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Responding well to Spiritual Abuse: practice implications for counselling and psychotherapy

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ABSTRACT

This paper presents the findings of a survey exploring people's understandings and experiences of Spiritual Abuse (SA) in a Christian faith context. The online survey was completed by 1591 individuals from the UK, 1002 of whom identified as having experienced SA. Inclusion criteria were: membership of the Christian faith, being or having been, a Church attender or member of a Christian organisation and having heard of the term SA. Participants detailed features of an effective response to disclosures of SA, many of these are directly relevant to counselling and psychotherapy practice. The findings echo calls in previous research for including discussions of religion and faith in training and CPD for counsellors and psychotherapists. Finally, the paper suggests the establishment of a network of counsellors with training and knowledge about SA.

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Introduction

The term Spiritual Abuse (SA) is relatively recent, entering academic discourse about 30 years ago through texts such as "The Subtle Power of Spiritual Abuse" first published in 1991 (Johnson & VanVonderen, 2005). Discussion around coercive control and misuse of power in a religious context has a long history (e.g. Baxter, 1981; Enroth, 1992; Plowman, 1975), however the term SA has not been used universally to describe these experiences. Indeed, today SA remains a contentious term to some, particularly within the UK context, as discussion in Christian and mainstream media testifies (Evangelical Alliance, 2018; Kandiah, 2018; Oakley, 2018, Nicholls, 2023). There has been concern that the use of the term is unhelpful and may restrict religious freedom and could even be weaponised (Evangelical Alliance, 2018; Hilborn, 2021). Nonetheless, there is a growing body of literature using the terminology in the UK and internationally (e.g. Damgaard, 2022; Davis-Weir, 2015; Diederich, 2017; Henke & Dykstra, 2021; McDowall, 2021; Nelson, 2015; Oakley & Kinmond, 2014; Orłowski, 2010; Ward, 2011). Further, SA is now included in some UK denominational safeguarding policies (e.g. The Methodist Church, Safeguarding Children and young people 2010; The Archbishop's Council, *Protecting all God's children* 2010) with the Methodist conference (June 2021) supporting a theology of safeguarding which includes a section specifically on SA. Also, within the Church of England

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a tribunal in Oxford ruled that a minister was guilty of “abuse of spiritual power and authority” (Church of England, 2018).

Additionally, in consultation prior to the publication of a text describing experiences of SA (Oakley & Humphreys, 2019) support for the term was given by survivors. Thus, arguably, there is a rationale for the use of SA as a term and the identification of it as a specific form of abuse. Such use and recognition would give traction to its dissemination into professional and common parlance and provide a “name” to the abuse experienced by many people needing clarification and understanding of their trauma. The current lack of an agreed understanding or definition of SA acceptable to academics, practitioners and those experiencing the abuse just serves to add confusion which then impacts on both individuals experiencing SA and also practitioners aiming to best support them. The absence of an agreed term can mean that clients may be traumatised but have no language or accepted terminology to describe and articulate their experiences. Similarly, therapists are likely also to lack appropriate understanding or effective means of communication around the client’s specific experiences of SA. An earlier research study demonstrated the challenges for therapists working with people who have experienced SA (Kinmond et al. 2017).

A range of definitions of SA are currently in use. Possibly the most commonly quoted sources are Johnson and VanVonderen (2005) and Oakley and Kinmond (2013). The latter definition has recently been revised in light of research and increasing the understanding of SA to the following:

Spiritual abuse is a form of emotional and psychological abuse characterised by a systematic pattern of coercive and controlling behaviour in a religious context or with a religious rationale. This context includes religious or spiritual institutions, places of education and homes in which there is a religious, spiritual or faith belief. Spiritual abuse can have a deeply damaging impact on those who experience it and can be experienced in a variety of different relationships.

This abuse may include (please note not all of these factors will be evident in every case)

Coercing behaviour through manipulation and exploitation, Enforced accountability

Coercion through censorship, Coercion to conform, for example, seeking to enforce rather than encourage behavioural changes; failing to allow an individual autonomy to make their own choices, exercising control through using sacred texts, faith values or teachings to coerce behaviour, Requirement of unquestioning obedience to the abuser

Using a sense of “divine position” to exert pressure to conform and suggesting this position is unchallengeable, Isolation as a means of punishment, exercising control through threats including spiritual consequences, Superiority and elitism. (Oakley, 2023)

This latter definition resonates with the UK Government’s 2015 definition of domestic violence and abuse (DVA) which includes coercive and controlling behaviour; in recognition that abuse can and does occur in relationships where there is an absence of sexual or physical abuse. Statutory guidance for Domestic Abuse (Home Office, 2022, p. 39) to support the implementation of the Domestic Abuse Act 2021 (HMGov, 2021) refers to “coercion to conform or control through the use of sacred or religious texts/teaching e.g. theological justifications for sexual coercion or abuse.” Therefore, although the term SA does not currently have a statutory status in the UK and remains to some extent, controversial in the UK context, arguably it is gaining credence. Further, there is growing recognition of the intersection in some experiences of coercive control and SA with other experiences of harm.

In common with those experiencing DVA, survivors of SA have reported that the psychological impact of the abuse is extremely damaging and harmful. People experiencing SA need to know that their experience is real, shared by others and recognised by authorities and professionals. Further, they also need to feel confident and sufficiently empowered to seek help and support from experienced professionals.

