

# **A Look at Religious Trauma**

**Mishaal Riaz, M.A., LPC**

# Key Terms



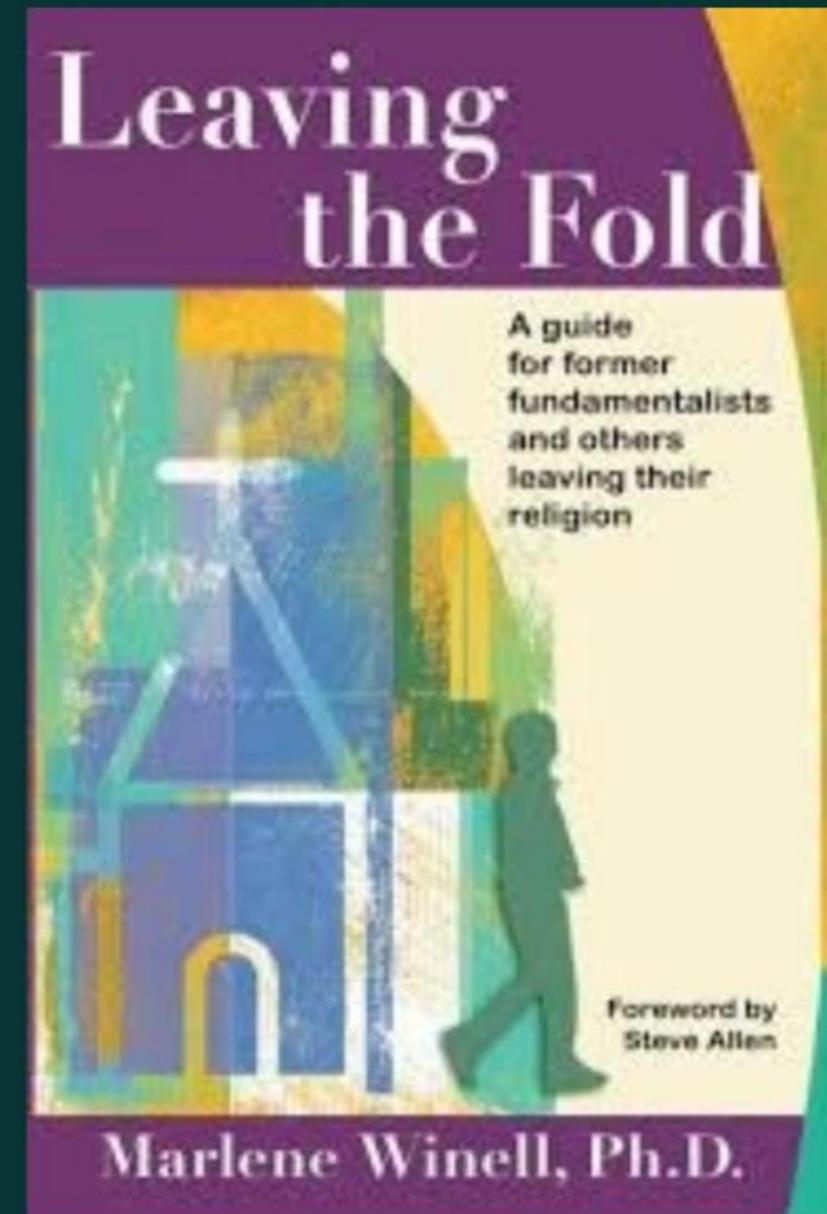
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## Leaving the Fold

