

The background of the slide is a dark navy blue, overlaid with a stylized stained glass pattern. In the center is a large, circular rose window with a black leaded glass outline. To the left and right of the central window are two tall, narrow lancet windows. Each lancet window features a pointed arch at the top containing a colorful floral or mandala-like design in shades of blue, pink, and light green. Below the arches, the windows are filled with vertical bands of orange, yellow, and blue, interspersed with small circular motifs. The central rose window itself has a black outline and contains the title text in a light blue serif font.

# SPIRITUAL ABUSE

## **Implications for Counseling**

Presented by:  
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# Presentors

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# PRESENTATION OVERVIEW



Understanding  
Spiritual Abuse



Impacts of  
Spiritual Abuse



Treating  
Spiritual Abuse

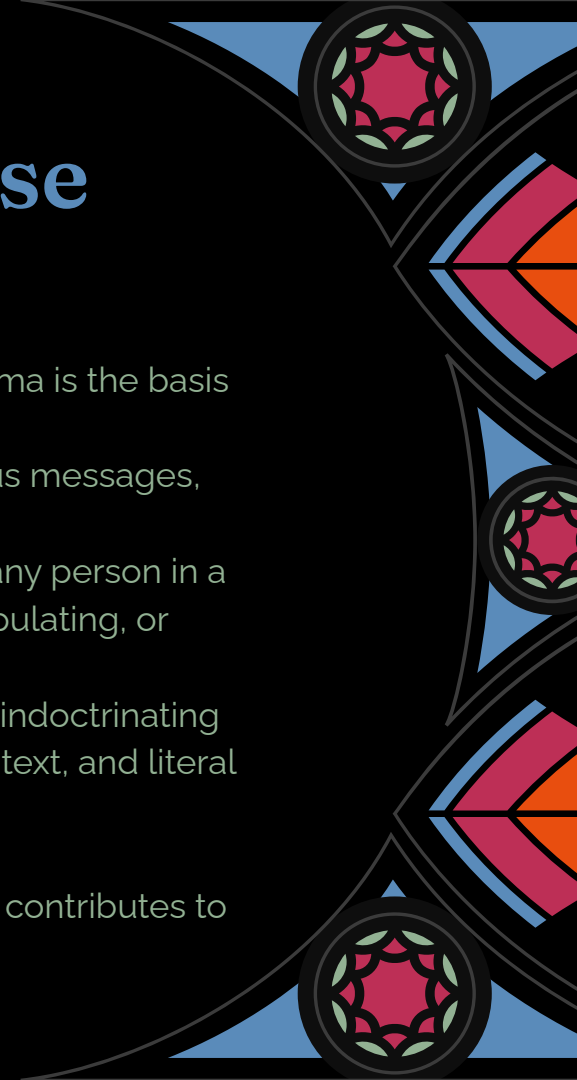


01

# Understanding Spiritual Abuse

# Understanding Spiritual Abuse

- As counselors, we see our clients holistically
- Spirituality is not confined to religious participation, however religious trauma is the basis for spiritual abuse
- **Religious trauma**: pervasive psychological damage resulting from religious messages, beliefs, and experiences. Often the result of spiritual abuse.
- **Spiritual abuse** can be defined as: "misuse of power, authority or trust by any person in a position of spiritual power or authority through controlling, coercing, manipulating, or dominating a child's or an adult's spiritual development or experience."
- **Forms of abuse**: manipulation, exploitation, forced participation, shaming, indoctrinating harmful beliefs, manipulative interpretations of Scriptures taken out of context, and literal physical, sexual, or emotional abuse by spiritual authorities.
- Competency in assessing for spiritual abuse
- Potential Treatment Goal: to incorporate faith in a healthy way if spirituality contributes to healing process or addressing treating spiritual abuse





# Forms of Spiritual & Religious Abuse

Power, control, and response wheels. Safe Havens. (2020).  
<https://www.interfaithpartners.org/power-control-and-response-wheels>

# ASSESSING FOR SPIRITUAL ABUSE



**Spiritual Health Inventory (SHI)**  
18 items, assesses 4 factors of spirituality: personal experience, spiritual well-being, sense of harmony, personal helplessness



**Spiritual Bypass Scale-13 (SBS-13)**

13 items, assesses for spiritual bypass: psychological avoidance and spiritualizing.