There is currently no data collected around the number of people referred or self-referring to therapists for SA. Indeed, there is little information about SA and the counselling profession. SA is an area of abuse that is currently neither well researched, nor much taught in counsellor training programmes nor continuous professional development (CPD). In consequence, most therapists

have limited knowledge or experience of the issues. Such limited understanding then impacts clients' confidence in seeking out a therapist with the relevant knowledge and skills to support them.

Indeed, work around religion and spirituality generally, is not much covered or taught in counsellor training programmes and religious issues are often neglected in training (Buckledee, 2020; Jafari, 2016; Martinez & Baker, 2000). This is perhaps surprising when we consider the array of resources that exist to support counsellors to work competently when working with clients who are exploring issues of religion and spirituality (e.g. Brownell, 2014; Pargament & Exline, 2021; Vieten & Scammell, 2015). Nonetheless, evidence suggests that counsellors feel ill equipped to work with religious clients in practice, with some researchers suggesting that counsellors would like more training input on religion and spirituality (e.g.; Hage, 2006; Hofmann & Walach, 2011; Lu et al., 2020). Research in Canada (Plumb, 2011) utilising an on-line survey with 341 counsellors found that most had received limited training around spirituality/religion. Conversely, they felt that spirituality/religion was important to majority of clients, who said that they would like to be able to talk about this area of their lives in therapy. There is recent evidence demonstrating some integration of discussion of religion in training but there is a need for this to be more extensively embedded (Bowser et al., 2022; Jafari, 2016).

In the UK there have been calls for more input on religion and spirituality into the counselling curriculum for the last 20 years, (e.g. Foskett, 2001; Swinton, 2007; West, 2000, 2001, 2011), with some suggesting this is still not happening effectively (Hunt, 2019; Swinton, 2014). Hunt's (2019) qualitative inquiry into the experiences of UK counsellors found trainee counsellors reporting a fear of discussing their own personal faith in training for fear of being judged, which included a significant level of anxiety around disclosure. A further finding was the limited reflection on religion in their training programme and the need for more structured input into training to feel confident in working with clients who have a faith. This is further supported by Fox's (2019) unpublished Master's degree qualitative study which found that therapists had a fear of being judged for having spiritual experiences or beliefs when working with clients.

Therapist fear of self-disclosing spirituality is surprising in the context of growing support for examining the relationship between therapy and religion/ spirituality (e.g. West, 2000, 2011). Several authors have written about ways for counsellors and psychotherapists to integrate spirituality into their practice (e.g. Holmberg et al., 2017 Pargament, 2007), including spiritually orientated interventions (e.g. Aten et al., 2011). The link between religion/spirituality and good mental health has also been advocated (Cobb et al., 2012; Cook, 2013; Post & Wade, 2009). Arguably, this is reflected in the Royal College of Psychiatry's Special Interest group (<https://www.rcpsych.ac.uk/members/specialinterestgroups/spirituality.aspx>) which holds an annual conference and has a growing membership base.

It is not clear why religious or spiritual issues are not addressed uniformly in all counselling training programmes. It may be that in an already overcrowded curriculum, spirituality is perceived as a less important area for clinical practice training programmes (Jafari, 2016). Nonetheless, ignoring such a vital part of many people's existence also denies counsellors the opportunity to develop competence, skills and knowledge to best support clients who present with concerns around spirituality and/or issues of SA. It means that little – if any – attention is being given to spiritual or religious issues and accordingly, few counsellors feel confident to advertise such expertise.

Furthermore, as statutory legislation covers such topics, there is a legal imperative to ensure these areas are acknowledged and given a suitable amount of attention (e.g. the Equalities Act and the Mental Health (Wales) Measure 2010). In this legislation, one of the eight domains of care and treatment planning is "social, cultural, or spiritual". However, a brief review of professional websites and counselling directories outside specific religious organisations (e.g. Association of Christian Counsellors) show few references to counsellors working with spirituality or religious issues.

Consequently, clients may have little confidence in finding a therapist who may understand their position or empathise with any negative experience of spirituality. Some who have experienced SA may actively avoid seeking support from an openly religious organisation or therapist as they may feel this was the seat of their initial abusive experience (Oakley & Kinmond, 2013). Faced with the

dilemma of talking to someone who may have no understanding of their core values and beliefs or talking to someone who represents the abusive power that has hurt them, some people do not seek counselling/ psychotherapy at all. Thus, arguably, increasing counsellors understanding about SA is important to provide those experiencing SA have a range of possible counsellors to work with. Further, recent developments in safeguarding policy (e.g. The Methodist Church, 2021) and statutory guidance (Home Office, 2022) illustrate the importance of developing counsellors' awareness of SA and factors which can enhance counselling practice in this area. As the terminology of SA is beginning to be more widely used and awareness is growing, it can be anticipated that referrals to counsellors using this term to describe experiences will increase.

The aim of the survey reported in this paper was to explore understanding of SA and policy, practice and response. Whilst some of the headline findings were previously published elsewhere (Oakley et al., 2018, Oakley & Humphreys, 2019) specific applications for counselling have not yet been explored. These findings are detailed here as a response to the perceived need for improving counsellor knowledge about SA.