A guide  
for former  
fundamentalists  
and others  
leaving their  
religion

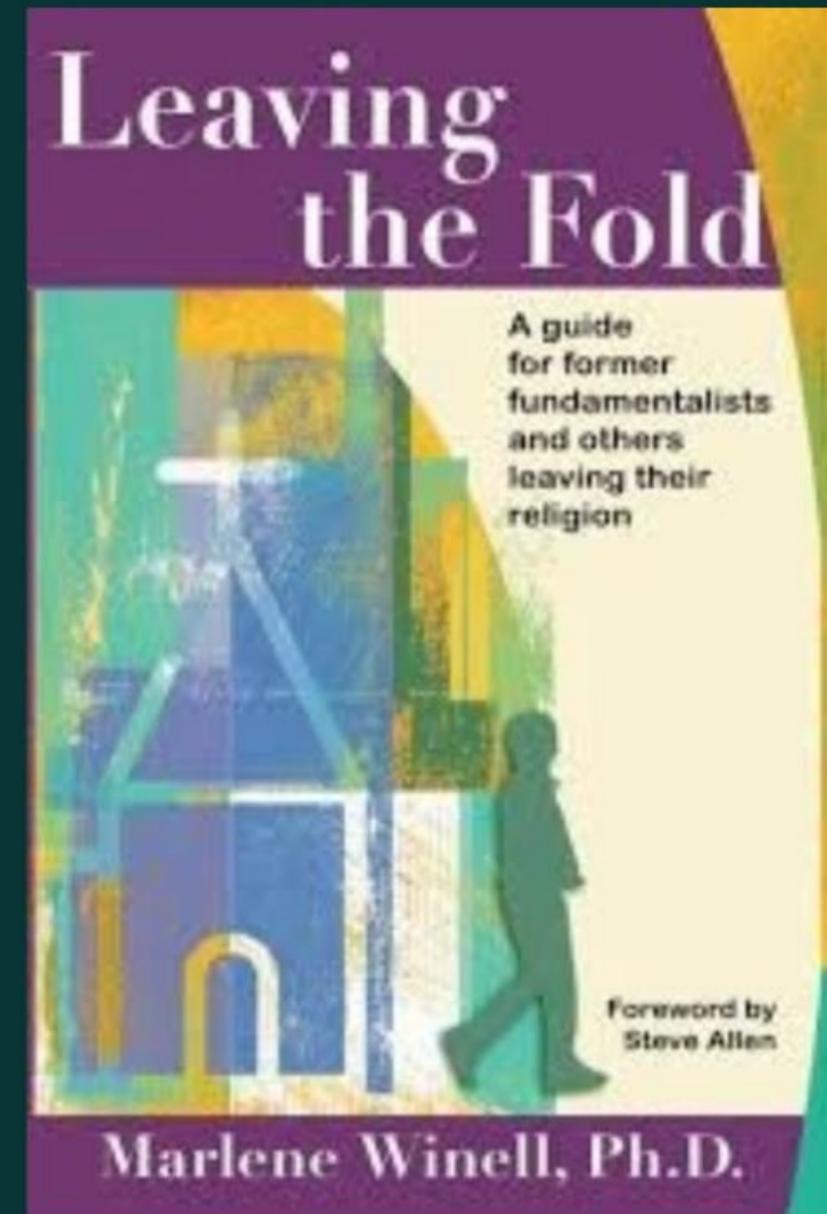
Foreword by  
Steve Allen

Marlene Winell, Ph.D.

