

Research Article

## Pastoral Accompaniment for Congregants Experiencing Fear of Divine Punishment

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**Abstract:** Fear of divine punishment is a spiritually charged form of distress that appears in ordinary religious struggle, moral injury, shame-based faith formation, and, in some cases, scrupulosity. This article examines pastoral accompaniment for Christian congregants who interpret suffering, intrusive thoughts, moral imperfection, or ordinary uncertainty as evidence that God is angry and punitive. The study addresses a constructive problem: many pastoral responses either normalize fear as evidence of seriousness before God or dismiss it as irrational anxiety, yet both responses can intensify spiritual distress. Using a conceptual qualitative design, the article synthesizes peer-reviewed studies on religious and spiritual struggles, scrupulosity, spiritually integrated care, moral injury, and practical theology. The analysis proposes that pastoral care should neither dilute theological seriousness nor reinforce punitive images of God. Its main synthesis is a threefold pastoral framework, differentiated assessment, grace-oriented theological reframing, and collaborative accompaniment that includes referral when symptoms suggest obsessive-compulsive disorder, trauma, depression, or suicidal risk. The article concludes that effective pastoral accompaniment moves congregants from retributive anxiety toward secure attachment to God, morally responsible agency, and communal practices of confession, assurance, lament, and restoration. The contribution is a constructive model for churches that treats fear of divine punishment as a theological-psychological struggle requiring discernment, doctrinal care, ethical boundaries, and interdisciplinary cooperation.

**Keywords:** Divine Punishment; Pastoral Accompaniment; Religious Struggle; Scrupulosity; Spiritual Care.

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### 1. Introduction

Fear of divine punishment is not a marginal issue in pastoral ministry. It appears when congregants interpret illness, repeated failure, unanswered prayer, traumatic memory, or intrusive thoughts as signs that God has withdrawn favor and is preparing judgment. In Christian communities, such fear may be intensified by sermons on holiness, apocalyptic expectation, moral accountability, or testimonies that explain misfortune as direct retribution. The problem is not that doctrines of judgment are irrelevant to Christian faith; rather, the pastoral difficulty emerges when judgment becomes the dominant lens through which a person understands God, self, and daily life. At that point, faith can cease to function as a trustful communion and can become a system of surveillance, reassurance seeking, compulsive confession, avoidance, and chronic dread.

The purpose of this article is to provide pastoral support for congregants who fear divine punishment. The term “accompaniment” is used intentionally to convey more than just giving advice, offering corrections, or intervening during a crisis. It emphasizes a sustained pastoral presence that listens, discerns, interprets, teaches, prays, and makes referrals when necessary. This issue is complex because it intersects with theological, psychological, relational, and communal aspects.

In empirical psychology of religion, the fear of punishment can manifest as religious and spiritual struggles, especially regarding issues related to the divine and moral dilemmas (Exline et al., 2014; Pargament et al., 2000). Clinical literature also connects this fear to scrupulosity, which is a religious or moral form of obsessive-compulsive disorder. This condition features fears of sin, worries about punishment from God, intrusive blasphemous thoughts, compulsive prayer, excessive confession, and a constant need for reassurance (Abramowitz & Jacoby, 2014). Moreover, in studies on trauma and moral injury, fear of divine condemnation can surface when feelings of guilt and shame are interpreted as signs of permanent separation from God (Carey & Hodgson, 2018; Litz et al., 2009).

This topic is urgent for at least four reasons. First, research on religious coping shows that religion can operate as either a resource for resilience or a source of distress, depending on how God, suffering, guilt, and community are interpreted (Ano & Vasconcelles, 2005; Koenig, 2012). Second, meta-analytic evidence indicates that religious and spiritual struggles are not trivial doubts but are associated over time with psychological maladjustment, including distress and poorer well-being (Bockrath et al., 2022). Third, spiritually integrated interventions and religiously adapted psychotherapies show promising outcomes when they respect the client's faith commitments rather than pathologizing religion itself (Captari et al., 2018; Gonçalves et al., 2015). Fourth, churches frequently remain the first place where religiously distressed persons seek help. However, ministers may lack conceptual tools to distinguish healthy conviction, ordinary guilt, spiritual struggle, scrupulosity, trauma-related shame, and clinical risk. Current reviews also caution that spiritual and religious factors have mixed mental health effects and require careful interpretation (Lucchetti et al., 2021).

