RELIGIOUS TRAUMA RECOVERY:

Supporting Clients in Healing Religious Trauma in a Counseling Context

Anna Trout Perry, LPC/MHSP

June 13th, 2025
Nashville, TN

TLCPA Summit 2025

CORE PRINCIPLES

01	There is religion that **heals** and religion that **harms**. **Hold space for curiosity and compassion – for self and others.**
02	This material is primarily addressing clients' experiences across the wide spectrum of **Evangelical Christianity** in the Southeastern United States. Many principles apply to other spiritual and religious contexts.
03	This material requires a working understanding of trauma's impact on the mind, body, and soul.

TODAY'S AGENDA

Intro	Part I	Part II	Part III	Part IV	Part V
Overview of my work in Religious Trauma Recovery	Getting on the Same Page: Terms + Definitions	What Happened Then	What's Happening Now	The Religious Trauma Continuum	Recovery: Treatment Considerations

I'M ANNA TROUT PERRY.

Research is me-search.

Why Religious Trauma:
My Religious Trauma Recovery work began with my own experiences of being born into, growing up within, and later leaving a High Control Religious (HCR) context 10+ years ago now.

Specialization:
Working with female-identified and LGBTQIA+ clients recovering from mild to severe Religious Trauma, specializing in clients raised in HCRs + Fundamentalist groups.

Modalities:
I'm Level One IFS-Trained and I love integrating Polyvagal theoretical approaches to support client's trauma re-processing and integration.

WHAT PARTS ARE WITH US TODAY?

How do you feel in your body? Notice what it feels like to settle in here.

Breathe into any places of tension, activation, skepticism.

Common Therapist Parts

- **Advocate** parts
- Helper/Healer parts
- Clinical, academic, or **intellectual** parts
- Parts who carry their own experiences of **religious trauma**
- Parts who want to **protect** those vulnerable parts
- Parts who feel safer in your head, in your **body**, or **out of this space entirely.**

Curiosity + Compassion:

We invite any and all of these parts to open up space for our Core Self's curiosity and compassion.

All parts are welcome here, and all parts have good intentions to help.

BIRD'S EYE VIEW OF TRAUMA

Trauma is embodied, subjective, subconscious, and perception-based.

Trauma

The APA defines "trauma" as occurring when a person **"experiences, witnesses, or is confronted with an event or events that involve actual or threatened death or serious injury, or a threat to the physical integrity of self or others ... whereby a person's response involved fear, helplessness or horror."**(APA)

Complex Post-Traumatic Stress Disorder (C-PTSD) (Anderson)

Three main differences from PTSD:

- **Individual's symptoms** - CPTSD survivors have symptoms that are often more complex and all-encompassing that those of PTSD survivors.
- **Character/personality** - development of personality changes that impair and impact their identity and how they relate to others.
- **Survivors vulnerability** - to instances or cycles of repeated harm, both self-inflicted and at the hands of other.

TRAUMA AS A SHARDS OF GLASS

a metaphor to understand the impact of trauma

Abuse + harm can be thought of as a shattering – of something internal or external – into tiny sharp shards of glass.

- Trauma is the shard(s) of glass lodged in our nervous systems.
- The shards of glass can travel + spread throughout the mind, body, and soul.
- Festering wounds impact everything connected.
- Depending upon the degree and severity of the shard of glass, we can't safely remove it without compassionate, skilled assistance (soul-surgery).
- Our bodies develop workarounds to work around the body + soul pain.
    - Suppressing
    - Walling-off, exiling the parts wounded by the shards
    - Compensating in other ways – a bodily injury similarly to a soul injury.

EXPLORING DEFINITIONS

Spiritual – Spirituality is always about connection. Our mind, body, soul + spirit are inextricably linked.

"A core dimension of our humanity that nudges us **to discover meaning and purpose and to connect** with Self, others, and God [Higher Power]." – Chuck Macknee, PhD

Religion – "norms and traditions around spiritual practices engaged in by groups of people looking to find answers to spiritual questions and longings (McBride, 2025)."

Abuse – This is the **harm** itself. Abuse may be subjectively experienced as trauma.

Trauma – the embodied impact of harmful experiences; lives within us long after the event.