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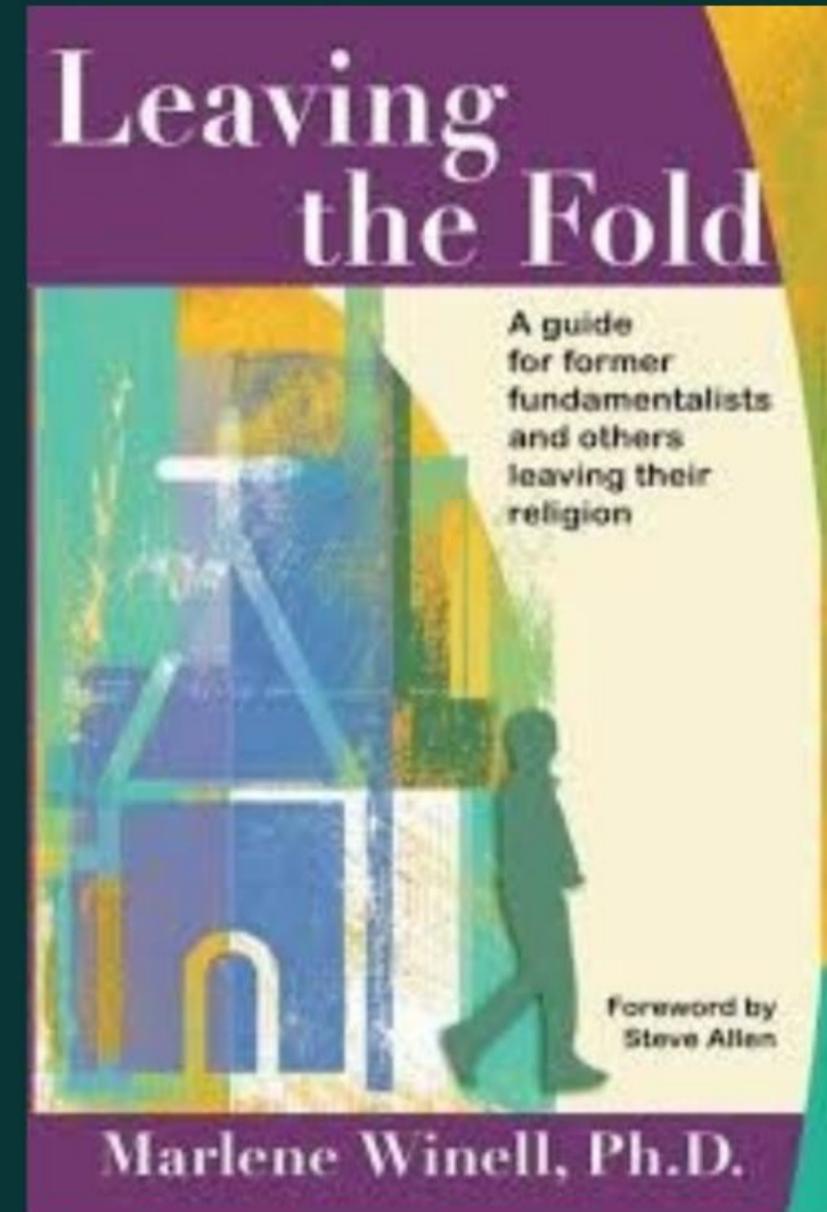
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## References

Judith Herman, *Trauma and Recovery* (1992)

Winell, M. (2011). *Leaving the Fold*.

[www.empathyparadigm.com](http://www.empathyparadigm.com)

## Characteristics of high-control group:

- Militant opposition to secular culture, liberal theology, scientific views that challenge the Bible
- Self esteem derived from external force (God)
- Separatist subculture

## Characteristics of moderate group:

- Respect for individual differences re: doctrine, religious practice, lifestyle
- Members have their own self esteem
- Group is open and connected to the wider world

RT can exist on it's own, without other forms of abuse present

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### 1. Religion itself:

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- you are not safe
- **harmful practices**

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## Two Part Nature of Religious Trauma:

### 1. Religion itself:

- you are not okay
- you are not safe
- **harmful practices**

### 2. Leaving the community; upheaval of what is lost

# Harmful Practices:

Complicit communities: protecting abusers  
(role of community in traumatization: New Life Church example)

Taught to suppress anger, grief, and desire (sexuality)

Overburdened with emotional labor in the name of “servanthood”

Singleness viewed as a spiritual failure

Encouraged to stay in unsafe marriages for the sake of submission

Discouraged from seeking therapy outside the faith

# Harmful Practices Cont'd.

Clergy sexual abuse

Purity culture harm

Queer rejection (conversion therapy, exiled, damned to hell)

Gender role oppression (women can't lead)

Authoritarian leadership

Apocalyptic fear conditioning

Forced forgiveness

Exorcism-based trauma

Deliverance rituals

Religious-based medical neglect (depression is a lack of faith)

Cultic isolation

Financial exploitation (tithing coercion)

# The Trauma of Leaving

Cognitive dismantling of belief systems

Complex grief processing

Attachment rupture (God as attachment figure)

Identity reformation

Community loss

Existential anxiety

Loss of trust in self and others

Fear of hell



“



”



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What's the worst piece  
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"You will need to spank your 3-year old son every time he wants to dress up or play with girl toys."