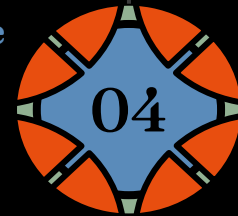
**Spiritual Assessment Scale (SAS)**

28 items, assesses 4 attributes: unifying interconnectedness, purpose/meaning, innerness, transcendence




**Transgression-Related Interpersonal Motivation Scale Trim-12**

12 items, Avoidance and Revenge, assesses for clients' perception of forgiveness



# Spiritual Intake Questions

- 
1. Do you have a belief in God, a higher power, universal spirit, or other?
  2. Would you like to discuss this belief/absence of belief with the counselor?
  3. Are you currently affiliated with any religious denomination and/or spiritual practice?
  4. How would you describe your religious or spiritual beliefs and practice history?
  5. What role has religion and/or spirituality played in your life?
  6. Has religion and/or spirituality contributed to any stressors in your life?
  7. Have you experienced any changes in religious affiliation since childhood?
  8. Are there any spiritual and/or religious resources that you feel are a source of strength?
  9. If so, what resources have you found most helpful?
  10. Have religious and/or spiritual influences currently or historically contributed to any stressors in your life?
  11. Are you interested in giving the counselor permission to consult with religious/spiritual leader(s)?
  12. Are you interested in trying new spiritual or religious interventions?





02

# Impacts Spiritual Abuse

# Areas of Impact

## Psychological:

### The “Invisible Wounds”

- Loss of identity or self-worth
- Guilt and shame
- Anxiety, depression, PTSD
- Grief
- Scrupulosity
- Spiritual Bypassing

## Spiritual:

- Loss of Trust
- Fear of engaging in practices
- Existential crisis
- Converge the abuser with God/Higher Power

# Areas of Impact (Cont.)



## Relationships:

- Loss of spiritual community
- Isolation
- Difficulty building strong relationships
- Difficulty setting healthy boundaries
- Codependency
- Struggles with power differentials

## Physical / Behavioral:

- Sleep disturbances
- Hypervigilance
- Muscle tension
- Headaches
- Stomach problems
- Panic Attacks
- Self-harm and eating disorders
- Sexual dysfunctions

# Long Term Effects



Difficulty  
trusting  
religious  
institutions

Shame &  
Confusion



Anger &  
Resentment



Disconnection



## Who Is at Risk of Spiritual Abuse?

- Women, children/adolescents
- Individuals undergoing crises
- Individuals experiencing other forms of abuse

# How Culture Shapes The Impact



Cultural  
Norms



Beliefs

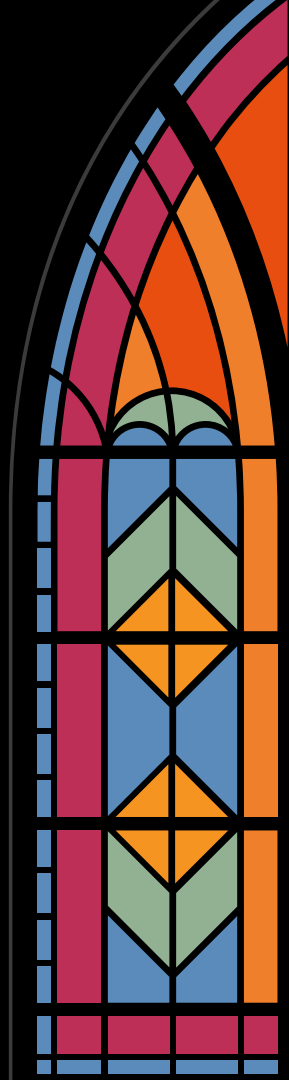


Understanding



Stigma

Culture shapes how spiritual abuse is experienced, recognized, and processed. It can either amplify the trauma or support recovery.