"When it is **interpersonal** [as all spiritual + religious trauma must be], and occurs early in our development, it impacts our minds, nervous systems, beliefs, and relationships in profound ways (McBride, 2025)."

DEFINING RELIGIOUS TRAUMA

Everything we understand about trauma can be applied to Religious Trauma.

Religious Trauma:
"The physical, emotional, or psychological response to religious beliefs, practices, or structures **that is experienced by an individual as overwhelming or disruptive** and **has lasting adverse effects** on a person's physical, mental, social, emotional, or spiritual well-being." (Religious Trauma Institute)

Religious Trauma Syndrome:
"The condition experienced by people who are **struggling with leaving an authoritarian, dogmatic religion and coping with the damage of indoctrination.** RTS is a function of **both** the chronic abuses of harmful religion and the impact of severing one's connection with one's faith." Dr. Marlene Winell, PhD (*Leaving the Fold,* Winell).

Those who report experiences of Religious Trauma Syndrome meet criteria for Complex PTSD (Anderson).

DEFINING SPIRITUAL TRAUMA:

1. The trauma is caused by (1) something that the person **closely associates** with religion or spirituality, (2) is inflicted by **someone who is thought to be a stand-in for the Divine**, (3) is said to be **justified** by the spiritual practice or religious beliefs, or (4) occurs **because of** the religious or spiritual practice.
2. The survivor believes that spirituality or religion was somehow **the cause for what happened.**
3. The post-traumatic psychobiological responses are **connected to God, religion, or spirituality in some way.**

Michelle Panchuk, *The Shattered Spiritual Self: A Philosophical Exploration of Religious Trauma*

TRAUMA VS. ABUSE

"Abuse is what happens to us. Trauma is our nervous system's response to what happens to us." – Laura Anderson, When Religion Hurts You

Why focus on Religious Trauma?

- It's client-centered. Clients connect with the term!
- Spiritual abuse **may or may not occur in a religious context**, or be experienced as directly connected to our experience of God, faith, or our religious beliefs (but it will impact them).
- It helps **narrow our focus** to understanding the religious **harm, culture, and environments** that clients have experienced, as it relates primarily to Evangelical Christianity in the US.
- **Knowledge is empowering** for clients + counselors supporting their recovery.

FOCUS ON CLIENT'S EXPERIENCE

Environments, Organizations + Institutions

- Each of us can experience different religious environments **differently**.
- Bracket your own experiences, beliefs, or assumptions to **hold space for how the client experienced the religious context.**
- Focus on harm + the client's experience, **not on specific religious groups.**

Clients may still identify with their faith and/or seek to stay connected within their faith community.

- This does not mean that their experiences were not traumatic.
- There are many reasons why we stay in a relationship or environment. Stay curious.

“SOUNDS LIKE A CULT...👀”

A “cult” can refer to any group—mainstream or otherwise—that exerts high levels of control over its members’ thoughts, behaviors, and relationships. **“Cult” can be a polarizing term for clients!**

High-Control Religions (HCR)

- Groups that exercise **significant power + control over their members** through authoritarian leadership, coercive control methods, and rigid belief systems.
- Attempts to control members’ behavior, information access, thoughts, and emotions through various manipulation tactics (see **BITE model**, Steven Hassan)
- HCRs can be identified by their **strict hierarchies, us-versus-them mentality, and their negative impact on members’ psychological, relational, and financial well-being.**
- Includes religious groups + organizations that identify as “**fundamentalist**”

BEHAVIOR CONTROL

1. Regulate individual's physical reality
2. Dictate where, how, and with whom the member lives and associates or isolates
3. When, how and with whom the member has sex
4. Control types of clothing and hairstyles
5. Regulate diet - food and drink, hunger and/or fasting
6. Manipulation and deprivation of sleep
7. Financial exploitation, manipulation or dependence
8. Restrict leisure, entertainment, vacation time
9. Major time spent with group indoctrination and rituals and/or self indoctrination including the Internet
10. Permission required for major decisions
11. Rewards and punishments used to modify behaviors, both positive and negative
12. Discourage individualism, encourage group-think
13. Impose rigid rules and regulations
14. Punish disobedience by beating, torture, burning, cutting, rape, or tattooing/branding
15. Threaten harm to family and friends
16. Force individual to rape or be raped
17. Encourage and engage in corporal punishment
18. Instill dependency and obedience
19. Kidnapping
20. Beating
21. Torture
22. Rape
23. Separation of Families
24. Imprisonment
25. Murder

