Understanding and Treating Spiritual Abuse

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- Read the enclosed course.
- Complete the questions at the end of the course.
- Return your completed Answer Sheet to NetCE by mail or fax, or complete online at www.NetCE.com. Your postmark or facsimile date will be used as your completion date.
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Faculty

Jamie Marich, PhD, LPCC-S, REAT, RYT-500, RMT, (she/they) travels internationally speaking on topics related to EMDR therapy, trauma, addiction, expressive arts, and mindfulness while maintaining a private practice and online education operation, the Institute for Creative Mindfulness, in her home base of northeast Ohio. She is the developer of the Dancing Mindfulness approach to expressive arts therapy and the developer of Yoga for Clinicians. Dr. Marich is the author of numerous books, including *EMDR Made Simple*, *Trauma Made Simple*, and *EMDR Therapy and Mindfulness for Trauma Focused Care* (written in collaboration with Dr. Stephen Dansiger). She is also the author of *Process Not Perfection: Expressive Arts Solutions for Trauma Recovery*. In 2020, a revised and expanded edition of *Trauma and the 12 Steps* was released. In 2022 and 2023, Dr. Marich published two additional books: *The Healing Power of Jiu-Jitsu: A Guide to Transforming Trauma and Facilitating Recovery and Dissociation Made Simple*. Dr. Marich is a woman living with a dissociative disorder, and this forms the basis of her award-winning passion for advocacy in the mental health field.

Faculty Disclosure

Contributing faculty, Jamie Marich, PhD, LPCC-S, REAT, RYT-500, RMT, has disclosed no relevant financial relationship with any product manufacturer or service provider mentioned.

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The division planners and director have disclosed no relevant financial relationship with any product manufacturer or service provider mentioned.

Audience

This course is designed for professional clinicians of any kind who may encounter victims of spiritual abuse, including counselors, social workers, therapists, and psychologists.

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Course Objective
The purpose of this course is to provide clinicians with an appreciation for the impact of spiritual abuse on clients and the skills necessary to assess and address the experience of spiritual abuse.

Learning Objectives
Upon completion of this course, you should be able to:

1. Define spiritual abuse from a pastoral, developmental, and clinical perspective.
2. Identify the common traits among spiritually abusive persons and religious denominations as well as victims of spiritual abuse.
3. Assess for commonly encountered negative cognitions acquired by those who have been spiritually abused in the context of clinical symptomology.
4. Develop and implement treatment plans that are sensitive to the needs of clients who have experienced spiritual abuse.
5. Identify components of healthy spirituality that will assist in the recovery process.
6. Determine one's own strengths and weaknesses in clinically addressing spiritual abuse and its various clinical manifestations.

INTRODUCTION

In clinical discussions, we are used to talking about issues of sexual, physical, emotional, verbal, and even financial abuse, but the idea of spiritual abuse tends to be overlooked. Many professionals do not realize that spiritual abuse exists or are confused by its definition. Shortly, spiritual abuse is the use of God or religion as a tool to gain power and control by the abuser. Clients may relate their struggles with God or spirituality resulting from negative experiences with abusive religious leaders or parents/caregivers, and these struggles may keep them from accessing spiritual resources they inherently want to access for wellness. Dealing with "spiritual hang-ups" can enhance treatment of any clinical condition if a client is willing to have them addressed. If clinicians are serious about holistic, "body-mind-spirit" approaches to treatment, assessing for and addressing the experience of spiritual abuse and its impact on an individual is imperative.

This course will consider the foundations of spiritual abuse by first defining it through clinical, developmental, and pastoral lenses, then exploring the common themes in spiritually abusive dynamics that transcend religion or denomination. Next, the course will discuss how to assess for the presence of spiritual abuse in clients and how to provide in-depth treatment strategies, informed by trauma-sensitive treatment approaches, for healing the wounds of spiritual abuse. Finally, the course examines issues of professional development as it relates to spiritual abuse. This examination includes, but is not limited to, exploring one's own spiritual identities, hesitancies to address spirituality with clients, and strategies to help clients access the best healing possible.

A major premise in this course is that no religion, no denomination, and no spiritual practice is immune to the devastating effects of spiritual abuse. It can happen anywhere––in yoga schools, convents, Catholic churches, devout households, Evangelical "megachurches," tiny country church houses, synagogues, yeshivas, ashrams, temples, radical sects, meditation groups, and small community Bible studies. Whenever a leader or members usurp their power and use spiritual-based threats to keep people in place or wield power over vulnerable members of a group, then spiritual abuse is present. The notion that spiritual abuse does not discriminate is a key assumption of this course. In studying spiritual abuse, there is a chance that you will read something about your denomination or chosen belief system that is upsetting, but no offense is intended. With the exception of few groups that clearly meet the definition of a cult (explored later in this course) or an extremist sect that promotes hate speech, no denominations or spiritual practices are condemned. Rather, as a clinician who treats trauma, it is important to identify those individual groups, leaders, or members who use their power over people or the spiritual practices inherent in their faith system in an abusive way.

FOUNDATIONS: DEFINING SPIRITUAL ABUSE

Completing a literature search on spiritual abuse will not uncover as many entries as a search on sexual abuse or physical abuse. Many articles examine the spiritual implications of abuse or see spiritual wounding as a clear symptom of more "obvious" abuse that is more likely to present as a treatment issue. For example, there is clear documentation in scholarly literature discussing the spiritual implications of sexual abuse, and in the popular forum, many online support groups for spiritual abuse exist in conjunction with sexual abuse sites [1]. Another facet of the literature examines spiritual abuse as an issue in cultures in which forced assimilation and other religious discrimination occurred (e.g., Aboriginal, other indigenous cultures) [2]. The issue of spiritual abuse within subsystems meeting the definition of a cult is another major area of exploration, as is the examination of those who have survived clergy abuse [3; 4; 5].

It is important to realize that spiritual abuse is not limited to these more prominent examples—alongside sexual abuse or cases of religious persecution or cultic involvement. According to Dehan and Levi, spiritual abuse should be considered a separate category of abuse because its presence keeps the victim from realizing total spiritual fulfillment [6]. Spiritual abuse or other religious "hang-ups" can act as a barrier to people getting the help they need in terms of mental wellness [7]. In contrast, a healthy spiritual focus can be a major source of strength for a person seeking mental wellness, which makes resolving emotional issues connected to spiritual abuse imperative [8]. Literature findings regarding the treatment of spiritual abuse will be explored later in this course.

The vast majority of general literature on the topic of spiritual abuse is qualitative and experiential in nature. Books from multiple perspectives explore spiritual abuse and its effect. These writings are too numerous to catalogue in the scope of this article. Explanatory and definitional highlights from pastoral, developmental, and clinical perspectives are covered in this section.

SOCIOLOGIC PERSPECTIVES

As with many issues in psychology and religion, definitions are often personal and diverse. For the purposes of setting definitions in this course, it is imperative to explore the definition of a cult because much of the talk surrounding spiritual abuse is connected to cultic brainwashing and working to reintegrate people who escape from cults. The entomologic root of the word "cult" is the Latin *cultus*, simply meaning to tend or to worship; the same root also spawned the English word "cultivate," a verb that typically has positive connotations. In the modern era, the term "cult" has come to have a negative connotation. A succinct definition from the Oxford English Dictionary on modern usage is, "a new religious movement or other group whose beliefs or practices are considered abnormal or bizarre" [9]. This general definition, although accurate overall, is still open to interpretation and can even be used by spiritual abusers to denigrate other groups who are seen as a threat to their denominational superiority (e.g., in the Evangelical Church, Catholicism, Hinduism, Judaism, and Buddhism may all be considered negatively connoted cults). Thus, it is imperative to examine commonly agreed upon traits or characteristics of a cult.