Reply

View 5 replies

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"The DSM-5 is just a book of excuses for sin, not real conditions. Secular psychology/therapy/psych meds are a sham - biblical counseling is the only way" (biblical counselors told me my PTSD was my rebellion against God, my SA was half my fault, and it was selfish to feel lonely)

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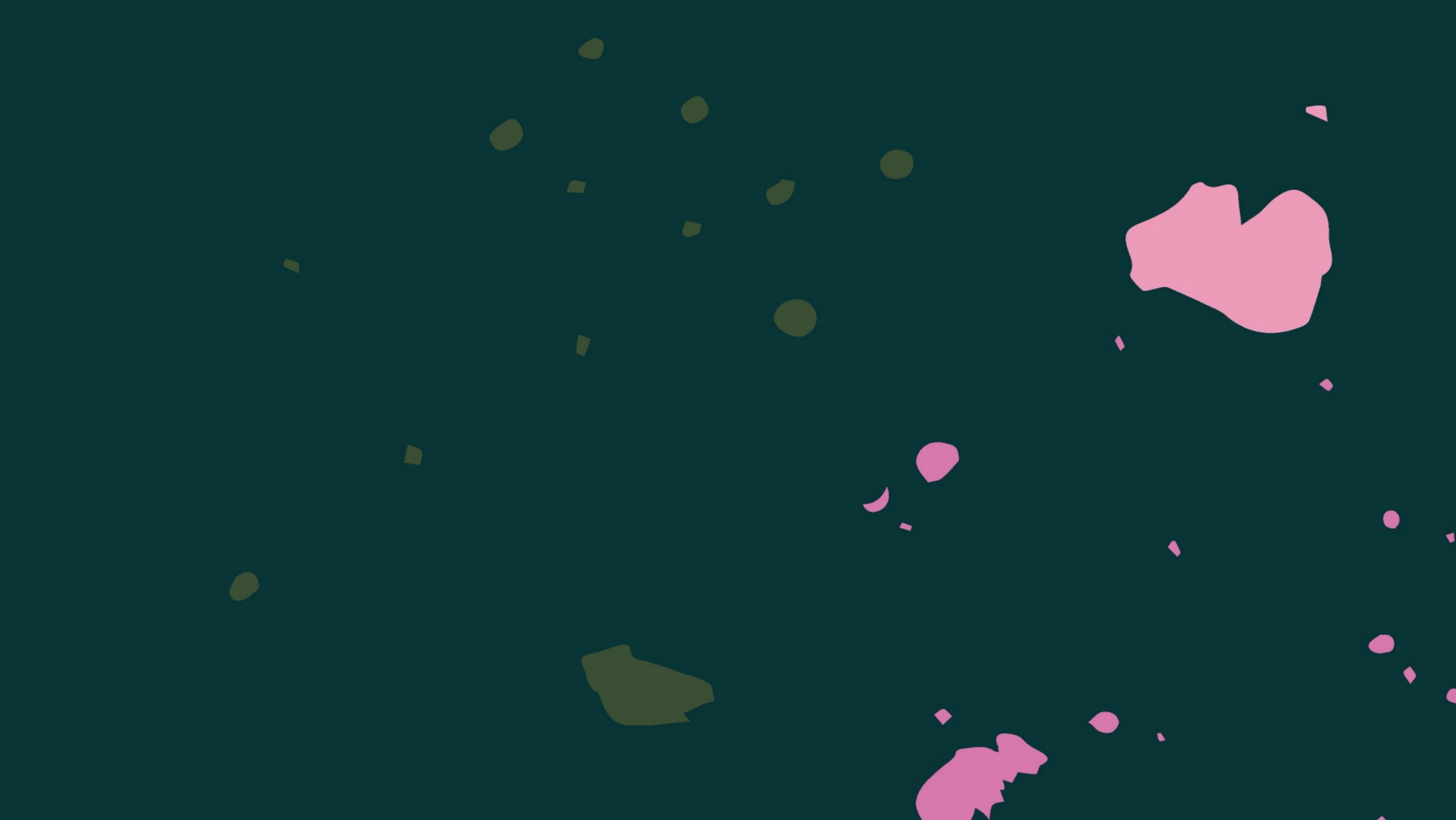
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[Redacted name]