The research questions directly relevant to this paper were

1. Who did people identify as sources of support after an experience of SA?
2. What are the features of a good response to a disclosure of SA?

Methodology

The study employed a critical realist ontology and epistemology accepting and reflecting and seeking to understand the experiences of participants' unique constructions of reality and accepting that these are formed in a social world (Stainton-Rogers, 2003). Critical realism acknowledges that an objective "reality" exists but recognises that our perceptions of this "reality" are always mediated by subjective understandings and social contexts. Employing this framework enables an exploration of respondents' understandings of spiritual abuse and helpful responses to disclosure. Recognising these are interconnected with the social world in which spiritual abuse is experienced, it also accepts that participants will have constructions of spiritual abuse that may differ (Letourneau & Allen, 2006). It is only in the piecing together of different respondents' answers that we might begin to construct a more detailed and holistic understanding (Bergen et al., 2010). Critical realism also emphasises the need for empirical investigation and leads to a more developed explanation of experiences.

The study employed an online survey distributed from 1 January 2017 to 30 March 2017. The survey collected qualitative and quantitative data. Online surveys are commonly used in areas where there is a paucity of previous research (Jain, 2021). Open questions with free text boxes enabled respondents to provide clarification and expansion to provide rich data to add to the quantitative data collected (Greene et al., 1989). The survey consisted of five sections, each section incorporating closed questions and open-text comment boxes. The survey was divided into two parts, the first being available to all participants who fulfilled the inclusion criteria, the second for those who identified as having experienced SA. The first part of the questionnaire collected demographic and denominational background information, a further section explored awareness and understanding of SA and definitions of the term and sources of support. The section specifically for those identifying as having experienced SA asked questions about features of a good response, unhelpful responses and suggestions for policy, practice and training. A full copy of the survey questions is available in Appendix A. The research was commissioned by Thirtyone:eight and conducted through Bournemouth University.

Sample

In order to obtain a wide sample of respondents, recruitment involved disseminating the survey link via Thirtyone:eight which had a large membership from across a range of Christian denominations

including those in safeguarding and leadership roles, church members and a range of statutory agencies; the *National Task and Finish Group for SA* in the Church of England and denominational safeguarding contacts at the *Christian Forum for Safeguarding*, a collaborative forum for the national safeguarding leads from many of the mainstream Christian denominations and networks across the UK, together with the use of relevant Christian Facebook pages.

Inclusion criteria were: membership of the Christian faith, being a Church attender or being a member of a Christian organisation, and having heard of the term “Spiritual Abuse”. It should be noted that a definition of spiritual abuse was not provided in the survey and therefore, it could be argued that participants may not share the same understandings and definitions of the term. As the purpose of the research was exploratory, part of the purpose of the study was to explore definitions. Thus, providing a definition would have prevented the acquisition of participants’ definitions. Nonetheless, a review of definitions provided by participants in previous work (Oakley & Kinmond, 2013) demonstrates considerable shared commonalities including “religious or spiritual belief” and “coercion and control” as integral to the experience. However, the researchers accept that an absence of definition may have impacted the study findings and this is reflected in the limitations section.

It is recognised that SA occurs across different religions, however as there is a paucity of work in this area, it was decided to focus on the Christian tradition first and then expand work to other religions in subsequent studies. This is also the faith tradition with which the researchers were most experienced.

A total of 1591 respondents completed the survey, with 1002 respondents identified as having a personal experience of SA. 69% of the samples were female and 31% were male. Participants ages ranged from 18 to over 70 but the median age bracket was 50–59 years. They identified as belonging to a range of denominational backgrounds with the majority coming from Anglican, Baptist, Independent and Pentecostal traditions. Respondents also indicated they worked in a range of professions including the police, education, social work, counselling and the charity sector.

Ethics

As this research area is potentially sensitive, the researchers ensured their work complied with their professional body’s ethical code. As the research was conducted online, the survey design complied with the British Psychological Society (BPS) ethical guidelines for conducting internet-mediated research (BPS, 2013). It was approved by the Bournemouth University, Social Science Ethics Committee. Participation was voluntary, and no financial inducement was offered.

The researchers were cognisant of the need to respect “the autonomy and dignity of persons” and sought to ensure that informed consent was obtained and that opportunities to withdraw from the survey and to withdraw data were provided. The first page of the survey contained detailed information about the research aims and use of data and respondents were asked to indicate their consent to participate. Participants were provided with an opportunity to withdraw consent either by exiting the survey at any time or by answering the question at the end of the survey, which allowed the withdrawal of all data or anonymised quotes. 293 respondents withdrew all their data and 28 indicated they did not consent to quotes being used. These numbers possibly reflect something of the sensitivity and wariness of people to discuss the issue of SA.

The collection of IP address function was disabled in order to ensure “anonymity and confidentiality (BPS, 2013). The Thirtyone:eight helpline details were provided at the end of the survey for any respondent wanting further support. This is a 24/7 helpline.