INFORMATION CONTROL

1. Deception:
a. Deliberately withhold information
b. Distort information to make it more acceptable
c. Systematically lie to the cult member

2. Minimize or discourage access to non-cult sources of information, including:
a. Internet, TV, radio, books, articles, newspapers, magazines, media
b. Critical information
c. Former members
d. Keep members busy so they don't have time to think and investigate
e. Control through cell phone with texting, calls, internet tracking

3. Compartmentalize information into Outsider vs. Insider doctrines
a. Ensure that information is not freely accessible
b. Control information at different levels and missions within group
c. Allow only leadership to decide who needs to know what and when

4. Encourage spying on other members
a. Impose a buddy system to monitor and control member
b. Report deviant thoughts, feelings and actions to leadership
c. Ensure that individual behavior is monitored by group

5. Extensive use of cult-generated information and propaganda, including:
a. Newsletters, magazines, journals, audiotapes, videotapes, YouTube, movies and other media
b. Misquoting statements or using them out of context from non-cult sources

6. Unethical use of confession
a. Information about sins used to disrupt and/or dissolve identity boundaries
b. Withholding forgiveness or absolution
c. Manipulation of memory, possible false memories

THOUGHT CONTROL

1. Require members to internalize the group's doctrine as truth
a. Adopting the group's 'map of reality' as reality
b. Instill black and white thinking
c. Decide between good vs. evil
d. Organize people into us vs. them (insiders vs. outsiders)

2. Change person's name and identity

3. Use of loaded language and cliches which constrict knowledge, stop critical thoughts and reduce complexities into platitudinous buzz words

4. Encourage only 'good and proper' thoughts

5. Hypnotic techniques are used to alter mental states, undermine critical thinking and even to age regress the member

6. Memories are manipulated and false memories are created

7. Teaching thought-stopping techniques which shut down reality testing by stopping negative thoughts and allowing only positive thoughts, including:
a. Denial, rationalization, justification, wishful thinking
b. Chanting
c. Meditating
d. Praying
e. Speaking in tongues
f. Singing or humming