Previous research has made several important contributions. Pargament and colleagues developed a vocabulary for positive and negative religious coping and demonstrated that struggles with God, meaning, morality, and community are measurable and pastorally significant (Exline et al., 2014). Scrupulosity studies have shown that fear of divine punishment is not simply deep religiosity but can become a cycle of obsessive doubt and compulsive religious behavior (Abramowitz et al., 2002; Miller & Hedges, 2008). Recent network research places scrupulosity at the intersection of obsessive-compulsive symptoms, religious/spiritual struggles, and low self-compassion, suggesting that pastoral and psychological counseling should carefully differentiate normative religious struggle from pathological scruples (Morón et al., 2022). Studies of spiritually integrated care further show that religious resources can be therapeutically meaningful when used ethically and competently (Captari et al., 2018; Vieten et al., 2013).

However, the literature also leaves a gap. Psychological studies often explain fear of punishment in terms of symptom clusters, coping patterns, attachment, or cognitive distortions. However, they do not always show how a pastor should speak theologically without reinforcing the fear. Pastoral theology often discusses guilt, sin, forgiveness, and grace, but it may not incorporate enough clinical differentiation regarding OCD, trauma, moral injury, depression, or suicidality. Consequently, congregants can receive simplistic responses: pray harder, repent more sincerely, ignore the fear, stop being anxious, or believe more strongly. Such counsel may be well-intended, but it can become harmful when it intensifies shame, spiritual avoidance, or compulsive reassurance seeking.

The research problem addressed in this article is therefore constructive: How can pastoral accompaniment respond to congregants who fear divine punishment in a way that is theologically faithful, psychologically informed, ethically bounded, and practically usable in church ministry? The proposed solution is a synthesis model that integrates practical theological reflection, research on religious struggle, the scrupulosity literature, and spiritually sensitive care. The article contributes by reframing fear of divine punishment as a discernment problem rather than a single pastoral category. It argues that pastoral care must ask not only what the congregant fears but also how the fear functions, what image of God sustains it, what practices intensify or relieve it, what community messages reinforce it, and whether clinical referral is indicated.

## 2. Literature Review

The literature relevant to fear of divine punishment is distributed across several fields. The first is the psychology of religion, especially work on religious coping and religious/spiritual struggles. Pargament et al. (2000) distinguished multiple methods of religious coping and showed that people do not merely use religion; they struggle within it. Religious coping can include collaboration with God, benevolent religious reappraisal, seeking spiritual support,

or, negatively, appraisals of divine punishment, spiritual discontent, and interpersonal religious conflict. Ano and Vasconcelles (2005) later synthesized evidence that positive religious coping tends to relate to better adjustment, whereas negative religious coping is more consistently associated with poorer psychological outcomes. These findings matter pastorally because fear of divine punishment is rarely just an isolated doctrine. It often functions as a negative religious coping pattern by which suffering is interpreted as deserved, God is experienced as threatening, and the self is treated as spiritually unsafe.

The Religious and Spiritual Struggles Scale advanced the field by differentiating divine, demonic, interpersonal, moral, ultimate meaning, and doubt-related struggles (Exline et al., 2014). Fear of punishment belongs especially to divine and moral struggle: the person struggles with God's character and with the self's moral status before God. Bockrath et al. (2022) underscored the significance of these constructs by demonstrating, in a longitudinal meta-analysis, that religious/spiritual struggles are associated with later psychological adjustment. Cowden et al. also tested explanatory models of the relation between R/S struggles and psychological distress, supporting the view that struggles are not merely theological ideas but emotionally consequential experiences (Cowden et al., 2022). For pastoral care, this means that fear of punishment cannot be adequately addressed by doctrinal correction alone; it must also be treated as an affective and relational pattern.

