom relief. The three stages are as follows:

stage one - safety and stabilization,

stage two - trauma metabolism and,

stage three - self and relational development.

During the first stage survivors in this study received support and prayers from the church leader. Three participants reported that after being prayed for, the Pastors in a lengthy way talked and encouraged them. Four participants stated that when their Pastors prayed for them it was like a big rock was removed from their shoulders and one said she felt so happy and relieved after the prayer.

During the second stage, the survivors were able to explore their trauma experiences by desensitizing the intense negative emotions associated with their memories. Participants in this study were given homework to read verses from the Bible. Bit by bit they gained stability, felt safe, and started to cope. Participants were actively involved in praying, reading encouraging verses from the bible, fasting, and attending church regularly and were part of small prayer groups (i.e., home cells). Some conducted rituals.

All church leaders consulted by the participants displayed openness, empathic understanding, acceptance, mutual respect, and intimacy. They encouraged survivors to work towards achieving these same conditions as ultimate healing goals. The primary techniques are church leaders and congregations’ attitudes towards the survivors: genuineness, unconditional positive regard (nonjudgmental respect) and empathy.

Chu (2009) and Carl Rogers (in Kataoka, 2006) describe the last stage as the consolidation stage of trauma treatment. In this last stage the seven participants were able to socialize liberally. One participant mentioned that she continued selling by the street without fear or being suspicious of every male passing by. The one who was raped by a family member forgave the perpetrator and attended all family gatherings. They all progressed well, except one.

Roger (1958) uses the term *‘helping relationship’* instead of counselling or therapy. He describes this relationship as the one in which one of the participants intends that there should come about, in one or both parties, more appreciation of, more expression of, and more functional use of the latent inner resources of the individual that will promote the growth, development, maturity, and improved coping with life of the other” (p. 7) In this study rape survivors entered a counseling relationship with their church leaders and gained transformation. When the rape survivors moved from despair and brokenness to renewed zest for life, hope, faith and confidence in God, some important aspects of transformation were achieved, one can say that the latent inner resources of rape survivors were activated. Spiritual support helped to relieve anxiety, fear, and depressive symptoms from the traumatic incident. Through empathic guidance, survivors were assisted to integrate physical, psychological and relational difficulties.

In addition to the helper/counselor personal characteristics, factors such as survivor’s social support network, severity of the assault, or multiple traumas are also important to indicate the speed of recovery from trauma. Premorbid functioning also indicates the rate of recovery. A victim’s relationship to the assailant did not show much impact on a survivor’s psychological functioning after the incident.

This comparative analysis revealed that the guidelines applied by spiritual healers are also practiced in psychotherapeutic interventions; namely, unconditional positive regard, empathy, congregational support and respect. Participants strongly believed that their healing occurred because of prayer, reading Holy Scriptures, and support from their various churches. According to them, spiritual guidance gave them strength to forgive perpetrators and move on with their lives.

Asset-based Community Interventions as support mechanisms where resources are limited. An asset-based approach makes visible and values the skills, knowledge, connections and potential in a community. It promotes capacity, connectedness and social capital (<http://www.abcdinstitute.org/resources/>).

Social capital in this study was understood as the value of an individual's social relationships. This perspective draws on notions of social support, sense of community, material and informational resources, and psychological empowerment, as explained by Douglas, Perkins, Hughey & Speer (2002). Benefits that accrued to survivors in this study resulted from their relationships with spiritual leaders and the church.

The study applied asset-based approach and social capital to deal with the shortage of trained therapists to for rape survivors. Community assets in this case consisted of congregations and their spiritual healers. Congregants and spiritual leaders are the first point of call for poor people that cannot afford expensive private therapists. In this study the researcher applied an appreciative enquiry approach to find out if the survivors that received help from their churches did recover from their traumatic experiences. The results were positive. This was beneficial because it highlighted the importance of engaging the available community structures for support, in instances where resources are limited. The study was beneficial in the sense that it was able to differentiate types of cases that can easily be handled by spiritual (church) leaders from those that required trained therapists. This adds new knowledge on the available resources for psychological therapeutic interventions.

Conclusion

This study contributes to the body of knowledge regarding the healing of rape survivors. South Africa in the context of violence, faces a challenge in the prevention of rape. Health and social services in the Nkangala district suffer from a long-standing fragmentation and lack of co-ordination, thus rendering them ineffective (Van Dijk, 2011).

The Nkangala district is in the context of poverty. It faces challenges in the prevention of rape. Currently many non-governmental organizations attempt to intervene but with not much success, because the Mpumalanga province does not have the necessary resources. In other provinces of the country, Rape Crisis centres have been able to provide support to rape survivors through face-to-face, and telephonic counselling via an emergency telephone line that is available during the day and after working hours. The Nkangala district of the Mpumalanga Province does not have the luxury of these services.

South Africa is a country where seventy five percent of the population claim to be Christian and twenty five percent claim allegiance to other religions (DeGrunchy, 2004; Smalley et.al., 2012; Tshelane, 2008). Kourie and Kretzschmar (2008) drew attention to the renewed interest of spirituality in South Africa since the advent of democracy in 1994. The Nkangala district community has congregations that generally support the local people whenever the need arises. These congregations are reported to assist rape survivors through prayers until they are completely healed. It is for this reason that the researcher wanted to explore this line of counselling and possibly promote it to broaden the scope of support for rape survivors.

Over-utilization of certain services and inaccessibility of others and sometimes services that do not provide for diversity of language, culture and worldview, as well as lack of long-term planning of new services are some of the difficulties that have contributed to the ineffectiveness of services for rape survivors in the Nkangala district. The inclusion of local people such as spiritual leaders that are well conversant with local culture and language in this study enhanced effectiveness of support provided to rape survivors in this study.

