

Research Article

Pastoral Counseling for Congregants Experiencing Inner Wounds Caused by Toxic Leadership in the Church

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Abstract: Toxic leadership in church contexts is not merely an organizational problem; it can become a psychospiritual wound when pastoral authority is used to shame, silence, manipulate, or control congregants in the name of God. This article examines pastoral counseling for congregants who experience inner wounds caused by toxic leadership in the church. The study addresses a gap in previous research: leadership studies have clarified the concepts of abusive supervision and destructive leadership. In contrast, religious trauma research has described spiritual abuse, yet fewer works have developed a constructive pastoral counseling synthesis that integrates both fields. Using a conceptual and integrative literature review design, this article draws on peer-reviewed studies on toxic leadership, spiritual abuse, institutional betrayal, moral injury, trauma-informed care, and spiritually integrated psychotherapy. The synthesis proposes that pastoral counseling in this context must be trauma-informed, spiritually competent, ecclesially accountable, and clinically humble. Three findings are advanced: toxic church leadership wounds identity, agency, and God-image; pastoral counseling must begin with safety, validation, narrative reconstruction, and protection of conscience; and recovery requires individual care and institutional repair through accountability, referral pathways, and anti-retaliatory church culture. The article concludes that pastoral counseling is most constructive when it becomes a ministry of truth-telling, non-coercive accompaniment, and communal restoration rather than a tool for preserving abusive systems.

Keywords: Church Leadership; Inner Wounds; Institutional Betrayal; Pastoral Counseling; Religious Trauma.

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1. Introduction

Churches are expected to be communities of worship, formation, belonging, and care. However, the same structures that make a church spiritually meaningful can also intensify harm when leadership becomes toxic. In ecclesial contexts, leadership is rarely experienced as a purely administrative function. It is mediated through preaching, pastoral authority, sacramental language, mentoring, discipline, communal loyalty, and claims about divine calling. For this reason, toxic leadership in the church does not simply produce dissatisfaction or conflict; it may generate inner wounds that affect a congregant's sense of self, trust, vocation, conscience, attachment to God, and ability to participate in community. In this article, the phrase inner wounds is used as a pastoral-theological category rather than a clinical diagnosis. It refers to the emotional, relational, moral, and spiritual injuries that emerge when those entrusted with care misuse spiritual authority.

Leadership studies provide a necessary starting point. Abusive supervision has been defined as subordinates' perceptions of sustained hostile verbal and nonverbal conduct, excluding physical contact (Tepper, 2000, p. 178). Later research confirms that abusive supervision is associated with negative psychological, relational, and organizational outcomes, including stress, reduced trust, silence, emotional exhaustion, and withdrawal (Mackey et al., 2017, pp. 1940-1965; Fischer et al., 2021; Gallegos et al., 2022). Destructive leadership

research further emphasizes that abuse is rarely reducible to the personality of a single leader. The toxic triangle model depicts the interactions among destructive leaders, susceptible followers, and conducive environments (Padilla et al., 2007, pp. 176-194). Destructive leadership also has substantial consequences for follower attitudes and well-being (Schyns & Schilling, 2013, pp. 138-158). These findings are highly relevant to churches because congregations often contain all three elements: charismatic or authoritarian leaders, loyal members trained to interpret dissent as rebellion, and institutional cultures that value unity, growth, and reputation over disclosure and accountability.

However, applying organizational theory to church contexts requires theological sensitivity. A pastor, elder, ministry leader, or spiritual mentor may influence not only performance and morale but also a congregant's interpretation of God, sin, obedience, forgiveness, vocation, and spiritual worth. Spiritual abuse scholarship, therefore, sharpens the analysis. Spiritual abuse in Christian settings can be understood as coercive and controlling behavior within a religious context, including manipulation, pressure, misuse of Scripture, enforced submission, isolation, and suppression of dissent (Oakley et al., 2018, pp. 144-154). The Spiritual Harm and Abuse Scale identifies dimensions such as maintaining the system, internal distress, controlling leadership, harmful God-image, and gender discrimination (Koch & Edstrom, 2022, pp. 476-506). Empirical literature on religious/spiritual abuse and trauma further shows that such harm can affect psychological and spiritual functioning (Ellis et al., 2022, pp. 213-231). Ecclesial responsibility is therefore central: victims should not be blamed for abuse suffered under religious authority (Fernández, 2022).