An authority on cultic definition is Michael Langone, founder of the International Cultic Studies Association (ICSA). The ICSA does not publish a list of groups that they label to be cultic. Rather, they encourage those evaluating cultic behavior to make judgments for themselves, using certain criteria as a guideline to determine if a group is destructive or harmful to the people involved. Based on the work of Langone, Lalich and Tobias established the following list as an evaluative guideline [10]:

- The group displays excessively zealous and unquestioning commitment to its leader (whether alive or dead) and regards his/her belief system, ideology, and practices as the truth or law.

- Questioning, doubt, and dissent are discouraged or even punished.

- Mind-altering practices (such as meditation, chanting, speaking in tongues, denunciation sessions, and debilitating work routines) are used in excess and serve to suppress doubts about the group and its leader(s).

- The leadership dictates, sometimes in great detail, how members should think, act, and feel. For example, members may be required to obtain permission to date, change jobs, or marry—or leaders may prescribe what types of clothes to wear, where to live, whether or not to have children, how to discipline children, and so forth.

- The group is elitist, claiming a special, exalted status for itself, its leader(s), and its members. For example, the leader may be considered the Messiah, a special being, or an avatar, or the group and/or the leader may be on a special mission to save humanity.

- The group has a polarized us-versus-them mentality, which may cause conflict with the wider society.

- The leader is not accountable to any authorities (unlike, for example, teachers, military commanders, or ministers, priests, monks, and rabbis of mainstream religious denominations).

- The group teaches or implies that its supposedly exalted ends justify whatever means it deems necessary. This may result in members participating in behaviors or activities they would have considered reprehensible or unethical before joining the group (e.g., lying to family or friends, collecting money for bogus charities).

- The leadership induces feelings of shame and/or guilt in order to influence and/or control members. Often, this is done through peer pressure and subtle forms of persuasion.

- Subservience to the leader or group requires members to cut ties with family and friends and radically alter the personal goals and activities they had before joining the group.

- The group is preoccupied with bringing in new members.

- The group is preoccupied with making money.

- Members are expected to devote inordinate amounts of time to the group and group-related activities.

- Members are encouraged or required to live and/or socialize only with other group members.

- The most loyal members (the "true believers") feel there can be no life outside the context of the group; they believe there is no other way to be. Members often fear reprisals to themselves or others if they leave (or even consider leaving) the group.

In the spirit of ICSA's "evaluate for yourself" mentality, there is no certain number of criteria that should be fulfilled in order for the definition to be met. Rather, this list is offered as an evaluative guideline that can be especially useful for clinicians. The "evaluate for yourself" approach is a trait of healthy spirituality, a concept that will be discussed in greater depth in the section on treatment.

A critical aspect of working with spiritual abuse is to understand that it does not only occur in what society considers to be cults. It is easy to accept that a person emerging from a dangerous cult would be a clear victim of spiritual abuse, but what of the more subtle, yet equally dangerous manifestations? Hobson, although writing primarily from the pastoral perspective, offers a comprehensive definition of spiritual abuse [11]. Admitting that spiritual abuse is impossible to define in a sentence or two, he makes as concise of an attempt as possible [11]:

> Spiritual abuse is the gross dereliction or neglect of a spiritual leader's responsibility to protect the basic rights of anyone under that leader's care. These basic rights include parishioners' spiritual, psychological, financial, and physical well-being. Spiritual abuse occurs when any spiritual leader violates these sacred trusts in any way, form, or fashion, thus causing any harm in regards to the aforementioned rights. Abuse occurs whenever a leader injures or takes advantage of anyone under his or her care at any time, in the following manner: physically, sexually, financially, emotionally, or psychologically, and any other similar acts... It occurs so frequently, most victims of it aren't even aware it has happened to them.

As explained, it is paramount to realize that spiritual abuse is a global phenomenon that transcends religious denomination or religious practice. Throughout history, if one person has been in the position to wield power over another person and chooses to use God, enlightenment, salvation, the threat of damnation, the promise of enlightenment, or other spiritual promise/threat to exert that power, a spiritually abusive relationship can exist. This relationship can occur between a spiritual leader (e.g., pastor, priest, guru, imam, rabbi) and his or her congregation, between parents/grandparents and their children, or between mentors/gurus and their disciples.

The term "guru" is worth exploring as well. *Guru* is the Sanskrit word meaning "teacher" or "master," literally translated as "one who casts out darkness." Although originating in Hinduism, many in the modern era use the term in reference to anyone whose teachings attract followers. For example, some consider the Dalai Lama to be a guru, and notable leaders in other disciplines not related to religion have even been referred to as gurus. Because of well-publicized scandals involving guru misconduct in the last several decades, especially in the areas of financial and sexual exploitation, many people in the United States attribute a negative connotation to the word "guru," similar to the negative, exploitative connotation associated with the term "cult."

One of the most well-known books on abusive power dynamics within Eastern and other spiritual practices that are not specifically Christian is *The Guru Papers: Masks of Authoritarian Power* [12]. In this book, "guru" (with editorial quotation marks) refers to anyone who manipulates others under the guise of knowing what is best for them. In this broad definition, almost anyone can meet the definition, whether it is a spiritual leader, a 12-step sponsor, a parent, a friend, a teacher, or a romantic partner.

PASTORAL PERSPECTIVES

Although spiritual abuse occurs in every religious denomination and no spiritual practice is immune to its effects, the greatest body of writing on the problem, from a religious perspective, is within Christianity. This section will explore how some of these seminal works define and explain spiritual abuse. Christian pastors or those in a position of ministry are the sources of all of these works, unless otherwise noted. Despite the overt Christian focus of this section, consider how any denomination, religion, or spiritual grouping could be inserted into these definitions and notice the similarities.

In their revolutionary work *The Subtle Power of Spiritual Abuse*, Jeff VanVonderen and former pastor David Johnson defined spiritual abuse as "the mistreatment of a person who is in need of help, support, or greater spiritual empowerment, with the result of weakening, undermining, or decreasing that person's spiritual empowerment" [13]. Many abuse survivors, with spiritual abuse being no exception, have a tendency to feel that they are somehow uniquely "crazy" for feeling a certain way. This doubt about the validity of experience can be an even greater factor with spiritual abuse because a great many people do not realize it is an actual form of abuse, as much as physical or sexual abuse.

Another leader in the pastoral community on the issue of spiritual abuse, Christian sociologist Ronald Enroth writes [14]:

> Unlike physical abuse that often results in bruised bodies, spiritual and pastoral abuse leaves scars on the psyche and soul. It is inflicted by persons who are accorded respect and honor in our society by virtue of their role as religious leaders and models of spiritual authority. They base their authority on the Bible, the Word of God, and see themselves as shepherds with sacred trust. But when they violate that trust, when they abuse their authority and when they misuse ecclesiastical power to control and manipulate the flock, the results can be catastrophic.

Another Christian leader whose work emerged in the early 1990s was Ken Blue. He also drew comparisons between spiritual abuse and other types of abuse [15]:

> Abuse of any type occurs when someone has power over another and uses that power to hurt. Physical abuse means that someone exercises physical power over another, causing physical wounds. Sexual abuse means that someone exercises sexual power over another, resulting in sexual wounds. And spiritual abuse happens when a leader with spiritual authority uses that authority to coerce, control, or exploit a follower, thus causing spiritual wounds.

Dale and Juanita Ryan, who worked closely with Ken Blue, put it in the simplest terms: "Spiritual abuse is a kind of abuse that damages the central core of who we are. It leaves us spiritually disorganized and emotionally cut off from the healing love of God" [16].

DEVELOPMENTAL PERSPECTIVES

The fields of psychology and related helping professions have a variety of developmental models to describe the human experience. A specific psychologic model of faith development also exists, attributed to developmental psychologist James W. Fowler and based on the works of Piaget, Erickson, and Kohlberg (who introduced the stages of moral development in human being) [17]. Examine this Faith Development Model and consider where spiritually abusive experiences might have their greatest impact [17]:

• Stage 0: Primal or undifferentiated faith (birth to 2 years of age) is characterized by an early learning of the safety of one's environment (i.e., warm, safe, and secure vs. hurt, neglect, and abuse). If consistent nurturing is experienced, one will develop a sense of trust and safety about the universe and the divine. Negative experiences will cause one to develop distrust with the universe and the divine.