Other difficulties are related to issues such as transportation, level of education, proximity to health care providers, health care literacy; therefore, holistic, effective person-centered and service-oriented mental health services for rape survivors are therefore crucial (Devries, 2007). The proximity of local churches and congregants available for support was able to cater for these difficulties. In another case, the survivor was invited to take temporal residence at the church premises which provided continuous monitoring and support which facilitated healing.

Psychological trauma and spirituality are domains that interact with one another, as a person experiences and attempts to recover from a traumatic event (Karasu, 2008; Miller, 2007). According to Cole (2009), spiritual healing is now an appropriate theme in the field of psychology, because of its complex nature and its close relationship with human experience. It therefore qualifies for urgent research. There has also been a growing interest in spirituality and psychotherapy (Eck, 2008; Sue, 2013; Blair, 2015; Charzyriska & Heszen-Celiriska, 2020). This is not unreasonable

if one considers that trauma usually results in profound thinking about one’s spirituality and/or meaning to life. From this study the researcher has been able to design a model that outlined the process of spiritual healing. [see Fig.1 below]

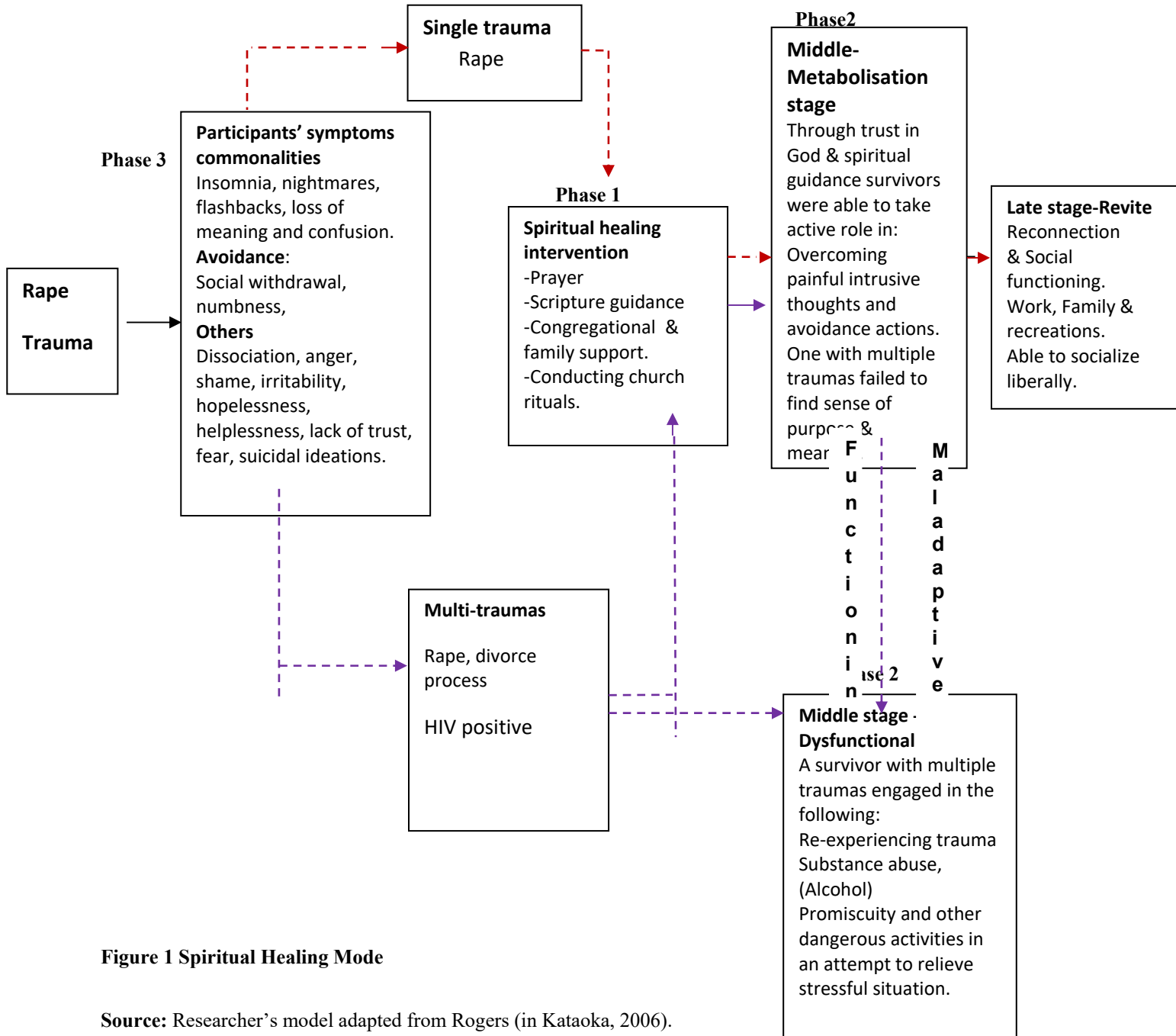


Figure 1 Spiritual Healing Mode

Source: Researcher’s model adapted from Rogers (in Kataoka, 2006).

A significant achievement from the study was the knowledge that some church leaders were able to get through the rape survivors' emotional devastation and guide them back to normal functioning without any formal training in psychotherapy; however, this was the case only with those survivors whose pre-morbid functioning had been stable; i.e. those survivors who had not suffered severe trauma before the rape incident. This gave an indication that psychologists can work together with spiritual healers to support rape survivors, even if it meant containment in some cases. Such interventions will help minimize the extent of trauma for rape survivors.

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