Data analysis

The quantitative data was analysed using descriptive statistics. An inductive reflexive thematic analysis (RTA) (Braun & Clarke, 2006, 2012; Clarke & Braun, 2013) was conducted on the qualitative data

using Nvivo as a data management tool. The analysis followed the six-stage process of RTA of Braun and Clarke's model, informed by their more recent work and considerations in conducting this form of analysis (Braun & Clarke, 2021; Braun et al., 2016; Clarke et al., 2015). It was used to identify patterns or "themes" in the qualitative data collected (Braun et al., 2016) and therefore to identify the key messages in respondents' answers.

The qualitative data extracts from the open text response boxes, were read several times for each question until familiarisation with the data was achieved. At this stage initial familiarisation notes were made by the first author, these included initial ideas about common messages and critical reflections on understanding, awareness, assumptions and responding well. The second stage was systematic data coding. The open-text responses were systematically coded by the smallest unit of meaning. Codes were added to each part of the data which had relevance to the research questions. There were two coding sweeps conducted at semantic and latent levels to allow an exploration of meaning. This led to code labels which captured the meaning of the data which had been coded. To ensure rigour in the process the first author conducted the "remove the data test" (Braun et al., 2016), the data extracts were removed and the codes were then read. This was to see whether anything had been missed in the coding process, whether the codes "evoked the data without needing to read them" (Braun et al., 2016, p. 9). Once this exercise had been completed. The second author independently conducted this check and then there was a discussion between the two authors about any codes which did not evoke the meaning or where the label did not reflect the meaning of the original text. Stage three of the process was generating initial themes, this is where codes that shared common meaning were clustered together to form sub-themes. These sub-themes were then further clustered to form themes which shared a central organising concept and meaning.

Once this process had been conducted by the first author a consensus discussion occurred with the second author, which reviewed the initial themes generated and reviewed the research questions and led to some changes in groupings which lead to the fourth stage of developing and reviewing the themes. The fifth stage involved refining, defining and naming the themes (Braun & Clarke, 2006, 2018, 2021). At this stage the themes identified were reviewed and named to reflect the central organising concept. For example, many of the respondents' answers to questions about what they wanted people to say and did not want people to say when they told their story of SA, were aspects of responding well to a disclosure of SA became a theme name. The theme names were generated in a discussion between the first two named authors, which included critical reflection and revisiting the initial data extracts to ensure that the themes captured the patterns and messages in the responses.

An inductive content analysis (Elo & Kyngas, 2008) was conducted on responses to some of the questions, for example "where would you go for help and support?" This approach is suggested where there is little previous work in the area (Elo & Kyngas, 2008). Whilst the thematic analysis enabled identification of key messages within the responses, it was more suited to open-ended questions which resulted in reasonably detailed answers. However, some questions provided short answers and limited data and this did not lend itself to thematic analysis. Further, the researchers wanted to gather some indication of the frequency of some response. Inductive content analysis allowed for analysis and evaluation of both the short responses and the frequency of terms and words used. Content analysis operates as a systematic approach to coding and exploring data, allowing a determination of trends and frequency (Grbich, 2012). Vaismoradi et al. (2013) note that thematic analysis and content analysis are frequently used together as two analysis approaches in nursing research.

In this study, following the inductive approach the categories used were directly developed from the data. The process started with "open coding" (Elo & Kyngas, 2008, p. 109) of responses to the manifest content. This involved coding the responses into roles or descriptors based on the people. For example, in one question categories were developed for those who respondents would go to, or did go to for help and support. These codes were grouped into categories. i.e.

church elders and leadership roles became a category of church leadership. This follows the process of grouping open codes that are similar into a smaller number of categories. Once the first-named author had completed this process the second-named author reviewed this phase independently.

An example of this process can be seen in [Table 1](#). At this stage, any responses including the open codes of “counsellor”, “Christian counsellor” or “counselling therapist” were categorised as “counsellor”. The categories were then applied to the data to determine how prevalent the categories were.

A further stage of data analysis was conducted by using the sub-themes obtained from the thematic analysis as category names and then the data were analysed a second time to explore the prevalence of these categories (as can be seen in the findings section of this paper).

Once the first author had conducted the analysis, the second author used the categories developed and independently analysed 25% of the responses and there was agreement across the analyses conducted, suggesting that the categories were robust and distinct.

Reflexivity

Reflexivity is an important quality criterion in qualitative research and the authors are mindful of the fact that two of them are practicing Christians belonging to different denominations within the Christian faith. Subjectivity has been noted as a potential strength in qualitative research if rigour is applied; specifically taking account of the “I’s” in the research (Bradbury-Jones, 2007). A personal reflection upon “I” at various points of the study design and analysis was undertaken by the researchers. This is of particular importance to this paper as one of the two authors who carried out the data analysis is also a practising counsellor. A realisation of the limited knowledge and awareness of what counselling might offer to someone who has experienced SA brought into sharp focus the “I” in this work. The third author is a practicing counsellor but not of the Christian faith. This additional lens ensured insider/outsider statuses in different members of the team and led to in-depth discussions and debates about the meaning of the data and its application to counselling practice, leading to a greater integrity (Probst & Berenson, 2014) of the analysis and writing process.

Findings

Findings pertinent to counsellors and counselling practice are discussed below. Respondents’ free-text comments are presented in italics.