A second body of literature concerns scrupulosity. Abramowitz et al. (2002) developed the Penn Inventory of Scrupulosity and identified dimensions including fear of sin and fear of punishment from God. Miller and Hedges described scrupulosity as a disorder characterized by pathological guilt or obsessional thoughts related to moral or religious concerns, often accompanied by compulsive observance (Miller & Hedges, 2008). Abramowitz and Jacoby (2014) developed a cognitive-behavioral account in which religious intrusive thoughts become threatening because they are misinterpreted as morally significant, dangerous, or predictive of divine judgment. The pastoral implication is delicate. Many believers value moral seriousness and confession. However, in scrupulosity, confession, prayer, and counsel-seeking may become compulsive rituals used to neutralize anxiety rather than practices of trust. Pastoral reassurance can unintentionally reinforce the cycle if every fear is answered with immediate absolution or repeated doctrinal explanation.

A third relevant field is moral injury. Although initially developed in military contexts, moral injury literature is useful because it explains how guilt, shame, betrayal, and violation of moral meaning can produce spiritual alienation. Brett T. Litz et al. described moral injury as the enduring impact of perpetrating, failing to prevent, or witnessing events that transgress deeply held moral beliefs (Litz et al., 2019). Later work and systematic reviews connect moral injury with guilt, shame, loss of trust, loss of meaning, spiritual struggles, and poorer mental or behavioral health outcomes (Hall et al., 2022; McEwen et al., 2021). Carey and Hodgson argued for a biopsychosocial-spiritual approach and for chaplaincy's participation in screening and care (Carey & Hodgson, 2018). Although not every congregant fearing punishment has moral injury, some do interpret a past act, failure, abortion, betrayal, sexual sin, violence, addiction, or family collapse as a permanent mark of divine rejection. Pastoral care must distinguish guilt that calls for restitution from shame that declares the person ontologically unredeemable.

A fourth body of literature concerns spiritually integrated care and professional competence. Meta-analyses indicate that religiously and spiritually integrated interventions can be effective and are especially relevant when clients themselves value faith integration (Captari et al., 2018; Gonçalves et al., 2015; Hook et al., 2010). At the same time, professional statements emphasize ethical sensitivity, non-coercion, and respect for the client's beliefs (Moreira-Almeida et al., 2016; Vieten et al., 2013; Vieten & Lukoff, 2022). These principles translate directly into pastoral accompaniment. Ministers should not act as clinicians when clinical treatment is required, and clinicians should not dismiss religious meaning when it is central to the person's distress. A collaborative model is needed because fear of punishment often requires theological interpretation and psychological containment.

### 3. Proposed Method

This article uses a conceptual qualitative design. It is not a field study and does not present new interviews, surveys, or observational data. The aim is to construct a theologically and psychologically informed model of pastoral accompaniment through critical literature synthesis. This design is appropriate because the research problem is both practical and theoretical: it asks how existing knowledge from pastoral theology, the psychology of religion, scrupulosity research, moral injury studies, and spiritually integrated care can be organized into a constructive framework for church ministry.

The data sources consist of academic books, peer-reviewed journal articles, meta-analyses, systematic reviews, and professional or institutional statements. Literature was selected according to five criteria. The source had to address at least one of the following constructs: religious/spiritual struggle, religious coping, fear of divine punishment, scrupulosity, moral injury, spiritually integrated care, pastoral care, or practical theology. Second, clinical sources were included only when they offered concepts relevant to pastoral differentiation rather than when they encouraged pastors to perform clinical treatment. Third, theological sources were included when they supported constructive pastoral interpretation rather than abstract doctrinal exposition alone. Fifth, non-academic blogs, popular opinion pieces, and unverified sources were excluded.

The analysis followed an integrative synthesis procedure. The first step was concept mapping: recurrent terms such as divine struggle, moral struggle, fear of sin, fear of punishment, negative religious coping, shame, confession, assurance, attachment to God, and referral were organized into clusters. The second step was interpretive comparison: psychological constructs were compared with pastoral categories such as sin, guilt, forgiveness, lament, assurance, sanctification, and community. The third step was constructive integration: the literature was used to formulate a model that can guide pastoral listening, theological reframing, communal practice, and interdisciplinary referral. This is consistent with practical theological reasoning, which moves between descriptive, interpretive, normative, and pragmatic tasks (Osmer, 2008).