03

# Treating Spiritual Abuse

# Treatment Considerations

- Clinical Intake
  - Spiritual/Religious Hx (and Hx of abuse if possible) as well as present spiritual identity
  - Screening tools (SBS-13, SAS, Attachment Inventory)
  - Recognize Signs (e.g. fear of punishment, spiritual bypassing)
- Understanding Cultural and Religious Context
  - Respecting diversity while recognizing abuse
  - Consult religious resources/leaders as appropriate
- Client's goals for treatment
  - Is this an issue the client *wants* to address in therapy?
  - Deconstruction/Reconstruction



# Therapeutic Alliance

- Building a Strong Therapeutic Alliance
  - Clients coming out of spiritually abusive environments often carry deep mistrust of authority figures
  - Maintain cultural and theological humility
- Non-Directive Client-Led Approach
  - Directiveness may risk re-enacting the same powerlessness they have experienced throughout their life.
  - The most effective treatment approach is one that follows the client's lead, prioritizes the development of a strong therapeutic alliance, and involves sufficient professional support for the therapist (Stone, 2013)
  - It is important in the treatment of religious abuse that the client feels empowered to set her or his own goals and directions for the therapy (Cashwell & Swindle, 2018)



# Trauma-Informed & Spiritual Safety



- It is imperative that therapists create safety around discussions of spirituality (p.186). Therapists should help their client:
  - Own the experience as abuse and traumatizing
  - Work through the impact on belief systems
  - Grieve losses (e.g. community, identity)
  - Address the issues of support for the client, particularly in situations where the support of the religious community is lost
- Create spiritual safety for the client by validating spiritual pain without pressure to make meaning of their suffering

(Cashwell & Swindle, 2018)

# Treatment Approaches



# Treatment Approaches

## Group Therapy



- An individual's earliest religious experiences typically occur in his/her family of origin and continue throughout life within groups.
- Clients with religious backgrounds often experience a double dose of transference in group therapy.
- First priority of group treatment for trauma is the establishment of safety.
- A person with religious trauma, even if unable to voice forbidden thoughts and feelings, benefits through watching others do so (Stone, 2013).
- Group interactions can modify a client's self-concept through the repeated experience of being valued for and joined around aspects of self that have been shamed/shunned.
- In this way, the group can become a source of holding and mirroring and also provide containment and metabolizing of traumatic experiences

# Treatment Approaches (Cont.)

## Trauma-Focused CBT & ACT

- Psychoeducation
  - Educating the client on how religious and spiritual struggles may present in different ways
  - Intrapsychic, interpersonal, with the Divine
  - Consulting with religious leaders
- Relaxation
  - Mindfulness practices compatible with religious traditions
  - May modify them to align with the client's religious beliefs
- Cognitive Defusion
  - Helps clients detach from internalized messages from spiritual abuse, experiencing these thoughts with more distance and objectivity

(Smith & Doe, 2023)



# Treatment Approaches (Cont.)

## MI for Spiritual Bypassing

- Expressing empathy
  - OARS (Open-ended Qs, Affirmations, Reflections, Summaries)
- Rolling with resistance
  - Mindful of not falling into a power struggle about the client's spiritual bypass
- Developing discrepancy
  - Function of Spiritual Bypass
  - Cost and Benefit of potential change
- Supporting self-efficacy
  - Empower the client to pick the best approach in addressing their spiritual bypass and collaboratively find alternative healthy spiritual and emotional resources the client may use to cope

(Clarke, et al. 2013)



# Treatment Approaches (Cont.)

## Attachment and Spiritual Abuse

- For many people, their connection to God is an attachment relationship and can be categorized as secure, anxious, dismissive-avoidant, or fearful-avoidant.
- Treating spiritual abuse can be similar to treating attachment wounds
- Freud's concept of the God imago - the emotional image of God - linked to the internalized emotional ideas of one's parents.