• Stage 1: Intuitive-projective faith (3 to 7 years of age) is characterized by the psyche's unprotected exposure to the Unconscious.

• Stage 2: Mythic-literal faith (mostly school-age children) is characterized by a strong belief in the justice and reciprocity of the universe. During this stage, deities are almost always anthropomorphic (i.e., personified).

• Stage 3: Synthetic-conventional faith (12 years of age to adulthood) is characterized by conformity to religious authority and the development of a personal identity. Any conflicts with one's beliefs are ignored at this stage due to the fear of threat from inconsistencies.

• Stage 4: Individuative-reflective faith (usually mid-twenties to late thirties) is characterized as a stage of angst and struggle. The individual takes personal responsibility for his or her beliefs and feelings. As one is able to reflect on one's own beliefs, there is openness to a new complexity of faith, but this also increases the awareness of conflicts in one's belief.

• Stage 5: Conjunctive faith (mid-life) is characterized by the acknowledging of paradox and transcendence relating to the reality behind the symbols of inherited systems. The individual resolves conflicts from previous stages by a complex understanding of a multidimensional, interdependent "truth" that cannot be explained by any particular statement.

• Stage 6: Universalizing faith, or what some might call "enlightenment," is characterized by the individual treating any person with compassion as he or she views people as from a universal community and worthy of being treated with the universal principles of love and justice.

No perfect models exist within the psychologic professions, and this model is no exception. For instance, the quality of spiritual role models and sociocultural contexts can significantly impact the way a person moves through these stages. Moreover, the ages are meant to be approximate. Some would argue that the faith crises of the individuative-reflective stage are much more likely to happen in adolescence today than when the model was initially proposed in 1981. Despite its imprecisions, Fowler's model is highly regarded within the psychologic professions because its construction was strongly influenced by luminaries in developmental psychology and because empirical research supporting the model is extensive [18]. Having an understanding of this model becomes important when assessing for spiritual abuse because having a spiritually exploitative experience at an earlier stage can have different implications than abuse at a later stage. Moreover, healthy development in earlier stages may serve as a safeguard against the ill effects of a spiritually abusive experience in later stages.

CLINICAL PERSPECTIVES

Scholarly articles on spiritual abuse, as a clinical issue, began surfacing in the 1990s. The idea of spiritual abuse as an issue of clinical attention is not unique to the 1990s, but it is apparent that people began to speak up more about being spiritually abused during this period. Helping professionals who were savvy to working with the spiritual dimension of a human being continued the conversation and inquiry. One such author, Boyd Purcell, writes from two perspectives as a minister and as a doctoral-level clinical counselor. Purcell's insights on defining spiritual abuse are multifarious, and some are highlighted here to facilitate a discussion of clinical perspectives [19].

Purcell's succinct definition of spiritual abuse is "any unhealthy, mind-altering relationship with the God of a person's conception that has life-harmful consequences" [19]. He defines spiritual abuse among people as existing on a continuum from zero to terrorism.

Most people have experienced some form of spiritual abuse in their lifetime; however, the people who tend to suffer from it to the extent that clinical attention is required fall in the moderate-to-terrorism range. Purcell explains that when he began teaching the spiritual abuse continuum in the early 1990s, most clinicians responded that they had never heard of the terms or considered them to exist. But the ideas resonated and continue to be used today.

Purcell has identified three causes of spiritually abusive dynamics. Although he writes primarily from a Christian perspective, these causes clearly apply to abuse dynamics within other belief systems as well [19]:

- Legalism: A religious belief that people can please God or any chosen deity, even earning their way into heaven or an afterlife, by obeying specific rules. This is commensurate with a reward and punishment mentality, the lowest stage in Kohlberg's stages of moral development.
- Literalism: The belief that the Bible or other sacred texts must be interpreted literally, not symbolically, to be properly understood.
- Mixed messages: Receiving two contrasting viewpoints about God or spirituality (e.g., "God loves you unconditionally," vs. "But God will only love and accept you if you follow all of the rules").

Considering these dynamics, it becomes clear that people are often afraid to come forward to report spiritual abuse, fearing that they are somehow breaking the rules or displeasing God if they seek help. Although fear of speaking up is a common dynamic in many forms of abuse, it can take on a more damning implication for people if they believe that their soul may be in jeopardy.

Mixed messages are a causal factor in many issues presenting for clinical attention, and many people with personality disorders grow up in environments with severe mixed messaging. Clinicians who work in the field of recovery may know the colloquial expression "mixed messages are a recipe for crazy-making."

In terms of literalism and legalism, a parallel can be made to "living within the letter of the law" versus "living within the spirit of the law." People who have grown up with literalism and legalism often suffer from rigidity or black-and-white thinking. This type of thinking is difficult to work with and should be addressed as a treatment issue. If a client struggles with black-and-white thinking, consider exploring whether or not he or she grew up with legalism or literalism in their home of origin. Even if the client long abandoned the church or spiritual beliefs, the impact of such an upbringing on his or her thought system may be present.

Case Example

Client D grew up in a strict Baptist home. Her father was a Baptist minister who died when she was very young; her mother went on to remarry another Baptist minister. One of the teachings rigidly instilled in her developing mind was that she would "go to hell" if she had sex before marriage. So, after she chose to have sex with her boyfriend when she was 19 years of age, she felt that because she was doomed anyway, she might as well go all the way with her "sinning." D clearly identifies that this belief of being damned was a major factor in her developing sexual addiction and eventual dependency on food, alcohol, and cocaine. When she presented for treatment at 40 years of age, a significant belief that blocked her successful participation in treatment was, "I am unworthy of getting better because I am undeserving of God's love." In reflecting back on her treatment experience, eye movement desensitization and reprocessing (EMDR) therapy was needed to help her work on deservability issues, which were instilled by a spiritually abusive upbringing.

COMMON THEMES IN SPIRITUAL ABUSE

A desire for or a need to control is a common trait in those who abuse, typically because they are lacking an internal sense of security and stability. Those who work with trauma survivors typically assume that those who abuse others have been abused or mistreated themselves on some level. A trauma-sensitive perspective informs that if the original wound is not resolved, a person may act out in a maladaptive attempt to heal. The likelihood of a maladaptive, or unhealthy, response increases if the person is never shown healthier ways to resolve his or her wounding. This section will explore the traits of those who are likely to spiritually abuse—traits that are common regardless of the religious denomination or spiritual practice in question. In addition, some of the traits of those vulnerable to spiritual abuse will be discussed. Finally, the section will end with a discussion of the similarities and differences between those abuses that occur in religious or spiritual settings (e.g., churches, temples, ashrams) and those that occur within the home or family.

TRAITS OF SPIRITUAL ABUSERS

There are three major traits of those who spiritually abuse others:

- Narcissistic traits/tendencies, resulting from deep insecurity
- Usually a genuine belief that one is doing "the right thing" (rarely an intent to harm)
- Skilled in the language of love, emotions, trust, and intimacy

Narcissistic Traits/Tendencies

Just as clinicians tend to assume that those who abuse have been abused themselves, the assumption is often made that those with narcissistic traits and tendencies (even if criteria for full-blown narcissistic personality disorder are not met) are reacting to a deep sense of insecurity. For many who spiritually abuse, having spiritual knowledge to hold over people becomes a way to meet their need for inner security or self-esteem.