The church's pastoral mandate intensifies the urgency of the topic. Congregants wounded by toxic leadership frequently seek help from the same religious world that harmed them. Some cannot easily leave because the church is their relational home, vocational network, or family community. Others leave but continue to carry fear, shame, grief, anger, and confusion about God. If pastoral counseling is poorly practiced, it can re-traumatize survivors by demanding quick forgiveness, forcing reconciliation, minimizing the leader's conduct, pathologizing lament, or spiritualizing compliance. If practiced well, it can support truth-telling, safety, meaning reconstruction, spiritual agency, and wise referral. The problem, therefore, is not whether pastoral care should engage such wounds, but how it can do so constructively without becoming an extension of the abusive system.

Previous research offers important but fragmented insights. Toxic leadership studies explain harmful supervisory patterns and organizational consequences (Fischer et al., 2021; Mackey et al., 2017, pp. 1940-1965). Spiritual abuse studies explain how religious language and authority can become instruments of coercion (Ellis et al., 2022, pp. 213-231; Oakley et al., 2018, pp. 144-154). Trauma-informed care provides principles such as safety, trustworthiness, peer support, collaboration, empowerment, and cultural humility (Substance Abuse and Mental Health Services Administration [SAMHSA], 2014). Spiritually integrated psychotherapy and pastoral psychology show that religion and spirituality can be addressed clinically and ethically when the helper has adequate competence and respects the client's agency (Captari et al., 2018, pp. 1938-1951; Captari et al., 2022, pp. 307-320; Vieten et al., 2013, pp. 129-144). However, there remains a constructive gap: congregants wounded by toxic church leadership require a pastoral counseling model that integrates organizational abuse, spiritual trauma, moral injury, and ecclesial accountability.

This article addresses the following research question: How can pastoral counseling be constructively conceptualized for congregants who experience inner wounds caused by toxic leadership in the church? The proposed solution is a trauma-informed, spiritually competent, and institutionally aware pastoral counseling framework. The article contributes by (1) clarifying toxic church leadership as a psychospiritual and institutional phenomenon, not merely interpersonal conflict; (2) synthesizing leadership studies, spiritual abuse research, trauma-informed care, and pastoral theology; and (3) proposing constructive counseling principles that protect survivors' agency and call churches toward accountability. The article proceeds by reviewing relevant literature, explaining the conceptual review method, presenting three analytical syntheses, comparing the contribution with prior research, and concluding with implications for church practice and future research.

2. Literature Review

The literature on toxic leadership is broad, but several findings are central to this article. First, destructive leadership is relational and systemic. Destructive leadership emerges from the interaction of leader characteristics, follower susceptibility, and environmental conditions (Padilla et al., 2007, pp. 176-194). In church contexts, such conditions may include unquestioned charisma, sacralized theological language, weak governance, a lack of complaint

procedures, and a culture that equates loyalty with spirituality. Toxic leadership research often overlaps with destructive and abusive leadership, indicating that terminology varies while the core concern remains the leader's harmful influence (Okroy & Şimşek, 2020, pp. 73-96). Abusive supervision research must also avoid conflating the leader's actual behavior with followers' subjective perceptions (Fischer et al., 2021). This caution is useful: churches should neither dismiss congregants' perceptions nor assume that every conflict is abuse. A constructive approach requires careful discernment of patterns, power asymmetry, repeated harm, and institutional response.

Second, toxic leadership affects followers through emotional, cognitive, behavioral, and moral pathways. Abusive supervision is associated with a wide range of adverse outcomes, and recent reviews emphasize the need to study emotional mechanisms and recovery processes, not only antecedents and outcomes (Mackey et al., 2017, pp. 1940-1965; Gallegos et al., 2022). These findings matter pastorally because wounded congregants do not simply need advice; they often need help naming what happened, regulating fear or anger, restoring self-trust, and distinguishing spiritual conviction from coercive internalization. The church's concern should not be limited to whether members remain active, because outward attendance may coexist with internal distress, compliance, dissociation, or spiritual numbness.