### 4. Results and Discussion

#### Fear of Divine Punishment as a Theological-Psychological Struggle

The first finding of this synthesis is that fear of divine punishment should be understood as a theological-psychological struggle rather than a single spiritual defect. Congregants who fear punishment are often not rejecting God; they are usually trying to remain faithful under conditions of dread. Their fear may contain moral sensitivity, learned theology, intrusive cognition, unresolved shame, and relational insecurity. This distinction is pastorally decisive. If the pastor treats fear only as unbelief, the person may feel more condemned. If the pastor treats it only as irrational anxiety, the person may feel spiritually misunderstood. A more accurate account recognizes that fear can be simultaneously theological in content, psychological in mechanism, and communal in reinforcement.

Religious struggle research supports this interpretation. Divine struggle involves negative emotions directed toward God, including feelings of being punished, abandoned, angry, or unloved by God (Exline et al., 2014). Moral struggle involves concern about living up to sacred values. When these two dimensions combine, the person may interpret ordinary moral weakness as proof of divine hostility. The pastoral issue is not merely what the person believes propositionally but how belief is emotionally organized. For example, the congregant may affirm that God is gracious while still experiencing God as dangerous. This gap between doctrinal confession and affective image of God explains why repeated sermons on grace may not immediately relieve fear. The person's operative theology may be shaped by shame, fear conditioning, family authority, ecclesial discipline, or traumatic betrayal.

Scrupulosity literature clarifies the mechanisms by which fear becomes repetitive and self-reinforcing. In the Penn Inventory of Scrupulosity, fear of sin and fear of punishment from God are measurable dimensions (Abramowitz et al., 2002). Cognitive-behavioral accounts show that intrusive thoughts become distressing when the person attributes excessive moral significance to them and then seeks certainty through rituals, reassurance, avoidance, or mental checking (Abramowitz & Jacoby, 2014). Pastoral settings can inadvertently participate in this cycle. If a congregant asks repeatedly, "Has God forgiven me?" and the pastor provides immediate reassurance each time, short-term relief may occur, but the long-term pattern may become stronger. The person learns to seek certainty externally rather than

tolerate ambiguity within trust. Therefore, pastoral accompaniment must be assured without becoming a ritual machine.

This does not mean that confession and assurance should be withheld. It means that pastoral care must discern whether a practice functions sacramentally and relationally or compulsively and anxiously. Healthy confession names sin truthfully, receives grace, and returns the person to life with God and neighbor. Compulsive confession seeks perfect certainty that no sin, wrong intention, or hidden failure remains. A healthy fear of God can include reverence, humility, and moral responsibility. Punitive fear, by contrast, narrows attention, isolates the person, and makes God appear primarily as a threat. The pastoral task is to recover reverence without terror and accountability without despair.

Moral injury literature adds a further distinction. Some congregants fear divine punishment because they have done, witnessed, or failed to prevent something that violates their deepest moral identity. Here, the central experience may not be obsession but wounded conscience, shame, and loss of trust. Litz et al. (2009) describe moral injury as a violation of deeply held moral beliefs, while later studies link it to distress, guilt, shame, and spiritual struggles (Koenig et al., 2019; McEwen et al., 2021). In such cases, reassurance alone may be premature. The person may need lament, truthful moral naming, restitution where possible, confession, forgiveness, and reintegration into the community. The pastor's role is not to erase moral agency but to prevent moral failure from becoming a totalizing identity.

Theologically, this analysis invites a distinction between conviction and condemnation. Conviction is specific, truthful, and oriented toward repentance, reconciliation, and life. Condemnation is global, vague, repetitive, and oriented toward despair. Conviction can lead to confession and a repaired relationship; condemnation often leads to isolation and compulsive attempts to secure divine approval. Pastors can teach this distinction carefully without promising that faithful people will never feel fear. The goal is not emotional comfort at all costs, but the restoration of a trusting relationship with God. Fear of divine punishment becomes destructive when it makes God's mercy practically inaccessible even where it is formally confessed.

### **A Constructive Pastoral Hermeneutic: From Retributive Anxiety to Grace-Formed Moral Agency**

The second finding is that pastoral accompaniment requires a constructive hermeneutic that reinterprets divine judgment within the wider economy of grace, covenant, reconciliation, and moral transformation. Congregants who fear punishment often read experience through a retributive script: "I suffer because God is angry; I fear because I am guilty; I remain uncertain because forgiveness has not truly reached me." This script may use biblical language, but it narrows Scripture into a punitive logic that isolates judgment from mercy and holiness from union with God. Pastoral care must not deny judgment, because denial can sound theologically evasive. Instead, it must relocate judgment within God's restorative purpose.