Genuine Belief in One's Righteousness

With the exception of a few extremists who fall into what might be considered cult leaders or who engage in what Purcell labels spiritual terrorism, there rarely is intent to harm [19]. Many who act out in spiritually abusive ways genuinely believe they have found some type of "answer" and desire to share it with others, likely unaware of the subconscious insecurities that drive them. In the case of Client D, discussed in the previous section, her parents likely believed they were doing the right thing by instructing her in the ways of their faith. The phrase, "I'm doing this for your own good" is a common statement uttered by those who spiritually abuse [11; 19; 50].

Skilled in the Language of Love, Emotions, Trust, and Intimacy

A very cynical way to explain this common trait is to think of manipulation. If abusers are not directly cruel, they are typically very manipulative, using the nuanced appeal of "I have what you really want deep down" to meet their own needs. Those who have experiences with abusive systems typically state that the church or spiritual community had a certain appeal to it, promising good things like love, camaraderie, or even healing and enlightenment. These positive appeals are fundamentally good and have nearly universal appeal. Those who spiritually abuse are masters at luring people in with these good points, but after spending some time with the church or faith community, followers are likely to become acquainted with the ugly realities of the system. In essence, all of this promised love, joy, and bliss comes with a price.

Certain gurus or spiritual teachers come across as very appealing at first, often attracting schools of followers. Then, the initial appeal of the practice may wear off when disciples realize that the leaders are asking more of them in terms of devotion or money than they initially presented. Or, in the worst cases, leaders may take advantage of their followers' desires for intimacy, motivation, and/or self-realization by promising it for a price, often one that is financial, sexual, or emotional in nature.

TRAITS OF SPIRITUAL ABUSE VICTIMS

People who are spiritually abused genuinely desire love, acceptance, intimacy, and the positive attributes of spiritual experiences. Many have been hurt in other areas of life and are seeking a spiritual connection. Abusers tend to sense this and take advantage of or exploit it. Commonly observed traits in people who are prone to being spiritually abused include:

- Deep insecurity and emotional sensitivity
- A genuine intent to pursue truth
- Deep longing for love, emotions, trust, and intimacy
- A belief that love is earned
- Periods of crisis or major life change

Insecurity, Sensitivity, and Longing

As discussed, those who spiritually abuse are often insecure. Those who are prone to being abused typically have the added dynamic of extreme sensitivity. Such sensitivity is like a fire in a fireplace. If it rages out of control, it can burn the house down, but if the fire dies (i.e., sensitive tendencies are numbed), the house will be freezing. The key is to keep a balance. Many sensitive people have the purest of intentions, as the traits suggest, to do the right thing and to live in truth, love, trust, and deep intimacy. Yet if this is not managed, it can make them vulnerable to a host of negative responses (e.g., addictive responses) or to being exploited emotionally, sexually, financially, physically, and spiritually.

Looking at these traits through the lens of Fowler's Faith Development Model, it is important to re-examine stage 0, or primal/undifferentiated faith. This period, from birth to 2 years of age, is characterized by an early learning of the safety of one's environment [17]. If consistent nurturing is experienced, one will develop a sense of trust and safety. Negative experiences will cause one to develop distrust with the universe and the divine. One could argue that people who have these negative experiences at this vulnerable, preverbal period are prone to developing insecurity, emotional sensitivity, and a longing for truth and intimacy.

Earned Love

The common belief that love is earned ties in to Purcell's descriptions of legalism and literalism [19]. This is exemplified by the idea that obedience results in God's love, entrance into heaven, a spiritual reward, or spiritual enlightenment (i.e., the truth, intimacy, and love one has been seeking). However, it is important to remember that even people who do not grow up in religious homes may develop this belief system. For example, in some homes the message of earning parental love through obedience is either implicitly or explicitly delivered. In alcoholic homes, young children may believe, albeit maladaptively, that their good behavior could stop their parent from drinking. Whenever a person receives any message along the lines of "love is earned" in the formative years and a newer, more adaptive message is never installed in its place, they are vulnerable to being abused, especially in a spiritual sense, later in life.

Periods of Crisis or Major Life Change

Abusers tend to prey on the weak, and people are most likely to feel weak during periods of crisis or life change, especially when an element of self-doubt is involved. In the popular understanding about cults, this trait is recognized in charismatic cult leaders: they prey on the weak. However, it does not take an extremist cult leader for this dynamic to take place.

In discussing spiritual abuse, it is not hard to see how it can manifest in spiritual systems (e.g., churches, communities) in which an abusive leader or leaders are at the helm. However, it is just as important to discuss when the abusive "leader" is a parent or family member. Research indicates that spiritual abuse is often perpetrated by a family member, commonly a parent who follows a literal, legalistic interpretation of fundamentalist religious teachings. Consider the case of Client D from the case example in the previous section. The messages she received about hellfire and damnation came in the home. One could argue that such messages are even more damaging to children when they come from a parent or primary attachment figure as opposed to a pastor or religious leader.

CASE EXAMPLE

Client J is a woman, 35 years of age. During a counseling session, J relates a key negative belief she received in childhood and internalized: "I am Satan's child." This belief was given to her by her father, a man whom she genuinely loved, in his attempt to "save her soul." Another negative message she received, one that accelerated her addictive responses, was that if she did not follow God's laws as written in her father's denomination's interpretation of the Bible, then the people who were close to her would be taken away. This message was relayed when she was 19 years of age, after her high school guidance counselor, a woman to whom she was very close, died unexpectedly of complications of pneumonia. Her death affected J very much, and her father's response to it was that her death was God's "warning sign" to Client J. Her father said that if she did not "straighten up" her ways (which meant getting back to church, an activity she abandoned when going to college), then God would begin to remove more people from her life, starting with her brother and mother. These words were very damaging, setting off a deep depression that lasted years.

ASSESSING FOR SPIRITUAL ABUSE

There is a very active online community of spiritual abuse survivors, discussion boards, and forums for people to share their stories about wounding and recovery. These online communities are usually the first places that spiritual abuse victims go in the modern era because of the anonymity they provide [20]. Such communities can provide victims with the initial validation of their experiences needed to begin recovery and transform into a survivor. One popular community, Kingdom Grace, offered the following insights regarding spiritual abuse [21]: Spiritual abuse is trauma. The three characteristics of trauma are:

- An external cause—Someone does it to you.

PRIMARY CARE PTSD SCREEN
In your life, have you ever had any experience that was so frightening, horrible, or upsetting that in the past month you: 1. Have had nightmares about it or thought about it when you didn't want to? 2. Tried hard not to think about it or went out of your way to avoid situations that remind you of it? 3. Were constantly on guard, watchful, or easily startled? 4. Felt numb or detached from others, activities, or your surroundings? *If you want to specifically tailor the tool to assess for spiritual abuse, you can modify the opening statement*: In your life, have you ever had any spiritual or religious experiences that were so frightening, horrible, or upsetting?
Source: [22]   *Table 1*

- Violation—You are violated by an unwelcome intrusion.
- Loss of control—It is unexpected and beyond your control.

The result is a shattering of the basic assumptions the person held about their world.

Trauma, which is based on a Greek word meaning wound, is defined as any experience a person endures that leaves a life-threatening or life-altering impact. If left unresolved, the effects can be devastating. Some experiences of trauma manifest as clinical post-traumatic stress disorder (PTSD). However, the helping professions are growing increasingly savvy to the notion that an event or experience does not have to meet PTSD criteria to be relevant. Many conditions that present for clinical attention, including, but not limited to, depression and mood disorders, anxiety disorders, adjustment disorders, and personality disorders, can have clear roots in traumatic experiences or can be exacerbated by the presence of unresolved trauma.

The same approaches that helping professionals use to assess for PTSD and trauma-related conditions can be used to assess for spiritual abuse, if spiritual abuse is accepted as a trauma like any other form of abuse. This section will focus on direct and indirect methods for assessing spiritual abuse as a trauma.