Third, spiritual abuse research explains why church-related toxicity can cut deeply. Spiritual abuse is located within patterns of coercion and control in religious settings (Oakley et al., 2018, pp. 144-154). The harm is distinctive because sacred texts, prayer, prophetic claims, discipleship language, or pastoral authority may be used to override conscience and agency. Empirical work on spiritual harm identifies factors such as harmful God-image and controlling leadership (Koch & Edstrom, 2022, pp. 476-506). Religious/spiritual abuse is related to trauma, although the empirical literature remains comparatively underdeveloped (Ellis et al., 2022, pp. 213-231). This underdevelopment creates a double challenge: survivors may have difficulty finding language for their experience, and pastoral caregivers may lack training to recognize the dynamics. Victim-blaming must be rejected because responsibility belongs to the abuser and to institutions that fail to prevent or address harm (Fernández, 2022).

Fourth, institutional betrayal extends the analysis beyond individual misconduct. Trauma can be exacerbated when trusted institutions fail to prevent harm or respond supportively (Smith & Freyd, 2013, pp. 119-124). Church responses to clergy abuse show how defensive institutional reactions can re-traumatize survivors (Gardner, 2022). This concept is crucial for toxic church leadership. Congregants may be wounded not only by a pastor's controlling actions but also by the church board's silence, public praise of the leader, shaming of those who report harm, or the theological framing of complaint as divisiveness. Such secondary harm can make counseling difficult because the survivor's trust in the community and authority has been damaged.

Fifth, moral injury offers a vocabulary for wounds involving betrayal, conscience, and sacred values. Moral injury can be conceptualized as the lasting psychological, social, and spiritual impact of perpetrating, failing to prevent, or witnessing acts that transgress deeply held moral beliefs (Litz et al., 2009, pp. 695-706). Moral injury research also highlights associations with shame, guilt, meaning, and social disconnection, and the construct is increasingly recognized beyond military settings (Griffin et al., 2019, pp. 350-362; Koenig & Al Zaben, 2021, pp. 2989-3011). Toxic leadership in a church can create moral injury when congregants feel forced to participate in concealment, public loyalty, unjust discipline, spiritual manipulation, or silence against their conscience. Such wounds cannot be healed by generic encouragement; they require moral repair, lament, confession where appropriate, truth, and restoration of agency.

Sixth, trauma-informed care offers practical principles, but these must be carefully translated for churches. Trauma-informed care is framed around realizing the impact of trauma, recognizing signs, responding by integrating knowledge into practice, and resisting re-traumatization. Its six principles include safety, trustworthiness, peer support, collaboration, empowerment, and attention to cultural, historical, and gender issues (SAMHSA, 2014). Systematic reviews of trauma-informed approaches show promise while also cautioning against overstating the evidence when implementation is weak or poorly defined (Berger, 2019, pp. 650-664; Maynard et al., 2019). For churches, this means trauma-informed pastoral counseling should not be a slogan. It requires concrete practices: confidentiality with clear limits, non-coercive listening, informed consent, referral protocols, documentation, leader accountability, and protection from retaliation.

Finally, pastoral counseling must be spiritually competent and clinically humble. Spiritually integrated psychotherapy research shows that attending to religion and spirituality

can be beneficial when it aligns with client values and is delivered competently (Captari et al., 2018, pp. 1938-1951; Captari et al., 2022, pp. 307-320). Ethical work with religious and spiritual concerns requires specific competencies, and pastoral care must interpret lived experience with attention to power, suffering, and meaning (Vieten et al., 2013, pp. 129-144; Doehring, 2015). A strength-based theological reframing of trauma can hold suffering and hope without bypassing grief, while Christian authority must be understood as service rather than domination (Holton & Snodgrass, 2023, pp. 337-351; Langberg, 2020). Together, these sources indicate that pastoral counseling for toxic leadership wounds must integrate theological discernment with psychological awareness, ethical boundaries, and systemic accountability.

3. Proposed Method

This article uses a conceptual and integrative literature review design. It is a research article in that it develops a scholarly synthesis and a constructive model from existing academic literature rather than reporting new field data. This choice is appropriate because the object of study pastoral counseling for inner wounds caused by toxic church leadership sits at the intersection of organizational leadership, pastoral theology, the psychology of religion, trauma studies, and ecclesial ethics. A narrowly empirical design would be premature without prior conceptual clarification, while a purely theological essay would risk neglecting established research on abuse, trauma, and institutional response.