The most damaging pastoral response is often not explicit condemnation but ambiguous speech. Vague statements such as "Maybe God is teaching you a lesson" or "You must examine what sin opened this door" can intensify punitive interpretation when addressed to a vulnerable person. Research on religious coping shows that appraisals of divine punishment are associated with negative adjustment, whereas benevolent religious reappraisal can support coping (Ano & Vasconcelles, 2005; Pargament et al., 2000). A constructive pastoral hermeneutic, therefore, refuses to make causal claims about suffering without warrant. It allows lament, recognizes mystery, and resists using God as an explanatory weapon. The pastor may affirm that God forms believers through suffering without claiming that every painful event is a direct punishment.

Grace-oriented reframing does not mean permissiveness. It means that moral agency is restored under mercy rather than driven by terror. In many cases, congregants fear punishment because they confuse repentance with emotional certainty. They assume that unless they feel forgiven, forgiveness is incomplete. Pastoral teaching should distinguish the objective promise of grace from the fluctuating affective experience of assurance. The person may need to practice receiving forgiveness without demanding perfect internal confirmation. This is especially important in scrupulosity, where the demand for certainty fuels the cycle. Pastoral care can encourage a shift from repeated reassurance to disciplined trust: confess what is concrete, receive grace, act responsibly, and resist compulsive checking.

Meaning-making theory also illuminates this process. Park (2010) argues that people experience distress when situational meanings violate global beliefs and goals. Fear of divine punishment frequently arises from such a violation: a person believes God is good but

experiences God as punishing; believes forgiveness is promised but feels unforgiven; believes suffering should have meaning but experiences randomness or cruelty. Pastoral accompaniment helps reconstruct meaning without forcing premature resolution. Lament becomes essential because it allows the person to speak honestly to God without interpreting distress as disloyalty. In this sense, lament is not the opposite of faith; it is faith refusing false closure. Theodicy research similarly shows that beliefs about God's role in suffering can shape divine struggle and mental health (Wilt et al., 2016).

The church's communal practices must reinforce this hermeneutic. Sermons, songs, altar calls, disciplinary practices, and testimonies can either deepen fear or cultivate a sense of secure grace. A congregation that uses fear as the primary motivator may produce outward conformity while weakening trust. Conversely, a congregation that never speaks of sin may leave morally wounded persons without language for confession and repair. The constructive alternative is a community where confession is normal but not coercive, where assurance is proclaimed but not cheapened, where holiness is taught as participation in God's life rather than frantic avoidance of punishment, and where pastoral leaders know when to refer.

This synthesis also reframes the "fear of God." Pastoral care should not simply tell congregants to stop fearing God, because Scripture and tradition preserve a reverent fear that is compatible with love, wisdom, humility, and awe. The question is what kind of fear is operating. Reverent fear expands moral seriousness and dependence on God; punitive fear contracts the person into dread and avoidance. Reverent fear leads to worship; punitive fear avoids God while compulsively seeking reassurance from God. Reverent fear receives correction as part of belonging; punitive fear treats correction as proof of abandonment. Pastors can help congregants name this difference and gradually replace retributive anxiety with grace-formed moral agency.

Grace-formed moral agency has three features. First, it is truthful: it does not deny sin, harm, or responsibility. Second, it is relational: it understands repentance as a return to God and to the neighbor, not as self-punishment. Third, it is future-oriented: it asks what faithful repair and growth look like after failure. This is especially significant for persons whose fear is connected to real wrongdoing. Pastoral care should neither minimize harm nor trap the person in endless self-condemnation. It should help the person move through confession, restitution, forgiveness, and accountable change. In this way, the doctrine of grace becomes not merely comforting language but a practical structure for moral transformation.

### **An Integrated Model of Pastoral Accompaniment: Discernment, Narrative Repair, Practice, and Referral**

The third finding is an integrated model of pastoral accompaniment composed of four movements: discernment, narrative repair, embodied practice, and interdisciplinary referral. These movements are not rigid stages; they often overlap. However, they provide a practical framework for pastors who face spiritually distressed congregants and need more than general encouragement.