Providers who are not experienced in assessing for PTSD or trauma should start with a semi-standardized interview tool such as the Primary Care PTSD Screen (*Table 1*) [22]. The Primary Care PTSD Screen is not meant to be a diagnostic tool, but it is an effective screening tool, indicating whether or not further assessment is necessary. If a client answers "yes" to any of these questions, the results of the screening should be considered positive. A list of other screening tools or psychometric measures and instructions on their use in clinical settings is available at https://www.ptsd.va.gov/professional/provider-type/doctors/screening-and-referral.asp. Any trauma-related tool can be used to assess for the presence of spiritual abuse as long as it is appropriately modified.

One of the sub-criteria of PTSD in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5) is persistent and exaggerated negative beliefs or expectations about oneself, others, or the world (e.g., "I am bad," "No one can be trusted," "The world is dangerous") [23]. Alternatively, this might be expressed as "I've lost my soul forever," or "My whole nervous system is permanently ruined." Although this symptom is officially listed under the criterion of negative alterations in cognitions and mood associated with the traumatic event(s) beginning or worsening after the traumatic event(s) occurred, this description has long been accepted as a part of trauma-related injuries.

These negative belief examples are one way to assess for trauma and its impact. In a clinical setting, a 30-item list called *The Greatest Hits List of Negative Beliefs* may be helpful [24]. This list contains 30 of the most common negative cognitions those who have been traumatized tend to believe about themselves. Common examples include:

- I am not good enough.
- I am permanently damaged.

- It is my fault.
- My body is ugly.
- I have to be perfect.
- I cannot trust anyone.
- I am not worthy.
- I am not safe.
- I cannot show my emotions.

These beliefs are rather general, but when identified, exploring them can lead to valuable clinical information. When working with survivors of spiritual abuse, a similar greatest hits list, specific to spiritually charged beliefs about the self, may be more helpful. Some of these beliefs include:

- I have to be perfect.
- I am defective.
- I am not deserving (of God's love/grace).
- I am a disappointment (in God's eyes).
- I cannot trust my judgment.
- I am demonic/possessed/"Satan's child."
- I am not safe in the world.
- I am cursed.

This list is not exhaustive, as it is not possible to capture every negative slur that a person received, with spiritual charge, from an abuser. However, it provides a solid place to begin. In some cases, the core event(s) causing the spiritual abuse reveal themselves during assessment with a general list, but if the trauma is suspected to be more spiritual or existential in nature, a simplified and specific list may be more helpful.

First, let the client see the list and ask if any of the eight beliefs on the list apply to him or her. Let the client know that he or she may have one, two, or even all eight beliefs that resonate. If more than two beliefs are checked, ask the client to re-review the list and try to rank or identify the one or two worst. In order to obtain additional information about a spiritually abusive experience, consider asking follow-up questions. For example, if a client's most charged cognition is "I'm a disappointment in God's eyes," ask:

- Thinking back over the course of your whole life, when did you first start to believe "I am a disappointment in God's eyes?" Or, thinking back over the course of your whole life, when did you first receive the message "I am a disappointment in God's eyes?"
- Thinking back over the course of your whole life, when was the worst time you believed "I am a disappointment in God's eyes?" Or, thinking back over the course of your whole life, when was the worst time you received the message "I am a disappointment in God's eyes?"
- Thinking back over the course of your whole life, when was the most recent time you believed "I am a disappointment in God's eyes?" Or, thinking back over the course of your whole life, when was the most recent time you received the message "I am a disappointment in God's eyes?"

The answers to these questions can provide a wealth of information to guide treatment planning. The decision of when during the treatment process to ask these questions is up to the clinician's discretion and the quality of the therapeutic relationship. These questions may be asked during an initial assessment if sufficient rapport has been established, or if a spirituality-related abuse issue arises, the questions may be used later in the treatment process.

The idea of observing and reacting to issues that come up during the treatment process is an important part of assessing for spiritual abuse. Many forms of trauma are not evident in the first session. Even if they are, it is generally not prudent to ask clients detailed questions about the trauma until sufficient rapport has been established and the client has sufficient stabilization, or coping, skills to deal with the distress that may manifest in his or her disclosures. Few clients will identify spiritual abuse as being a trauma or a form of abuse, even if asked during an initial assessment, because many people continue to be unaware of the possibility of this type of abuse.

One potential avenue in the initial assessment is to ask a question about religious and/or cultural upbringing. Clients may respond with, "I grew up in a very devout (insert denomination or religion) home, so I was given a lot of negative messages about sex." Such responses provide an opportunity to follow-up or even educate clients on spiritual abuse.

Issues of spiritual abuse may also reveal themselves when working with a client to develop spiritual resources. This is a standard part of the treatment process in traditional substance use disorder treatment, especially those following a 12-step model. Founded in 1935, the 12 steps of Alcoholics Anonymous (AA) have been developed by many treatment centers as a philosophical approach. Part of 12-step philosophy is, after a person admits powerlessness over drugs or alcohol, to begin exploring a relationship with a Higher Power or power greater than oneself and to turn one's will and life over to the care of this power. The steps are not intended to demand devotion to a specific God or religion, but rather to allow addicts to develop their own conceptualization of God. Although many people find 12-step spirituality to be user-friendly and easily accessible to those who desire spirituality and not religion, others resist the 12-step model as being too "God-oriented." Others are able to express their belief in God, but find the idea of trusting a God of their understanding or turning their life over to a Higher Power scary. These resistances may be a natural part of addiction recovery, or they may be a sign that spiritual abuse occurred and is unresolved.

CASE EXAMPLE

Consider the case of Client E [24]. Several years ago, E presented for treatment services related to unresolved sexual trauma. She knew that she had PTSD, although the religious themes connected to her PTSD did not come to light immediately. One day, E declared, "There is something in me that is inherently spiritual. I want to be spiritual, but I resist, probably because of what happened to me growing up."

This statement may be viewed as a trigger. When a person say things like "I'm inherently spiritual, but…," or talks about wanting to do spiritual things (e.g., yoga class, church) without taking steps to do these activities, it is a sign that spiritual abuse may exist and should be explored further.

Upon questioning, E revealed she was raised in an Evangelical home with a strictly religious father and an alcoholic mother. She was sexually assaulted by another student at her father's church school as a pre-teen, and the school did not care to address it. In addition, she was sexually assaulted at one of her mother's AA meetings as a teenager, which understandably gave her a very low opinion of going to meetings in the community, even after she developed an issue with cannabis abuse in adulthood. E realized she was a lesbian during adolescence, and her father condemned her to hell when her same-sex desires came to the surface. For E, anything connected to God or religion had become equated with pain. Although she expressed interest in trying activities like yoga or meditation, Eastern practices that she knew would be more agreeable with her temperament, she resisted.

After being educated about the reality of spiritual abuse, E had no problem identifying as a spiritual abuse survivor, in addition to being an emotional abuse survivor. The next step was determining how to move forward with this knowledge.

TREATING SPIRITUAL ABUSE

As is the case when treating all forms of trauma, forging a solid therapeutic alliance is absolutely imperative when working with victims of spiritual abuse [19]. The importance of a solid therapeutic alliance is well-established by research in the field, and its implication in treating trauma is even more significant [25; 26]. The literature addressing general traumatic stress indicates that the quality of the therapeutic alliance, as rated by clients, is the greatest predictor of facilitating meaningful change in

clients with complex PTSD [27; 28; 29]. The Anaïs Nin quote, "Shame is the lie that someone told you about yourself" is often used to illustrate the effects of abuse on young children. Helping professionals are in a position of power, and this power may be used to continue reinforcing negative self-talk or to help a person start to see a new truth about himself or herself, which can hopefully assist that person in developing a healthier relationship with spirituality. The modeling process is the very essence of setting a crucible for change through the therapeutic alliance.