The review follows the logic of the integrative review methodology, which allows theoretical, empirical, and practice-oriented sources to be synthesized to generate new conceptual insights (Torraco, 2016, pp. 404-428; Whittemore & Knafl, 2005, pp. 546-553). The review also used methodological guidance that literature reviews should be explicit about purpose, selection logic, analysis, and contribution (Snyder, 2019, pp. 333-339). The goal was not to conduct a statistical meta-analysis or a full systematic review with exhaustive database reporting. Rather, the method was purposive, interdisciplinary, and constructive: sources were selected because they clarified one of four domains required by the research question: toxic/abusive leadership, spiritual abuse and religious trauma, trauma-informed or spiritually integrated care, and pastoral-ecclesial response.

The data sources were scholarly books, peer-reviewed journal articles, systematic reviews, conceptual articles, and official institutional guidance published before 2024. Priority was given to sources from the last ten years when addressing current research on abusive supervision, spiritual abuse, trauma-informed care, moral injury, and spiritually integrated practice. Older sources were included only when they function as foundational theories, such as the definition of abusive supervision, the toxic triangle model, and early moral injury theory. Non-academic blog posts, popular opinion pieces, unverified ministry websites, and anecdotal social media materials were excluded. This exclusion is important because spiritual abuse is often discussed publicly in emotionally charged settings. However, survivor testimonies are ethically important; this article does not claim to analyze original testimonies or public cases.

The analysis proceeded in four steps. First, concepts were clarified by comparing definitions of abusive supervision, toxic leadership, destructive leadership, spiritual abuse, institutional betrayal, moral injury, and trauma-informed care. Second, concepts were mapped onto church contexts by identifying the changes that occur when leadership is exercised through spiritual authority rather than through ordinary organizational hierarchy. Third, the literature was synthesized into pastoral counseling principles that protect the wounded congregant's safety, agency, theological dignity, and access to specialized help. Fourth, the synthesis was evaluated constructively by asking whether the proposed framework avoids three failures: reductionism, in which spiritual harm is reduced to workplace conflict; spiritual bypassing, in which prayer or forgiveness is used to suppress pain; and institutional self-protection, in which counseling functions to preserve the reputation of the church rather than to seek truth and repair.

Validity in this conceptual study was pursued through triangulation across disciplines, transparent limitations on claims, and consistency between the cited literature and the proposed application. Because no interviews, surveys, observations, or clinical records were collected, there are no human participants and no personal data. The ethical posture of the article is therefore conceptual rather than procedural. Nevertheless, the topic itself carries ethical weight. The article avoids naming specific churches, leaders, or survivors, and it does not present fictional cases as data. It also treats pastoral counseling as complementary to, not a replacement for, licensed mental health care. Where symptoms involve severe depression, suicidality, posttraumatic stress, domestic violence, sexual abuse, self-harm, or legal

obligations, pastoral counselors must refer to competent professionals and follow applicable safeguarding and reporting requirements.

4. Results and Discussion

Toxic Church Leadership as Psychospiritual Wounding

The first synthesis is that toxic church leadership wounds congregants through an interaction of power, sacred meaning, and institutional dependence. In a secular workplace, abusive supervision may harm dignity, performance, career continuity, and psychological safety. In a church, analogous behavior can also affect God-image, conscience, prayer, Scripture reading, vocation, and belonging. This does not make all church conflict traumatic. Congregations can experience disagreement, correction, disappointment, and leadership failure without abuse. The distinction becomes clearer when the behavior is repeated, coercive, spiritually framed, and protected by institutional power. A congregant who is publicly humiliated, threatened with spiritual consequences, shamed for questioning decisions, pressured to disclose personal information, or isolated from critical relationships may internalize the harm as a divine verdict rather than as human misconduct.