The first movement is discernment. The pastor listens for content, function, intensity, duration, impairment, and risk. Content concerns what the congregant fears: hell, illness, family tragedy, demonic attack, unanswered prayer, hidden sin, or divine rejection. Function concerns what the fear does: Does it produce repentance, avoidance, compulsive prayer, repeated confession, withdrawal from worship, inability to make decisions, or despair? Intensity and duration help identify whether the fear is episodic or chronic. Impairment asks whether the person can work, sleep, worship, relate, and serve. Risk assessment asks directly and calmly about self-harm, suicidal thoughts, abuse, psychosis, severe depression, panic, or trauma symptoms. Pastors do not need to diagnose; they do need to know when the issue exceeds pastoral competence.

Discernment should also differentiate categories. Some fear is an ordinary conviction after concrete wrongdoing. Some is spiritual struggle caused by suffering, doubt, or unanswered prayer. Some is scrupulosity, especially when fears are repetitive, intrusive, disproportionate, and accompanied by compulsive neutralizing. Some is moral injury, especially when guilt and shame follow a profound moral violation. Some is trauma-related, especially when God is associated with abusive authority or coercive religious environments. Some is depression-related, where global worthlessness is expressed in theological language. Without differentiation, pastors may apply the wrong remedy: reassurance for moral injury, discipline for scrupulosity, doctrinal correction for trauma, or prayer alone for suicidal depression.

The second movement is narrative repair. Fear of punishment often lives inside a story: "God is against me," "I am beyond forgiveness," "If I make one mistake, disaster will follow,"

or “My suffering proves that I am cursed.” Pastoral accompaniment helps the person test and revise these stories in light of Scripture, doctrine, and lived evidence of grace. Doehring's (2015) emphasis on pastoral care as attention to stories is useful here. Narrative repair does not impose a quick, happy ending. It asks what story of God has become dominant, where that story came from, what biblical texts are being overused or ignored, and how the story might be re-centered in Christ. The goal is not to remove all fear but to relocate fear within a larger narrative of creation, sin, covenant, cross, resurrection, Spirit, church, and hope.

Narrative repair must be concrete. A pastor might help a congregant distinguish between “I did something wrong” and “God rejects me”; between “I need to make restitution” and “I need to punish myself”; between “I have an intrusive thought” and “I have chosen blasphemy”; between “I do not feel forgiven” and “forgiveness is absent.” These distinctions are spiritually powerful because they interrupt the fusion of feeling, thought, and divine reality. They also protect theological language from being captured by anxiety. The pastor can invite the person to speak to God in lament, receive confession within bounded rhythms, and practice trusting the promise of forgiveness without repetitive checking.

The third movement is embodied practice. Fear of punishment is not healed only through explanation. It is retrained through practices that form trust. These may include regular but non-compulsive prayer, confession with boundaries, meditation on selected biblical texts on mercy, participation in the Lord's Supper, communal worship, service to others, lament psalms, journaling that distinguishes between guilt and shame, and pastoral conversations scheduled at appropriate intervals rather than on demand. For scrupulous persons, boundaries are crucial. The pastor should avoid unlimited reassurance by phone or message whenever anxiety spikes. Instead, pastoral care can establish predictable appointments, encourage the person to delay reassurance seeking, and collaborate with clinicians if OCD symptoms are likely. This approach is not cold; it is a way of refusing to feed the cycle.

The fourth movement is interdisciplinary referral. Pastoral accompaniment is strongest when it knows its limits. Professional statements in psychiatry and psychology emphasize that spirituality and religion are clinically relevant and should be approached respectfully, but also ethically and competently (Moreira-Almeida et al., 2016; Vieten & Lukoff, 2022). Referral is indicated when fear of punishment is accompanied by severe impairment, compulsive rituals, intrusive thoughts that consume hours, panic, traumatic flashbacks, major depression, psychosis, self-harm, suicidal ideation, or inability to function. Referral should not be framed as a spiritual failure. The pastor can say that receiving psychological care is one way to steward the life God has given, and that pastoral care will continue in appropriate coordination. Collaborative spiritual care research supports such coordinated practice when moral and spiritual distress overlap with clinical need (Wortmann et al., 2022).