(Stone, 2013)

## Internal Family Systems

- Working with internalized religious voices ("God-parts")
- Helping clients differentiate between authentic spirituality and imposed spiritual control

# Treatment Approaches (Cont.)

## Narrative Therapy

- Externalizes the problem, as the client often internalizes messages from spiritual abuse
- Empowers client to deconstruct rigid religious narratives related to their abuse and reauthor their story
- Parallels with Religious Narratives
- Honors client autonomy and avoids therapist-imposed interpretations
- Not to answer the client's question about why God may have allowed the trauma and their suffering to occur, but to hold this space with the client as they process their abuse and find their own meaning to their experiences

(Harrison, 2025)



# Ethical/Professional Considerations



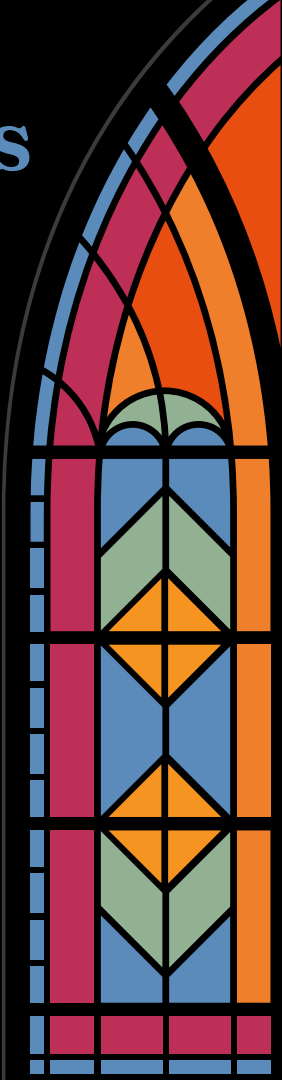
## Cultural/Theological Humility

- Avoid Imposing - Respect the diversity of clients (A.4.B)
- Bias of the counseling profession
- Seek to understand client's religious/spiritual background, including its role in both harm and healing



## Countertransference

- The personal biases of well-intentioned therapists can undermine full exploration, processing, and working through of issues related to religious and spiritual issues. (Stone, 2013).
- Supervision should be a safe place for counselors to process their own reactions and fears of imposing personal religious values (Cashwell & Swindle, 2018)



# CASE VIGNETTE PRACTICE



**Client:** Maya, 29-year-old Black woman

**Counselor:** Lisa, LPC-MHSP, Hispanic, non-religious

Maya has been in therapy for childhood trauma, primarily physical abuse by her father. In a recent session, she shares that her former church community pressured her to forgive him quickly, citing Scripture: “honor your father” and “forgive as Christ forgave.” She describes this as spiritual abuse—her pain was minimized, and she felt shamed for being angry or seeking help.

Despite this, Maya says she still holds onto her Christian faith in a more personal way. At the end of the session, visibly emotional, she says:


“Would you pray with me? Just for strength to keep doing this work. It would really mean something.” Jordan, who is not religious and uncomfortable with prayer, is unsure how to respond.

Jordan gently asks if they can talk more next time about what prayer means to Maya, but is left uncertain about how to proceed ethically and compassionately.


1. How can counselors balance spiritual sensitivity with professional boundaries?
2. Is it ever ethical for a counselor to pray with a client? When?
3. How might the counselor’s personal beliefs affect their response?
4. How can Lisa support Maya’s healing without reinforcing past spiritual harm?
5. What ACA ethical principles are most relevant in this scenario?



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Questions?



# THANK YOU

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