The toxic triangle helps explain how these wounds become normalized (Padilla et al., 2007, pp. 176-194). A controlling leader may present dominance as vision, anger as prophetic boldness, secrecy as spiritual maturity, and unquestioned loyalty as unity. Susceptible followers may cooperate because they fear exclusion, desire approval, believe submission proves holiness, or lack alternative communities. A conducive environment may include vague governance, weak board independence, financial opacity, absence of complaint mechanisms, and theological narratives that identify criticism with rebellion. These factors create a system in which the wounded person is pressured to doubt their own perceptions. Pastoral counseling must therefore help the congregant test reality without immediately imposing a conclusion. The counselor's first task is not to diagnose the leader but to make space for the congregant's story, affect, confusion, and embodied sense of danger.

Spiritual abuse literature deepens this analysis. Coercion and control are central to spiritual abuse, while harmful God-image and internal distress are measurable aspects of spiritual harm (Oakley et al., 2018, pp. 144-154; Koch & Edstrom, 2022, pp. 476-506). These findings help explain why survivors may say, "I cannot pray," "I feel guilty when I disagree," "I do not know whether God is angry with me," or "I cannot enter a church building." Such statements should not be interpreted as spiritual laziness or rebellion. There may be signs that sacred symbols have become associated with fear, shame, or control. Religious and spiritual struggles can include conflicts related to the divine, the demonic, interpersonal dynamics, morality, doubt, and meaning (Exline et al., 2014, pp. 208-222). A congregant wounded by toxic leadership may experience several of these at once: anger toward God, fear of punishment, conflict with religious people, moral confusion, and doubt about the meaning of faith.

Moral injury further illuminates the wound. When congregants are pressured to defend a leader they know has harmed others, remain silent about manipulation, participate in unjust discipline, or accept a false public narrative, they may experience a violation of conscience. Moral injury involves shame, guilt, betrayal, and ruptured meaning (Litz et al., 2009, pp. 695-706; Griffin et al., 2019, pp. 350-362). In churches, moral injury may be intensified because the betrayal occurs in a community that explicitly teaches truth, holiness, love, and justice. The wound is not only "I was hurt," but also "The place that taught me righteousness required me to violate it." This is one reason why immediate calls to forgive can be damaging. Forgiveness, when understood Christianly, should never be used to erase truth, bypass lament, or require premature relational access to an unsafe leader.

Institutional betrayal adds another layer. Trauma is exacerbated when trusted institutions fail to prevent or respond to harm, and ecclesial institutions can re-traumatize survivors through denial, defensiveness, and reputational protection (Smith & Freyd, 2013, pp. 119-124; Gardner, 2022). In toxic leadership cases, survivors may find that the most painful injury is not the leader's original conduct but the community's response: board members minimizing the report, friends withdrawing, leaders warning against gossip, or sermons framing dissenters as threats to unity. This secondary wounding can fracture the congregant's social world. Pastoral counseling that ignores institutional betrayal risks misidentifying the wound as private resentment. A better approach is to ask: What happened? Who had power? Who knew? How did the institution respond? What does safety require now?

The article, therefore, proposes that toxic church leadership should be conceptualized as a psychospiritual wound when it damages a person's integrated life before God, self, and community. This framing avoids two errors. It avoids over-psychologizing by recognizing

that spiritual meanings, theological narratives, and ecclesial systems matter. It also avoids over-spiritualizing by recognizing that trauma responses, anxiety, depression, dissociation, and posttraumatic symptoms may require competent clinical care. Not every wounded congregant will meet the criteria for a trauma-related disorder (American Psychiatric Association, 2022), but pastoral care should still treat the wound seriously. The key pastoral question is not, "Was it bad enough to count?" but, "How has this experience affected the person's safety, agency, faith, relationships, and capacity to live truthfully?"

Trauma-Informed Pastoral Counseling: Safety, Validation, and Agency

The second synthesis is that pastoral counseling for toxic leadership wounds must begin with safety rather than correction. Many church-based responses begin by asking what the wounded congregant should learn, forgive, confess, or change. These may become relevant later, but they should not precede safety and validation. Trauma-informed care requires caregivers to realize trauma's impact, recognize signs, respond appropriately, and resist re-traumatization (SAMHSA, 2014). In pastoral counseling, this means the counselor should create a setting where the congregant is not pressured to protect the church's image, defend the leader, prematurely reconcile, or demonstrate spiritual maturity. Safety includes emotional safety, confidentiality, clarity about limits, freedom from retaliation, and the right to slow down.