The analysis was approached through a critical realist ontology and epistemology to explore participants’ understandings contextualised and interrelated to the social world. There was an emphasis on reflecting a range of voices recognising that each individual response represents a partial but important understanding of spiritual abuse (Letourneau & Allen, 2006). Furthermore, the analysis sought to build a more comprehensive insight by the thematic grouping of answers with the intent to produce a more nuanced and detailed overarching set of findings. In this section, there is an emphasis on the individual words of participants but also a recognition of the context in which understandings have been developed, and reflected in different themes varied representation of the answers respondents provided.

Table 1. Example of coding

Question	Open codes	Category
Who would you go to for help and support?	My family Close friends A friend at another church My brother	Family or friends

Where to go for help and support for spiritual abuse

1001 respondents answered the question “I know where to go for help and support for spiritual abuse” identifying a range of sources for help and support. These included “Church leader” ($n = 186$), “CCPAS” (Churches Child Protection Advisory Service now known as *Thirtyone:eight*) ($n = 179$), “Family and friends” ($n = 118$), “local Church safeguarding officer or team” ($n = 117$), “referral to either the denominational leadership or the denominational safeguarding lead” ($n = 60$), “Referral to statutory agencies and structures” ($n = 72$), “external help and support” ($n = 45$), “the local Church or religious group” (33), “named organisations or individuals” ($n = 22$), “online support” ($n = 10$) and “God, prayer and the bible” ($n = 6$).

Importantly for this paper, only 49 respondents suggested that they would “speak to a counsellor” or ask for a referral to one if they or others were experiencing spiritual abuse. Free text comments included “Would advise professional help such as a counsellor”, “Find help for the person such as counselling, sensitive appropriate counselling”. Some respondents specifically mentioned Christian counselling “Association of Christian Counsellors” (ACC) whilst others referred to informal counselling arrangements, which might be considered more as pastoral support “pastoral care”.

It might be assumed that anyone in distress or experiencing trauma would seek the help and support of a counsellor. Different counselling organisations (e.g. BACP, British Psychological Society) have sought to advertise and engage with the media and the general public more widely in recent times. Also, an increasing number of independent organisations such as *Counselling Directory* have sought both a presence and a stake in the market for counselling provision in the UK. Further, increasing awareness of mental health has facilitated greater debate nationally and internationally. Thus, arguably, a logical and expected response to SA would be referral to a counsellor. Yet, respondents did not suggest this.

Arguably, this response resonates with our previous research (authors citation 2 removed for review) which shows that many people who have experienced SA do not seek the support of a counsellor; either a Christian counsellor (e.g. ACC) or a secular practitioner for fear of potential response. As one participant in our earlier research stated “Who do you go to? A Christian, who is part of the system who hurt you or someone who doesn’t understand your faith? You don’t go anywhere”. (p. 153).

Linked to the question around where to go for help and support following a disclosure of SA is the fundamental question of how to respond to this disclosure. 341 respondents provided suggestions for “responding well” to a disclosure of SA.

Responding well to a disclosure of spiritual abuse

The survey asked respondents whether or not they felt able to respond well to a disclosure of SA and what would be needed for a good response.

A key factor reported was the need for support. 135 respondents stated this, comments included “Offer of ongoing support”, “If possible give names of people or organisations who can help someone who feels they have been spiritually abused”.

Disclosing an experience of SA can be extremely traumatic for a person. They may fear not being believed, they may fear retribution from their community and there are currently no specific laws and regulations in place to support a legal case. Yet, arguably, the person may be experiencing extreme distress. Thus, if an individual presents for counselling it is important that the counsellor responds appropriately and effectively.

Many of the respondents suggested features of “responding well” to a disclosure of SA, which have parallels in the foundations of good counselling practice. For example, the importance of “active listening” (Egan, 2014) to the disclosure was noted in many responses ($n = 116$) together with allowing the individual to tell their whole story without judgement or defensiveness on the part of the listener, “careful, honouring listening and respect for the perspective of the one disclosing”, “open listening, not a defensive approach to justify the Churches behaviour”. It was also felt important

to ensure the person disclosing the SA was made to feel safe, *"Assurance of safety"*. Again, this resonates with sound counselling practice.

Some respondents felt that the assurance of confidentiality ($n = 38$) was important *"Confidential and supportive"*. However, others felt it was important not to promise confidentiality as this cannot always be kept (for example if criminal activity had taken place or others are at risk of recognised harm), *"They should not promise to keep it a secret"*.

The ethical dilemma around confidentiality, keeping a client safe – and retaining both legal and therapeutic responsibilities and relationships can often be challenging. All therapists adhere to their professional body's code of conduct and – obviously – to the law of the country in which they practice. However, witnessing a disclosure of SA for which there is no legal recourse currently, can engender both personal and professional dilemmas. The debate around whether or not to state that a report of abuse is believed is contentious. This was raised by respondents in the survey. 21 respondents stated that the person should be told they were believed, with 52 stating the person should be taken seriously. Comments included *"Take it seriously, acknowledging the person making the disclosure"*, *"Being believed and heard is part of a person's healing"*.

Another feature of "responding well" which resonates with sound counselling practice noted by respondents is the need to demonstrate empathy and understanding ($n = 80$) *"understanding empathy"*, *"Listening, empathy, and letting them know they aren't alone are of primary importance"*. The importance of accepting both the information being shared and the person sharing was emphasised by respondents ($n = 53$). Many noted that individuals who disclose are vulnerable and often scared and need reassurance and validation as a person, *"Affirming the person's self-value"*, *"Recognise that in coming to you to talk about it they are probably scared out of their wits"*.