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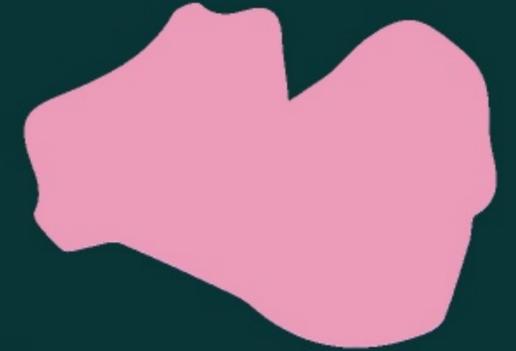


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2022-9-30 Reply

22



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And then the teacher would say that we are the gum. No one wants a piece of chewed gum. Or an impure woman 🙄

2022-9-30 Reply

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If I didn’t satisfy my husband at least every 72 hours he’d cheat because men can’t wait longer than that, so it would be my fault. My husband, a truly good man who deconstructed alongside me, let me know that was nonsense when I was worried after we married.



26

Reply

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“God took your father home.” I was 8 and was the one who found him dead. 🤪

Reply

“You can’t trust yourself; trust us.”

“If you’re still sick, you should examine your life to see what sins god is punishing you for.” The church owes an apology to every chronically ill and disabled person who has internalized that nonsense.



133

Reply

# THE IMPACTS OF RELIGIOUS TRAUMA

FEAR + ANXIETY stem from alarming beliefs about spiritual and worldly threats, compelling individuals to stay on guard (Religious OCD)

## SHAME

Shame in religious trauma often originates from doctrines that emphasize a sinful nature and impose unrealistic spiritual expectations of confession and atonement.

## RIGID THINKING

Rigid thinking often results from inflexible doctrine and authoritarian structures that demand conformity and reject nuances.

## SELF-SUPPRESSION

The self-suppression of religious trauma reflects internalized control from a group or belief system that demands purity, conformity, and submission.