Validation is not the same as uncritical agreement with every interpretation. It is a pastoral act to acknowledge that the congregant's pain is real and worthy of careful attention. A useful first response is not "You must forgive" or "The pastor is also human," but "What you are describing sounds painful and confusing; we can examine it carefully, and you do not have to rush." This is consistent with trauma-informed principles of trustworthiness, collaboration, and empowerment (SAMHSA, 2014). It is also consistent with spiritually integrated practice, which emphasizes attending to clients' religious meanings without imposing the helper's agenda (Captari et al., 2018, pp. 1938-1951; Vieten et al., 2013, pp. 129-144). In this context, pastoral counseling must restore the congregant's right to name harm, ask theological questions, and make choices about participation in church life.

Theologically, such validation is not a concession to secular therapy but an act of truthfulness. Pastoral care becomes distorted when it treats the wounded person's distress as a threat to the community rather than as a possible witness to injustice. Pastoral care requires careful interpretation of lived experience, including attention to power, and trauma theology should hold hope without denying suffering (Doehring, 2015; Holton & Snodgrass, 2023, pp. 337-351). This means pastoral counseling should make room for lament, anger, grief, and ambiguity. The wounded congregant may need permission to say that certain sermons, songs, leadership phrases, or biblical texts now trigger distress. The counselor can help differentiate God from the leader's misuse of God-language, but this process should be gentle and non-coercive.

Narrative reconstruction is central. Toxic leadership often fragments memory and meaning: the congregant remembers moments of warmth alongside moments of control, public success alongside private fear, spiritual language alongside emotional harm. Counseling can help the person develop a coherent account without forcing a simplistic villain-victim script. This does not mean moral neutrality. It means helping the congregant distinguish gratitude for genuine good from denial of genuine harm. Such integration may reduce self-blame: "I was not foolish for trusting; trust was exploited." It may also reduce spiritual confusion: "God was not the author of manipulation; God's name was misused." The literature on religious/spiritual struggles supports the need to address divine, interpersonal, moral, and meaning dimensions together (Exline et al., 2014, pp. 208-222; Lucchetti et al., 2021, pp. 7620-7631).

The agency must also be restored. Spiritual abuse frequently narrows choices: stay silent or be labeled rebellious, obey or be shamed, submit or be excluded. Pastoral counseling should widen choices. The congregant may choose to remain in the church with boundaries, transfer to another congregation, pause formal ministry involvement, seek professional therapy, pursue a complaint process, or grieve. The counselor's role is not to decide for the congregant but to support discernment. This approach is compatible with the empowerment principle in trauma-informed care (SAMHSA, 2014). It also reflects Christian respect for conscience: obedience cannot be authentic when extracted by fear.

Clinical humility is essential. Pastoral counselors may be skilled in prayer, Scripture, and spiritual direction. However, they may not be trained to treat posttraumatic stress, major depression, self-harm, complex family dynamics, or abuse-related dissociation. Spiritually integrated intervention research shows that spiritual resources can support healing when carefully applied, but it also implies the need for training and appropriate scope (Harris et al.,

2018, pp. 420-428; Black & Klinger, 2022, pp. 311-326). A pastor who insists that prayer alone is sufficient may unintentionally perpetuate harm. A competent pastoral response includes referral networks with Christian and non-Christian mental health professionals, safeguarding teams, legal counsel where necessary, and crisis protocols. Referral is not pastoral failure; it is a form of care.

Finally, trauma-informed pastoral counseling resists re-traumatization through language discipline. Counselors should avoid phrases that minimize harm, such as "No church is perfect," "Do not touch the Lord's anointed," "You are bitter," "Maybe God is testing you," or "Unity matters more than your pain." They should also avoid weaponizing forgiveness. Forgiveness, repentance, reconciliation, restitution, and restored trust are related but distinct. Reconciliation requires safety, truth, changed behavior, and often institutional accountability. Restored trust must be earned, not commanded. In this sense, pastoral counseling protects both Christian doctrine and the wounded person by refusing to use sacred language as a form of pressure.