The survey asked for suggestions about what to say in response to a disclosure of SA. 330 people provided suggested responses and interestingly, 329 people provided answers for what individuals should avoid saying.

It was seen to be important that there was no disbelief or denial expressed to the individual disclosing ($n = 120$), *"do not question whether or not the person imagined it"*, *"you must be mistaken"*. It was also important to be non-judgemental and involve no blaming of the individual who is disclosing ($n = 143$), *"A non-judgemental, understanding response is needed"*, *"Not blaming the abused person for bringing up something which may cause difficulty for the organisation concerned"*. Respondents felt it was important not to minimise the behaviour being disclosed ($n = 91$), *"Don't minimise or deny the validity of the disclosure"*. In addition, it was seen as important to not defend the accused ($n = 52$), *"I'm sure they mean well"*, *"you mustn't destroy that person's ministry"*.

Some respondents ($n = 15$) referred specifically to the use of scripture when responding to someone disclosing SA. Comments included, *"Bible verses or instruction as to what to do"*, *"Refer to scriptures promising salvation"*. Usually, the responses reflected either challenging the way scripture had been used to control or exploring scripture to highlight the harm that had been experienced and passages that might bring some healing *"From the scriptures the nature of the abuse should be demonstrated, and the abused reassured that they are right to resist the abuse"*. However, others ($n = 45$) were clear that people should take great care when using scripture or prayer in response to a disclosure of SA *"I wouldn't respond with biblical and Christian phrases because they might be a trigger for exactly that thing you were abused"*, *"it is not necessarily right to use scripture or even to pray with that person"*, *"For someone who has been devout, everything becomes dangerous"*. *"Prayer is scary"*. *"The Bible is filled with land mines"*. Other respondents noted that care should be taken to avoid suggesting God was complicit with the behaviour or that he was judging them, *"I was made to feel that God would never love me as I just wasn't doing as I was told so I was a really bad person"*.

Linked to the responses above one respondent noted the impact on themselves of counselling a client who had experienced SA who shared the same faith tradition *"As a counsellor and as a Christian it makes me ashamed that people who have labelled themselves with the same faith as me have so often inflicted that damage, and sadly its most often been done in ignorance"*.

The comment resonates with the importance for counsellors of identifying appropriate supervision.

Part of the survey asked respondents to consider suggestions for policy, practice and training. 540 people responded. Comments related to counselling practice are discussed below.

One factor that was seen as impacting people's experiences of SA was the current limited awareness of this form of abuse "*I assume many people may not be aware that they have been spiritually abused as it is not in mainstream awareness in the same way as other forms of abuse*". Many respondents noted how important it is to increase awareness of SA. A respondent identifying as a counsellor also reflected on the limited understanding in churches, "*As a qualified Counsellor I have worked with victims of SA and it seems there is a lack of awareness in some churches of what SA actually is*".

Yet, the impact of SA was commented upon "*As a counsellor I have seen the effects of SA on people's lives, it affects every area of their being*".

A number of respondents suggested that counsellors need training in the area of SA. It was interesting to note that a Christian counsellor also felt training is needed "*As a founder of a Christian counselling organisation ... I would welcome the development of ... training in this area*". The counsellor also warned, "*not many secular counsellors can speak into this*". Arguably, training for counsellors is essential if the profession is to support individuals who have experienced SA to access appropriate therapy.

Discussion

Features of a good response

Many of the features of a good response to a disclosure of SA mirror the skills that are foundational to counselling practice (Cochran & Cochran, 2015). Those who experience SA have been damaged in a place they believed to be safe (Oakley & Kinmond, 2013) therefore it can be challenging them to be able to enter into a therapeutic relationship (Oakley & Kinmond, 2013). Thus, the necessity to help clients to feel "safe" and for them to know that what they share is confidential is of paramount importance.

In training sessions and speaking with survivors an important aspect of feeling safe is having the assurance that the counsellor has an understanding and awareness of spiritual abuse. Thus, although some of the features of a good response are generic good practice in counselling, SA is a specialised area and being aware of the nuances of the experience and particular aspects of response which can be helpful or unhelpful is of great import. A further issue in terms of clients feeling safe may be the client's need to understand the spiritual background of the therapist. Whilst some counselling research has explored spirituality in the counselling room (e.g. Gubi & Jacobs, 2009) there may be some challenges associated with the request to understand the therapists spiritual positioning. Therapists themselves may not wish to disclose this information. The whole area of self-disclosure in counsellors is important and a key principle for counsellors who choose to disclose any information in therapy is that this is determined by the needs of the client (Henretty & Levitt, 2010). The authors suggest that the area of disclosure around spirituality is an important topic to be considered and debated as part of counselling training and CPD.