There are many possible approaches to treating spiritual abuse. Regardless of the chosen approaches, which should be tailored to meet the client where he or she is upon coming in to treatment, a strong therapeutic alliance is a constant. This section will review a general framework for treating all trauma and consider how spiritual abuse treatment can fit into this model. The available literature and evidence supporting spiritual abuse treatment approaches will be explored, including specific techniques that can be implemented into practice, regardless of the specific therapeutic modality.

GENERAL FRAMEWORK FOR TRAUMA TREATMENT

There is a general consensus in the traumatic stress literature that addressing trauma should occur in three stages [30; 31; 32; 33]:

- Stabilization
- Working through of the trauma (reprocessing)
- Reintegration/reconnection with society

These stages are referred to by many names, including the consensus model, the three-stage consensus model, and the triphasic model.

Stage 1: Stabilization

During the stabilization stage, clients are equipped with the skills to make sure that they can regulate intense affect and remain stable when working on the past. One possible error is immediately attempt-ing to address past issues/memories. When clients explore the past before they are ready to deal with it, more damage can result. Thus, stage one is just as important as stage two in trauma treatment; it provides clients with the skills necessary to stabilize and cope. Forging the therapeutic alliance and cultivating coping mechanisms (which may or may not include spiritual pathways) are essential parts of treatment.

Stage 2: Reprocessing

In stage two, a variety of therapeutic techniques or approaches can be implemented to help a person work through and resolve the trauma in a holistic, experiential way. It will not be enough to confront the negative thoughts and self-talk about the trauma(s), spiritual or not. Rather, the approach should help the person truly transform on all levels of the self, body, mind, and spirit. For example, if a client has the negative spiritual cognition "I'm a disappointment in God's eyes," a successful course of stage two treatment would allow her or him to develop a more positive core belief like "I am precious in God's eyes" in a total sense.

No one specific therapy is considered the most effective for reprocessing trauma [34; 35]. The decision of which approach to use is based on a combination of factors, including the needs and strengths of the client, the experience and strengths of the therapist, the therapeutic alliance, and the choice of a method that engages and inspires the participants [25]. A wide variety of methods and approaches can help a person resolve trauma, including, but not limited to, psychoanalysis, experiential therapy, EMDR, trauma-focused cognitive-behavioral therapy, exposure therapy, stress inoculation therapy, somatic experiencing, narrative therapy, Gestalt therapy, and more innovative approaches like art therapy, music therapy, yoga therapy, dance therapy, and animal- or equine-assisted therapy. A combination of modalities is often necessary to help a client optimally heal, especially when issues connected to core identity are involved.

Stage 3: Reintegration

Reintegration is perhaps the most "common sense" stage of the entire consensus model, yet it is one that is often missed. The purpose of reintegration is to help clients transition into living their lives without the symptoms of trauma. At some point during treatment, clients often relate feeling like a burden has been lifted. Too often, work stops here, without considering that, after carrying a weight for such a long time, it may feel incredibly weird or even uncomfortable to maneuver through life without it. Continuing care and maintenance strategies are imperative.

There will be a great deal of overlap between stage 3 and stages 1 and 2, especially when trauma work is being done with a client in an outpatient setting. In fact, when working outpatient, reintegration is incorporated throughout treatment. The three-stage model is not meant to be a stepwise approach. If a client is working on trauma in stage two and finds him- or herself overwhelmed to the point of regressing dangerously, it is likely that he or she will need to step back to stage one work for a while. Whole sessions may be spent working on stage two material, but it can be good practice to close each session with stabilization strategies.

CULT RECOVERY

Interestingly, the literature on cult recovery offers a similar three-tiered model. Langone proposed the following three stages of recovery, with associated tasks for each stage [36]:

- Re-evaluation (focus on the past)
  - Re-evaluate cult affiliation.
  - Learn how one was under the influence of mind control.
  - Help client to understand trauma and how to deal with "floating" or flashback episodes.
  - Begin re-evaluating beliefs and value system before, during, and after the cult involvement.

- Reconciliation (focus on the present)
  - Allow and encourage client to grieve losses.
  - Expect emotional volatility, normalize, and offer support.
  - Let the past re-emerge.
  - Deal with arrests in the maturation process.
  - Help the client regain purpose.

- Reintegration (focus on the future)
  - Help plan and focus on the future.
  - Encourage recovery of the whole self.
  - Help clients integrate cult experience into their permanent identities.

The level of distress of those exiting cults has been noted to be comparable to patients in inpatient psychiatric treatment, so clinicians understanding these stages and how to work within them is important [37]. Although written for cult recovery, many of these suggestions can be applied to any manifestation of spiritual abuse that occurred within an unhealthy system; modifications will need to be made depending on the systems and, of course, the person.

Singer and Ofshe assert that it is important to normalize the sense of anxiety and trepidation a survivor experiences; it is further important to allow for a period of adjustment following abuse [38]. They discourage the use of hypnosis, cautioning that it may trigger dissociative experiences. Keeping this in mind, it is important to proceed with caution, even with guided meditations or relaxation techniques that may trigger a dissociative flashback. Trauma expert Judy Herman, who coined the term complex PTSD, states that clinicians should empower clients so they feel in control of their own recovery [39]. She also stresses the importance of screening for depression, anxiety, suicidality, and possible returns to the cult, especially in early treatment. Clinicians should refrain from making assumptions about those who enter a cult; for example, not all members have highly dependent personalities [40]. It is important

to help victims recognize that they were ethically and morally wronged as a first step toward recovering their mental and emotional dignity [40].

Therapists who are accustomed to treating the whole person will be in a good position when it comes to treating spiritual abuse. Because spiritual abuse can affect multiple dimensions of a person's life, including physical, psychologic, emotional, relational, educational, vocational, sexual, financial, and spiritual realms, it is critical to assess which areas have been affected and address them accordingly within the three-stage consensus model [11; 41]. First, clinicians should practice within a spiritually sensitive, reflective framework and not dismiss spiritual issues in the counseling process [42]. Second, especially in working with women, clinicians should help survivors connect with the full range of their emotional experience, which may be difficult because many traditional, orthodox religious groups promote emotional repression [43]. In the cases of spiritual abuse that happened as a result of oppression (e.g., in indigenous cultures), it can be critically important to bring in the respective culture's healing rituals, if the client is willing [2]. Narrative counseling, or affording oppressed survivors the chance to share their stories, is also a helpful tool [44].

One qualitative study specifically addressed the question of effective treatment for spiritual abuse recovery [20]. In this study, 100 spiritual abuse survivors in the Christian tradition from English-speaking countries throughout the world participated. The researcher concluded that four main steps were necessary in order for these survivors to heal from spiritual abuse:

- Sufficient time to grieve
- Forgiveness and release of the situation to God
- A suitable faith community
- Moving forward in Christ with the help of the Holy Spirit

Obviously, these steps can be modified to remove the Christian language if applied to other situations, and additional research investigating if similar dynamics are found in other denominations or faiths is necessary.

The definition of recovery may vary from survivor to survivor [20]. Regardless of how survivors choose to define their recovery, it becomes imperative that clinicians help them to define and work toward healthy spirituality as part of the treatment process.

HEALTHY SPIRITUALITY AND SPECIFIC RECOVERY STRATEGIES

The definition of spiritual abuse recovery can vary depending on the goals of each client and his or her situational factors, and the goals of recovery should be clearly delineated. Simply offering a client this choice of defining recovery can be a liberating gesture that enhances the therapeutic alliance; any chance to offer choice to a client is an opportunity for empowerment. There are various definitions of healthy spirituality and spiritual recovery available, but their often overtly Christian focus can be limiting for broader recovery. Much of the Christian pastoral literature on spiritual abuse, although revolutionary to jumpstarting the discussion on spiritual abuse, defines recovery in Christian-only terms. In a more liberal clinical view, attraction to other spiritual practices (e.g., Eastern, New Age) may be a manifestation of recovery; all practices that offer authentic expressions of religiosity/spirituality and yield healthy fruits for their followers are valid choices [45].