Ecclesial Repair: From Individual Counseling to Accountable Community

The third synthesis is that counseling alone is insufficient when the wound is produced or protected by an ecclesial system. Individual pastoral care may help a congregant survive, but it cannot fully address toxic leadership if the church continues to reward coercive behavior. The literature on institutional betrayal indicates that institutions can either compound harm or participate in repair (Smith & Freyd, 2013, pp. 119-124; Gardner, 2022). Therefore, pastoral counseling for toxic leadership wounds must be linked to ecclesial accountability. A church that counsels survivors privately while silencing public patterns of harm is not healing; it is managing damage.

Ecclesial repair begins with truthful naming. Churches often soften toxic leadership by calling it "strong leadership," "high standards," "miscommunication," or "personality differences." Such language may be appropriate for ordinary conflict, but it becomes deceptive when used to conceal coercion, retaliation, manipulation, or spiritual intimidation. Toxicity should be named according to behavior: public shaming, threats, isolation, misuse of Scripture, retaliation, financial opacity, authoritarian decision-making, boundary violations, or pressure to conceal harm. Naming does not eliminate due process; rather, it makes due process possible, as vague language protects the powerful. Churches need the same conceptual clarity demanded in abusive supervision research (Fischer et al., 2021).

Second, repair requires independent accountability. A leader accused of spiritually harmful conduct should not control the process by which reports are received, interpreted, or communicated. Church boards, denominations, and ministry networks need clear policies for complaints, external consultation, documentation, protection from retaliation, and communication with affected parties. Christian power must be used for protection and service, not self-preservation (Langberg, 2020). If the leader's reputation is treated as more sacred than congregants' safety, the church reproduces the logic of abuse. The pastoral counselor, especially if employed by the same church, must be transparent about role conflicts. A counselor cannot ethically invite disclosure while secretly functioning as an agent of institutional defense.

Third, repair requires community practices that restore dignity. Survivors often lose social belonging when they name harm. Friends withdraw because they are confused, afraid, or loyal to the leader. Ministry roles may be removed without explanation. Rumors may portray the wounded person as divisive. In such contexts, pastoral counseling should not merely help the survivor tolerate loneliness; the church should address the culture that produces it. Peer support is one of the principles of trauma-informed care and is highly relevant to the ecclesiastical context (SAMHSA, 2014). Safe companions, survivor-sensitive small groups, and trained lay caregivers can reduce isolation. However, peer support should be voluntary, confidential, and supervised; it should not become a rumor network or a pressure mechanism for reconciliation.

Fourth, repair involves theological re-education. Toxic leadership often relies on distorted doctrines of authority, submission, covering, loyalty, unity, and forgiveness. A constructive pastoral response should teach a healthier theology of power. Authority in the church is accountable service; it is never a license to dominate. Unity is not the absence of truthful speech; it is communion ordered toward truth and love. Submission is not the surrender of conscience to a leader's preference. Forgiveness is not denial, and reconciliation is not the restoration of access to an unsafe person. Theological re-education is pastoral counseling at the communal level because it changes the interpretive world that made abuse plausible.

Fifth, repair requires practices of moral and spiritual reconstruction. A wounded congregant may need to rebuild a trustworthy image of God, re-enter Scripture without fear, distinguish conviction from shame, and recover prayer as a relationship rather than surveillance. Spiritually integrated psychotherapy research supports the careful integration of spiritual resources when they align with the person's values (Captari et al., 2022, pp. 307-320). Pastoral care can use lament psalms, narrative theology, confession of institutional sin, rituals of release, blessing, or guided spiritual discernment. However, these practices must remain non-coercive. Ritual can heal when it honors truth; it can harm when it pressures closure. Spiritually integrated interventions are relevant for spiritual distress and moral injury, but church-based adaptation must respect context and competence (Harris et al., 2018, pp. 420-428; Black & Klinger, 2022, pp. 311-326).

Sixth, repair includes prevention. Churches should train leaders to recognize spiritual abuse, abusive supervision, trauma responses, and role boundaries. They should establish transparent governance, regular external review, financial accountability, safe reporting channels, and independent pastoral care options. Trauma-informed approaches in schools and organizations suggest that training alone is inadequate without system-wide implementation (Berger, 2019, pp. 650-664; Maynard et al., 2019). Similarly, churches should not adopt trauma-informed language while retaining authoritarian structures. Prevention also requires forming congregants who can discern unhealthy leadership without becoming cynical. Healthy followership is not passive compliance; it includes mature participation, discernment, and truth-telling.