The integrated model answers the research problem by offering a pastoral logic that is both firm and gentle. It is firm because it takes sin, guilt, trauma, compulsions, and risk seriously. It is gentle because it refuses to identify God with the person's worst fear. It teaches pastors to ask better questions before giving counsel, to proclaim grace without becoming a compulsion to reassure, to invite repentance without shame-based control, and to collaborate beyond the church when needed. The model's central claim is that the cure of souls in this area is not achieved by reducing doctrine to therapy or therapy to doctrine, but by discerning how doctrine is being lived in the anxious body and wounded conscience of a particular person.

## 5. Comparison

Compared with earlier studies, this article makes four distinctive contributions. First, it brings together research streams that are often discussed separately: religious/spiritual struggles, scrupulosity, moral injury, spiritually integrated care, and pastoral theology. Scrupulosity research identifies fear of sin and fear of punishment from God as clinically relevant dimensions (Abramowitz et al., 2002; Moroń et al., 2022), while religious struggle research explains how divine and moral struggles affect adjustment (Bockrath et al., 2022; Exline et al., 2014). This article integrates those findings into a pastoral model rather than treating them only as measurement or treatment issues.

Second, the article differs from purely psychological approaches by taking theological interpretation seriously. It does not pathologize fear of divine punishment as merely irrational. It recognizes that Christian faith includes judgment, holiness, confession, repentance, and accountability. However, it argues that these doctrines must be interpreted through grace, Christology, covenant, and restoration rather than through an isolated retributive script. This

gives pastors a way to remain theologically faithful while avoiding counsel that intensifies distress.

Third, the article differs from pastoral approaches that rely mainly on doctrinal assurance. While assurance is necessary, it may not be sufficient when fear is maintained by compulsive reassurance seeking, trauma, moral injury, or depression. The proposed model adds differentiation and referral as pastoral responsibilities. It encourages pastors to ask whether their intervention leads the person toward freedom or reinforces the cycle of fear. This is a practical advantage because many ministers encounter congregants whose needs exceed the scope of ordinary pastoral conversation.

## 6. Conclusions

This article has argued that pastoral accompaniment for congregants experiencing fear of divine punishment requires more than reassurance, correction, or exhortation. The central finding is that fear of punishment should be approached as a theological-psychological struggle whose meaning depends on function, intensity, history, impairment, and risk. In some cases, the fear expresses ordinary conviction and a need for confession. In others, it reflects religious/spiritual struggle, scrupulosity, moral injury, trauma, depression, or an internalized punitive image of God. Pastoral care must therefore begin with discernment.

The article's second finding is that pastors need a constructive hermeneutic that relocates divine judgment within the context of grace, covenant, and restoration. This avoids two distortions: denying moral seriousness and reinforcing terror. Congregants must be helped to distinguish conviction from condemnation, repentance from self-punishment, assurance from compulsive certainty, and reverent fear from punitive dread. The article's third finding is an integrated model of accompaniment: discernment, narrative repair, embodied practice, and referral. This model offers a practical pathway for churches to accompany fearful congregants without becoming either clinically irresponsible or theologically shallow.

The theoretical contribution lies in connecting pastoral theology with empirical research on religious struggle, scrupulosity, moral injury, and spiritually integrated care. The practical contribution lies in offering ministers a framework for listening, teaching, setting boundaries, shaping congregational practices, and collaborating with mental health professionals. The study is limited by its conceptual design and lack of field data. It also requires contextual testing across denominational, cultural, and pastoral settings. Further research should examine how congregants describe fear of divine punishment, how pastors currently respond, and which pastoral practices reduce shame without weakening moral agency. The article concludes that faithful pastoral accompaniment does not remove all fear by minimizing God's holiness; it restores fearful persons to the God whose holiness is inseparable from mercy, whose judgment aims at truth, and whose grace makes responsible life possible.

### Author Contributions

Conceptualization: D.C.C.; Methodology: M.L.; Formal analysis: D.C.C. and Y.M.; Investigation: M.L. and Y.M.; Writing—original draft preparation: Y.M.; Writing—review and editing: D.C.C. and M.L.; Supervision: D.C.C.

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### Conflicts of Interest

The authors declare no conflict of interest.

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