Spiritually and culturally inclusive counselors may appreciate the following list of traits of healthy spirituality and/or religion:

- Realization that spirituality is simply the search for meaning in everyday life
- Compassion, forgiveness, respect, and unconditional love as its foundation
- Individuals encouraged to look within to find the source of wisdom and knowledge

- Each person's path is accepted as right for them, and paths that are different from their own are not devalued

- Acknowledgement that each person alone contains everything needed for a fulfilling and successful spiritual existence

- The belief that spirituality arises from a personal relationship with God/the Universe and not from a relationship with any religious institution

- The spiritual/intuitive gifts of all individuals are recognized as divinely empowered

- Releasing judgment and acceptance of the connectedness and unity of all

If it is helpful, this list may be shared with clients.

Another way to conceptualize healthy spirituality is to look at the natural opposites of the negative beliefs covered in the previous section. These beliefs of healthy spirituality would read as such:

- It is okay to make mistakes.

- I am fine just as I am.

- I am deserving.

- I am perfect in God's/the Universe's eyes.

- I can trust my judgment/intuition.

- I am a child of God/the Universe/Earth.

- I can create safety in my world.

- I am blessed.

In working with clients, it is a solid first step, as part of stabilization, to determine if they have any of these positive beliefs, even if negative beliefs are also present. Time may then be spent working with that positive cognition.

If a client struggles with believing that he or she is shameful or undeserving, yet is somehow able to accept the belief that she is blessed, this positive cognition can be built on as a stabilization technique. Many clients with shame-based spiritual ideology are at least able to accept the "I am blessed" belief on some level, especially if they have worked steps two and three of a 12-step program (i.e., believing that Higher Power can restore to sanity and turning one's will and life over to the care of the Higher Power). Even if these steps have not been worked, "I am blessed" may be able to be accepted on gratitude alone. If this is the case, consider stating the following:

Right now, I would like you to just focus in on the statement "I am blessed." Stay with your breath, notice your body, and just say "I am blessed" either to yourself or aloud. Notice what that feels like in your body, to be blessed. If you can, bring up something in your mind that makes you connect with the statement "I am blessed." Maybe it is a song, or perhaps it is a memory, either in the distant past or recently, that really helped you to believe the truth that you are blessed.

At this point, the memory, the song, or any other information that comes up can be used to complete a spiritual guided imagery or guided meditation, inviting the client to stay focused on the positive elements of what is emerging, especially if he or she starts to entertain any negative spiritual cognitions.

Working with music, be it spiritual music or secular music with a spiritual theme, can be a powerful technique. If a client is clearly able to identify a special song that helps him or her to feel connected with a Higher Power, sense of spirit, or the universe, it can be incorporated into spiritual guided imagery or used as a focusing meditation technique. Encourage the client to stay attuned to any body sensations that may emerge as the song plays. Tuning in to these positive visceral sensations and inviting the client to really be with and notice them can be useful in the healing process. The client can then be encouraged to use this song (e.g., listening to it, singing it) as a coping skill to access when needed. Guided imagery and its multiple variations incorporating other sensory material can also help to build healthy spirituality. These techniques allow clients to begin experimenting with and rebuilding their own sense of spirituality.

Clinicians who are devout in the beliefs of one specific faith should feel free to tailor or modify the approaches discussed in this section, as long as it is clear that they are healthy for the client. It is only healthy for a clinician to be specific with her or his religion or faith if the client is seeking that specific care (e.g., Christian counseling). If a client is seeking a counselor of a specific faith, this is a way of indicating a desire to continue in that faith, so counselors should incorporate the healthiest elements of that faith. However, if a practitioner is working in a secular setting, it is her or his responsibility to refrain from pushing a specific faith and keep an open mind to the client's spiritual needs.

Some clients may be so scarred by spiritually abusive experiences that they want nothing to do with reconnection to a spiritual source. If this viewpoint is voiced, it should be respected. However, many who are spiritually abused have an innate drive to be spiritual. Thus, avoiding that part of the person is usually not optimal, and inquiry, curiosity, and experimentation should be encouraged, as appropriate. It can be healing for the client to find what works and is healthy and to make a connection that only spirituality will likely fulfill. A major part of recovery for any kind of abuse, but especially spiritual abuse, is negotiating what is healthy and authentic.

For some survivors of spiritual abuse, the process of recovery through discovery happens over a period of years and seasons of life. Even when survivors begin to find a path that feels genuine and healing for them, old messages, either directly or subtly delivered, must be confronted.

Because spiritual abuse is a form of trauma, it is clear that treatment will need to include reprocessing and reintegration components. As discussed, there is no gold-standard approach for reprocessing trauma. The keys are to make sure that proper stabilization is in place before proceeding with reprocessing activities and to discover with the client which methods or approaches will work best. For certain cases, EMDR can be a good fit [46]. Some specific pastoral techniques (e.g., transformational prayer) may also be used to treat spiritual abuse.

There are several techniques from the Gestalt approach that are useful for addressing spiritual abuse and its manifestations [47]. As long as a qualified professional who is comfortable dealing with trauma and intense affect uses these techniques with clients who are properly stabilized, they are generally safe. It is rarely productive for a survivor of abuse to confront the abuser (the only exceptions being when the abuser is in some form of active recovery and has an awareness of how they victimized others, or if the survivor is well-prepared to simply say what he/she has to say without engaging in extended attempts at reasoning). However, the empty chair technique can help survivors to release the feelings they have been holding in a dynamic, experiential way by imagining the abuser in an empty chair across from them.

Another similar technique is that of the unsent letter. In this approach, the client writes a letter to the person who abused him or her, or even to a Higher Power. The intention is not to send the letter to the abuser, but rather for the client to release his or her pain in a dynamic way, without censor. The client then decides how he or she is going to release the letter. Some will want to share the letter with their counselors so someone can witness their pain. Other clients may find it too dangerous to keep such a letter, so they destroy it after it is written, an act that can be very healing. Some may want to burn the letter, perhaps while saying some type of prayer or intention for release. Just as symbol and ritual can be used to hurt, it can also be used to heal.

Giving clients permission to vent their anger at the churches, groups, or entities that abused them is an important part of reprocessing the trauma of spiritual abuse. Anger toward God or the divine is an issue in treating all types of trauma (e.g., "How could God let this happen?"). Clearly, that anger can have an even more pervasive impact for survivors of spiritual abuse, as their trauma was perpetrated "in the name of God." Allowing clients to work through their anger with the abuser, Higher Power, or spiritual organization in a supportive manner is an effective component of stage two reprocessing.

This spirit of non-judgment, even if the client seems stuck in her or his anger and resentment for quite a while, is critical when working with survivors of spiritual abuse.

Not all helping professionals can work with stage two reprocessing. Many clinicians are well-suited to deal with stage one and stage three work, but recognize that they cannot handle stage two. Comfort with trauma and intense affect is perhaps the most important quality of an effective trauma therapist [48; 49]. The missing piece for many helping professionals is not lack of specific, technical training, but a general uneasiness with trauma in general. Often, this uneasiness results from unresolved countertransference issues or an unwillingness to address one's own traumatic wounds as a helping professional. The proverb "Healer, heal thyself" should be embraced in order for a clinician to work with trauma in an optimally effective manner.

Recovery from spiritual abuse can be a long-term process that continues to take place after formal counseling terminates, which is why the reintegration process is a necessary part of the healing process. Clinicians should work with clients on using the skills they developed in therapy to continue addressing pain as it arises in life, especially pain connected to spirituality. Clients who are able to foster connection with a healthier spiritual system, be that in the form of a new church group, a meditation group, yoga studio, Bible study, faith-sharing group, or simply a solid group of friends that honors tolerant, integrated approaches to spirituality, are at an advantage when it comes to reintegration. If contextually appropriate (based on clinical discretion), clinicians may work with the new spiritual group or that group's leader (with appropriate consent from the client) for enhanced, collaborative care.