The contribution of this synthesis is that pastoral counseling is framed as both personal accompaniment and ecclesial witness. The counselor sits with the wounded congregant, but the practice also asks the church to become safer, more truthful, and more accountable. This prevents pastoral counseling from being reduced to emotional repair while the system remains unchanged. It also prevents institutional reform from becoming procedural without spiritual care. In the church, healing must be both personal and communal because the wound itself is personal and communal.

5. Comparison

Compared with previous toxic leadership research, this article shifts the focus from organizational outcomes to psychospiritual consequences in ecclesial contexts. Studies of abusive supervision have clarified definitions, antecedents, consequences, and methodological challenges (Fischer et al., 2021; Mackey et al., 2017, pp. 1940-1965; Tepper, 2000, pp. 178-190). This article accepts those insights but argues that church leadership requires an additional layer of analysis because authority is mediated through sacred meaning. A congregant's wound may involve anxiety and distrust, but also God-image, conscience, vocation, and participation in worship.

Compared with spiritual abuse research, the article is less concerned with developing a measurement instrument or documenting prevalence and more concerned with pastoral counseling synthesis. Essential descriptions of religious/spiritual abuse are already available in empirical review, measurement, and conceptual-policy literature (Ellis et al., 2022, pp. 213-231; Koch & Edstrom, 2022, pp. 476-506; Oakley et al., 2018, pp. 144-154). This article builds on them by asking what pastoral counseling should do after such harm is recognized. It proposes that care must integrate safety, validation, narrative reconstruction, agency, referral, and institutional accountability.

Compared with trauma-informed care literature, this article translates general principles into church practice. The widely cited trauma-informed framework requires contextual interpretation because spiritual language can either support healing or intensify coercion (SAMHSA, 2014). The advantage of the proposed approach is its integration of trauma-informed care with the theology of authority, forgiveness, lament, and community. Its limitation is that it remains conceptual. It does not test a counseling protocol, measure outcomes, or compare different ecclesial traditions empirically. Future studies should conduct qualitative interviews with survivors, pastors, pastoral counselors, and denominational leaders to examine how these principles work in practice.

6. Conclusions

This article examined pastoral counseling for congregants experiencing inner wounds caused by toxic leadership in the church. The central argument is that toxic church leadership should be understood as a psychospiritual and institutional wound when spiritual authority is used coercively and when the church environment protects harmful patterns. The article synthesized literature on abusive supervision, destructive leadership, spiritual abuse, religious

trauma, moral injury, institutional betrayal, trauma-informed care, and spiritually integrated psychotherapy. Three findings were developed. First, toxic church leadership wounds identity, agency, conscience, community trust, and God-image. Second, pastoral counseling must begin with safety, validation, narrative reconstruction, empowerment, and referral when clinical or safeguarding needs exceed pastoral competence. Third, genuine healing requires ecclesial repair: truthful naming, independent accountability, anti-retaliatory culture, theological re-education, and prevention.

The study answers its research objective by proposing a constructive framework for pastoral counseling that is trauma-informed, spiritually competent, clinically humble, and institutionally aware. The theoretical contribution is the integration of leadership studies and spiritual abuse research into pastoral counseling discourse. The practical contribution is the articulation of counseling principles that protect wounded congregants from being re-injured by the same theological and institutional structures that harmed them. The article also cautions churches against using counseling to preserve reputation, silence lament, or force reconciliation.

The study has limitations. It does not provide field data, prevalence estimates, survivor interviews, or outcome evaluation. It also speaks broadly about church contexts without testing denominational, cultural, or regional differences. Further research should include qualitative studies of congregants who have experienced toxic leadership, empirical evaluation of pastoral counseling interventions, comparative studies across church polities, and development of training modules for pastors and lay counselors. Future work should also explore how Indonesian church contexts interpret authority, shame, loyalty, and public complaint. Nevertheless, the conceptual conclusion is clear: pastoral counseling after toxic church leadership must become a ministry of truthful care, not an instrument of institutional control. It should help wounded congregants recover their voice, conscience, faith, and a sense of safe belonging before God and within an accountable community.

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