The findings also illustrate the importance of demonstrating acceptance of the individual disclosing their story (Hough, 2014). Counsellors should be aware that those who experience SA are often disbelieved or that their stories have been minimised by others (Oakley & Kinmond, 2013) and therefore acceptance will be key in building the therapeutic relationship. Nienhuis et al. (2018) demonstrated how the strength of the alliance between therapist and client is dependent upon therapist empathy and genuineness. The respondents also noted the importance of active listening. Cochran and Cochran (2015) suggest that therapeutic listening is a core element of working with clients and a precondition for the development of empathy and connection. The importance of listening may be accentuated for those who have experienced silencing as part of spiritual abuse. Therefore, core counselling skills are essential in responding to a disclosure of spiritual abuse. Further, therapists must be cognisant of the silencing and disbelief victims experience.

Training of counsellors

As stated above, the responses suggest a need for training in the area of counselling for spiritual abuse. The need for training was further emphasised by an invitation to the authors of this paper to present a workshop on counselling for SA at the association of Christian counsellor's conference in 2019 and again in 2022. The need to equip and train counsellors in this area resonates with Post and Wade's (2009) call for therapists to be able to work sensitively across religious beliefs and experiences. The call for training on SA reported in this paper resonates with many previous such repeated calls for further training in the area of religion and counselling (Fox, 2019; Hunt, 2019) and also the quest for defined spiritual competencies (eg. Vieten & Scammell, 2015). It is of great importance to ensure that counsellors are equipped to work with the issue of SA. This includes training about the distinctive characteristics of SA (Oakley & Kinmond, 2013; Oakley & Humphreys, 2019) and how the spiritual and religious context can add layers to the experience of harm and may need to be sensitively explored in therapy. Further, because SA is a new and emerging terminology, clients may not have this language in their awareness. Therefore, details of the experience may be shared without the language and discourse to label it. Further, in some expressions of faith there is already a negative discourse around the term SA (Evangelical Alliance, 2018) and therefore it may be that even if clients do know the term, they may be reluctant to use it or label their experience as this, or they may feel unable to use this term. Therefore, counsellor training about SA and the distinct aspects of this experience is needed to support clients effectively.

It is recommended that religion and faith become more central topics in counsellor training and that a structured approach to this is undertaken. This is essential to avoid repeated calls for such input to training in future journal articles and to ensure clients are fully supported towards their own recovery. Such training should include discussion of how God, sacred texts and prayer may have been used in the experience of SA and how to engage with these issues with care and sensitivity. Part of the challenge for therapists is the current limited understanding and awareness of SA in general understanding. Other forms of abuse are understood in greater depth and a variety of training is available to equip therapists working with clients who have had these experiences. At this time, training is limited in the area of SA for counsellors. In 2018 a module on this topic was developed by Thirtyone:eight, an independent Christian safeguarding charity. At the 2019 Association of Christian Counsellors conference, the authors of this paper were invited to deliver a workshop to counsellors on working with spiritual abuse. There is currently a high demand for training from counsellors, pastoral workers and spiritual directors. Subsequent training sessions have been oversubscribed and this demonstrates a commitment by counsellors to develop their awareness. It also demonstrates, in some cases a recognition that these experiences are being shared in therapy sessions. Therefore, there is a beginning of work in this area, but it needs further development and resourcing. Effective training is essential to allow therapists to explore this experience and the additional layers that faith and religious context add to the experience. Hunt (2019) suggests that the competencies framework could be a method of inspiration and guidance for facilitating UK training institutions and the BACP to fully equip trainee counsellors for working with religious clients. However, working towards a competency-based model of training "does relatively little to engage individual practitioners based on their individual needs" (Mahon, 2021, p. 1). Therefore, one of the recommendations from this paper is for the continued development of training focused on therapist reflexivity when working with clients who have religious or spiritual beliefs.

Personal faith of the counsellor

Grunhaus et al. (2018) note that seeking to protect client welfare, whilst simultaneously maintaining their own personal values can create conflict for counsellors. In the present study, one of the counsellors noted the discomfort they experienced in recognising the damage caused to individuals through those ascribing to their same belief systems. This response highlights the importance of

taking these issues to counselling supervision. Fox (2019) found that therapists' awareness of their own spirituality in the therapy room developed over time through both training and client work. However, there is limited research on how this impacts clients. Therapists' self-disclosure is often considered a boundary issue, including disclosures around spiritual and religious beliefs. If therapists feel uncomfortable with specific boundary issues, research indicates that they may shy away from discussing them altogether, either with clients or supervisors (Oakley & Kinmond, 2013). Ametrano (2014) reflects on the importance of counsellors reflecting on their personal values and how those values impact their work. Those findings also suggest the need to facilitate individuals ability to share their personal faith in counsellor training without the fear of judgement reported by Hunt (2019). This illustrates the necessity to create a safe space in training to explore spirituality and faith, a need to embed this in self-reflection in training from the start.

A positive step towards developing safe and supportive spaces for people to share their experiences of spiritual abuse, and to help educate professionals such as counsellors and psychotherapists about this topic, was made when one of the first international conferences discussing SA was held in 2021 at the University of Chester. The conference highlighted the urgent need for a network of therapists who could work with these experiences, safely. Another theme that was evident across the conference presentations was the importance of specific training and support for counsellors when working with experiences of spiritual abuse.

In a book title, "Breaking The Silence on Spiritual Abuse," (Oakley & Kinmond, 2013), the authors suggest there is a need to break the silence about speaking about spirituality and faith of counsellors. They argue this is important for the wellbeing of counsellors, enhanced practice and client support.