CASE EXAMPLE

Let's return to Client E, the young woman discussed in a previous section. E knew immediately that she desired to be spiritual, but any time she tried, the images and early memories from her negative experiences at home and in the church blocked her. Although it became clear that reprocessing some of these memories would be an important part of her treatment, it was also critical to first build on the positive cognition, "There is something in me that wants to be spiritual."

Her counselor begins working with E on using some standard breathing, lightstream visualization, and muscle relaxation techniques. These helped her to achieve a sense of visceral calm and ease sitting in the office. Upon relaxing, the counselor asks E to keep an open mind to the spiritual realm and invites her to notice what emerges in terms of a spiritual figure or a spiritual source. Almost instantaneously, E smiles. She reports that she began to see a little creature that looked half like the character Yoda from the Star Wars movies and half like Mr. Miagi from The Karate Kid movies. The counselor prompts E to stay with that image and notice what happens. With a continued smile, she explains that he was playing a drum, and when he stopped, he invited her to come and sit with him and the two of them talked about all things related to life. As she stays with this experience, she reports feeling a sense of total love and acceptance. Clearly, this figure is a Higher Power that worked for her. As a take away, her counselor encourages E to continue working with this image on a daily basis. He also suggests that she begin by working with her breath, as she had in the office, and then allow the image to come up and notice what happens the longer she stays with the image. This technique is one that allows her to keep building her relationship with her Higher Power and her newfound spirituality.

PROFESSIONAL DEVELOPMENT ISSUES

Many helping professionals are reticent to explore issues of spirituality with clients, especially spiritual abuse, because they have not explored their own spiritual identities or are afraid of being perceived as "pushing spirituality" on clients. Although pushing spirituality is never appropriate, counselors are committing a disservice if they do not at least ask questions about the client's spiritual self. If clients are uninterested in addressing spirituality in counseling, that is their choice. If a client is willing to explore it, counselors should be willing to guide him or her.

This is why it is important for clinicians to assess their own spirituality. Some do not identify as a spiritual person or understand why anyone would be drawn to spirituality, and knowing this is a first step. These counselors should determine if this state of being inhibits them from being effective with clients who deeply desire to be spiritual. If a clinician dismisses spiritual abuse as related to church corruption or religious superstition, clinical relationships can be damaged.

Many counselors who work with spiritual abuse or trauma have had negative personal experiences with spirituality. If unresolved, this state tends to manifest as not wanting to explore spirituality with clients. If addressed, it can make counselors more effective in working with survivors. Not only can this effectiveness be used to help clients, but it can help to raise awareness about the realities of spiritual abuse. As discussed, many people are unaware that spiritual abuse exists, including colleagues, and education is important. Helping professionals may also be hesitant to address spiritual abuse because they are unsure of what to do with the issues that may come up in sessions. Thus, education about the experiences of people who go through spiritual abuse and trauma is a valuable part of enhancing treatment. This education should be more than just technical; it should include information about what people experience and how to build the understanding, empathetic relationships that can facilitate people growing into their authentic selves.

Part of being an effective helper is recognizing when one is beyond his or her area of competence or comfort. Having a referral network is vital. An Internet search of spiritual abuse counselors by geographical area may not retrieve a great deal of results. Instead, a pastor or religious leader who is known for her or his tolerance may be a good source. Working through one of the many books on the topic of spiritual abuse and personally reflecting upon the content may also provide guidance. For many clients, acknowledging that spiritual abuse is real can be a powerful validation.

CONCLUSION

Just as the specific definitions of spiritual abuse differ, so can the varieties of the recovery experience. Above all, helping professionals should realize that spiritual abuse is a form of abuse. Spiritual abuse is trauma, and it can manifest and cause problems in human experiences. Helping professionals can help clients to heal from its wounds. As discussed, having spiritual abuse validated as a legitimate form of abuse by a helping professional can commence the healing process in a very powerful way.

This course has outlined spiritual abuse, in general, as the use of God or religion as a tool to gain power and control. The primary assumption is that spiritual abuse is not unique to any one religion or faith; it can happen in every faith and in every spiritual practice. The specific definitions of and literature on spiritual abuse were explored from sociologic, pastoral, developmental, and clinical perspectives. Common themes apparent in spiritual abuse, specifically commonalities between those who abuse and those who are vulnerable to being spiritually abused, were outlined. Issues in assessing spiritual abuse, specifically assessing it as a trauma issue, were described, followed by issues in treatment. The three-stage consensus model of trauma treatment was presented as a framework for healing spiritual abuse in a clinically sensitive manner. Finally, the course concluded with issues of professional development and honing one's own sense of spiritual awareness in order to optimally serve clients.

GLOSSARY

12-step model: The 12-steps of Alcoholics Anonymous have been developed by many treatment centers as a philosophical approach. Part of the 12-step philosophy is to begin exploring a relationship with a power greater than oneself and to turn one's will and life over to the care of this power.

Conjunctive faith: Stage 5 in Fowler's Faith Development Model (mid-life), characterized by acknowledging paradox and transcendence relating to the reality behind the symbols of inherited systems. The individual resolves conflicts from previous stages by a complex understanding of a multidimensional, interdependent "truth" that cannot be explained by any particular statement.

Cult: From the Latin meaning "to worship," in the modern era, the definition takes on a negative connotation, generally described as a new religious movement or other group whose beliefs or practices are considered abnormal or bizarre [9]. Various organizations and scholars have published lists or guidelines to identify cultic groups, a common consensus being that cults have a destructive impact on their members.

Fowler's Faith Development Model: A seven-stage model explaining faith development in humans across the lifespan, influenced by the work of Piaget, Erickson, and Kohlberg [17].

Guru: A Sanskrit word meaning "teacher" or "master," literally one who can cast out the darkness. Although originating in Hinduism, many in the modern era use the term in reference to anyone whose teachings attract followers. It has negative connotation in some circles because of scandals involving financial or sexual exploitation.

Individuative-reflective faith: Stage 4 in Fowler's Faith Development Model, characterized as a stage of angst and struggle. The individual takes personal responsibility for his or her beliefs and feelings. As one is able to reflect on one's own beliefs, there is an openness to a new complexity of faith, but this also increases the awareness of conflicts in one's belief.

Intuitive-projective faith: Stage 1 in Fowler's Faith Development Model, characterized by the psyche's unprotected exposure to the Unconscious.

Legalism: A religious belief that people can please God or any chosen deity, even earning their way into heaven or an afterlife, through obeying the rules.

Literalism: The belief that the Bible or other sacred text(s) must be interpreted literally, not symbolically, to be properly understood.

Mixed messages: Receiving two contrast viewpoints.

Mythic-literal faith: Stage 2 in Fowler's Faith Development Model, characterized by a strong belief in the justice and reciprocity of the universe; deities are almost always anthropomorphic (i.e., personified).

Primal or undifferentiated faith: Stage 0 in Fowler's Faith Development Model, characterized by an early learning of the safety of one's environment. If consistent nurturing is experienced, one will develop a sense of trust and safety about the universe and the divine; negative experiences will cause one to develop distrust.

Spiritual abuse: Succinctly described as the use of God or religion as a tool to gain power and control.

Synthetic-conventional faith: Stage 3 in Fowler's Faith Development Model, characterized by conformity to religious authority and the development of a personal identity. Any conflicts with one's beliefs are ignored at this stage due to the fear of threat from inconsistencies.

Three-stage (or triphasic) consensus model: refers to the three main stages that should guide trauma treatment—stabilization, reprocessing (working through of the trauma), and reintegration/reconnection with society. This model has emerged from a general consensus in the trauma literature of how treatment should be framed.

Universalizing faith: Stage 6 in Fowler's Faith Development Model, what some might call "enlightenment." Characterized by the individual believing everyone should be treated with the universal principles of love and justice.

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