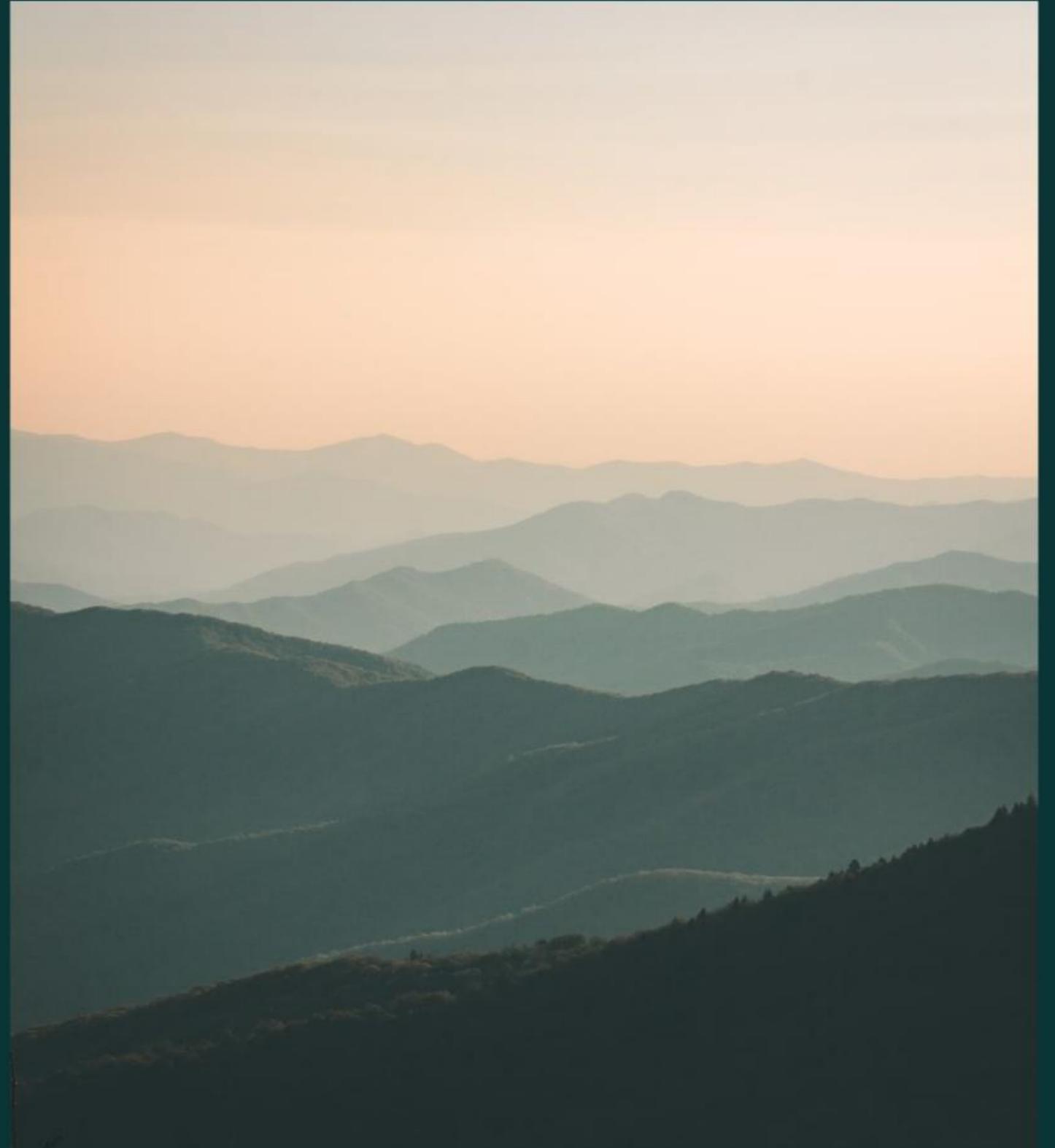
## RELATIONSHIP DYSFUNCTION

Survivors of religious trauma may develop unhealthy social expectations due to normalized relationship dynamics that prioritize the group's needs over personal well-being.

References:  
(Empathy Paradigm, n.d.)

# Common Fears of Survivors Coming to Therapy

- Fear of disobeying God if they talk about their feelings
- "Secular" counseling seen as dangerous
- Fear of losing salvation
- Mistrust of therapist



# Common Goals of Therapy

Explore values independent of doctrine

Support meaning-making (pain, forgiveness)

Develop chosen community

Complex PTSD work - Pete Walker

- emotional flashback
- toxic shame; differentiate guilt vs shame
- harsh inner critic

Exploring power dynamics

- narcissistic abuse
- recreating dynamic in therapy

## **Cultural Humility:**

- Distinguish Western evangelical trauma from other global faith contexts (cultural norms seen as abusive through western lens)
- Consider race, immigration, collectivist culture

## **How to Support Clients:**

- Differentiate trauma from theology/beliefs
- Help client define safe spirituality
- Explore boundaries
- Strengthen internal trust

# Why is this important information for a supervisor/ supervisee?

1. Harm often occurs unintentionally, can look like:
  - Value imposition
  - Theological reframing - extending beyond scope of practice
  - Premature forgiveness work
  - Encouraging reconciliation with abusive systems
  - Reinforced power dynamic in therapy (clients seeking another authority figure to tell them what to believe)
2. Frequently Misdiagnosed as MDD, GAD, attachment disorder

## Value Imposition Risks

Is the clinician overly dismissive of religion?

Is the clinician overly religious?

Can the clinician tolerate anger toward God?

Can clinician sit with blasphemous statements?

Can they treat a client leaving their faith without agenda?

## Countertransference in Religious Trauma Work

Clinicians may experience:

Evangelizing impulses

Anger at religion

Fear of spiritual consequences

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# Support for Faith Communities

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- Protocols to protect safety of members, especially in cases with abuse
- Confidentiality practices
- Trauma-informed care
- Help leaders recognize when a member may need support beyond the scope of pastoral care (trauma, symptoms of mental illness, complex grief)





# Get in Touch!