A further point for consideration is the necessity to include religious training for supervisors. Balkin et al. (2014) suggest the need for supervisors to be trained to enable them to include their client's faith in the supervisory relationship.

Strengths and limitations

The area of spiritual abuse is under-researched, but there is growing awareness of this form of harm and a clear need to inform counselling training and practice. The findings of this study directly inform understanding and practice of counsellors and psychotherapists. Nevertheless, the present study has multiple limitations. Firstly, it focused exclusively on SA in the Christian faith. Secondly, it did not include counselling as a focus although it connects the findings as relevant to counselling. Finally, the study did not provide a definition of spiritual abuse to participants in the survey. The high dropout rate for survey completion may be related to the lack of definition provided resulting in the survey questions not being relevant to some. It could also be reflective of the fear of discussing spiritual abuse, which has been demonstrated in previous research (Oakley, 2009; Oakley & Kinmond, 2013; Oakley & Humphreys, 2019). It is important to reflect that the drop our rate could impact the quality and interpretation of the data. However, the sample size is still large, and therefore, there can be some confidence in the interpretations drawn.

Future research is needed to explore experiences of SA across faiths and in different cultural contexts. Future studies should also include a clear definition of spiritual abuse, co-design survey items, advertisements and information sheets with survivors to try to reduce dropout. It should also seek to explore survivor and counsellors' experiences of therapy for SA. Additionally, there is a need for broader studies on the integration of personal faith and spirituality into counselling practice and any boundary issues that arise.

Summary and reflection

The responses indicated a high level of confidence in knowing how to respond to a disclosure of spiritual abuse. Features of a good response were seen to include active listening, allowing a full

disclosure, understanding and empathy, validating the individual, support for the accused and the person disclosing, being non-judgemental, not denying or dismissing the disclosure, not blaming the discloser, not defending the accused and not minimising the behaviour described. The findings of the paper demonstrate the need for the integration of religion, spirituality and faith in training for therapists. This is reflected in repeated calls for the inclusion of faith literacy as part of therapeutic training and for the opportunity for therapists to openly discuss their own personal faith. Further, these findings illustrate the need for specific training on SA to equip therapists to work with clients who have had this experience.

The research study raises questions and challenges for counsellors and counselling practice some of these are specifically related to SA and others to the broader questions about the inclusion of faith and spirituality in training and supervision.

Overall, the paper reports the voice of those who have experienced SA and the implications for counselling. It may be that in the future a network of counsellors specialising in SA can be created to provide enhanced support for those who experience this. The present study has clear applications for practice, and these can be further developed and informed by the findings of future studies.

Disclosure statement

No potential conflict of interest was reported by the author(s).

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Appendix 1: Survey questions

Consent

1. I have read the information and want to continue to the survey.

- Agree
- Disagree

Survey profile questions

Top of Form

2. I identify as?

- Female
- Male
- other
- I prefer not to say

3. Which category below includes your age?

- 18–20
- 21–29
- 30–39
- 40–49
- 50–59
- 60–69
- 70 or older
- Prefer not to answer

4. What is your church denomination?

- Anglican
- Methodist
- Catholic
- Baptist
- Independent
- Pentecostal
- URC

- "New" churches
- Orthodox
- Prefer not to answer
- Other (please specify)

5. Have you heard of spiritual abuse?

- Yes
- No
- Prefer not to answer

Questions about your knowledge of spiritual abuse

I am confident that I know what the term "spiritual abuse" means?

- Strongly Agree
- Agree
- Neither agree or disagree
- Disagree
- Strongly disagree
- Prefer not to answer
- Not sure

7. I would describe spiritual abuse as

8. I have heard about spiritual abuse from (please tick all answers that apply)

- Friends or family
- Church or Christian Organisation
- Online
- Published articles (eg newspapers, research etc)
- Training/ conferences
- TV/Radio
- Other (please specify)

Policy, training and response to spiritual abuse

9. My Church/ Christian organisation has a safeguarding policy that includes spiritual abuse

- Yes
- No
- Not sure
- Prefer not to answer

10. I know where to go for help and support for spiritual abuse?

- Yes
- No
- Not sure
- Prefer not to answer

11. Please can you identify where you would go for support and help for spiritual abuse

12. I feel confident in responding to a story or account of spiritual abuse

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Prefer not to answer
- Not sure

13. Have you had any training about the issue of spiritual abuse?

- Yes
- No
- Prefer not to answer

14. Are there any particular areas of spiritual abuse that you do not understand and would like to see in training? please provide details below

15. Who provided the training?

- Church
- Christian Organisation
- Work
- Statutory agency
- Other (please specify)

Spiritual abuse

16. I would identify myself as someone who has experienced spiritual abuse

- Yes
- No
- Not sure
- Prefer not to answer

Developing effective responses to spiritual abuse

17. What do you think a good response to a disclosure of spiritual abuse should include?

18. What should people say in response to a disclosure of spiritual abuse?

19. What shouldn't people say in a response to a disclosure of spiritual abuse?

20. As this survey is being used to develop policy, practice guidance and training – are there any other comments you think might be helpful?

21. Are you happy to submit your answers? If you answer "no" all your data will be removed from the survey.

22. Are you happy for your answers to be used anonymously in publications, practice guidance and presentations