8. Rejection of rational analysis, critical thinking, constructive criticism

9. Forbid critical questions about leader, doctrine, or policy allowed

10. Labeling alternative belief systems as illegitimate, evil, or not useful

11. Instill new "map of reality"

EMOTIONAL CONTROL

1. Manipulate and narrow the range of feelings – some emotions and/or needs are deemed as evil, wrong or selfish

2. Teach emotion-stopping techniques to block feelings of homesickness, anger, doubt

3. Make the person feel that problems are always their own fault, never the leader's or the group's fault

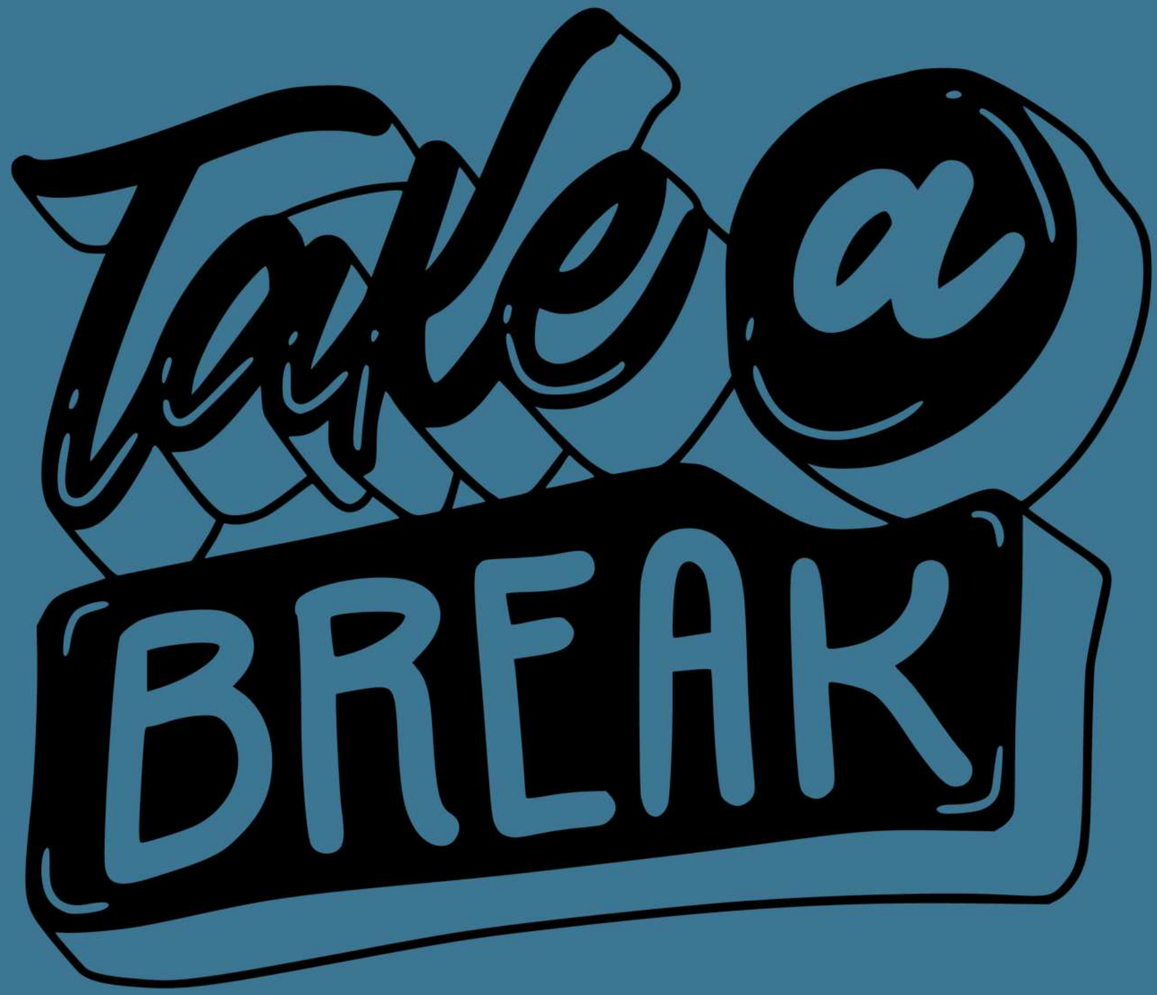
4. Promote feelings of guilt or unworthiness, such as
a. Identity guilt
b. You are not living up to your potential
c. Your family is deficient
d. Your past is suspect
e. Your affiliations are unwise
f. Your thoughts, feelings, actions are irrelevant or selfish
g. Social guilt
h. Historical guilt

5. Instill fear, such as fear of:
a. Thinking independently
b. The outside world
c. Enemies
d. Losing one's salvation
e. Leaving or being shunned by the group
f. Other's disapproval

6. Extremes of emotional highs and lows – love bombing and praise one moment and then declaring you are horrible sinner

7. Ritualistic and sometimes public confession of sins

8. Phobia indoctrination: inculcating irrational fears about leaving the group or questioning the leader's authority
a. No happiness or fulfillment possible outside of the group
b. Terrible consequences if you leave: hell, demon possession, incurable diseases, accidents, suicide, insanity, 10,000 reincarnations, etc.
c. Shunning of those who leave; fear of being rejected by friends and family
d. Never a legitimate reason to leave; those who leave are weak, undisciplined, unspiritual, worldly, brainwashed by family or counselor, or seduced by money, sex, or rock and roll
e. Threats of harm to ex-member and family


Take a
BREAK

PART II

What Happened Then

Examples of Adverse
Religious Experiences

ADVERSE RELIGIOUS EXPERIENCES

"AREs are any experience of a religious belief, practice, or structure that **undermines an individual's sense of safety or autonomy** and/or **negatively impacts their physical, social, emotional, relational, sexual, or psychological well-being.** These experiences have the potential of resulting in religious trauma.

While there are no set parameters for constituting an ARE, they are typically categorized into three generalized headings: **abuse, neglect, and communal practices.**" (Global Center for Religious Research)

WHAT HAPPENED THEN:

Examples of Adverse Religious Experiences + Spiritual Abuse

Authoritarian Leadership Practices: Organizational

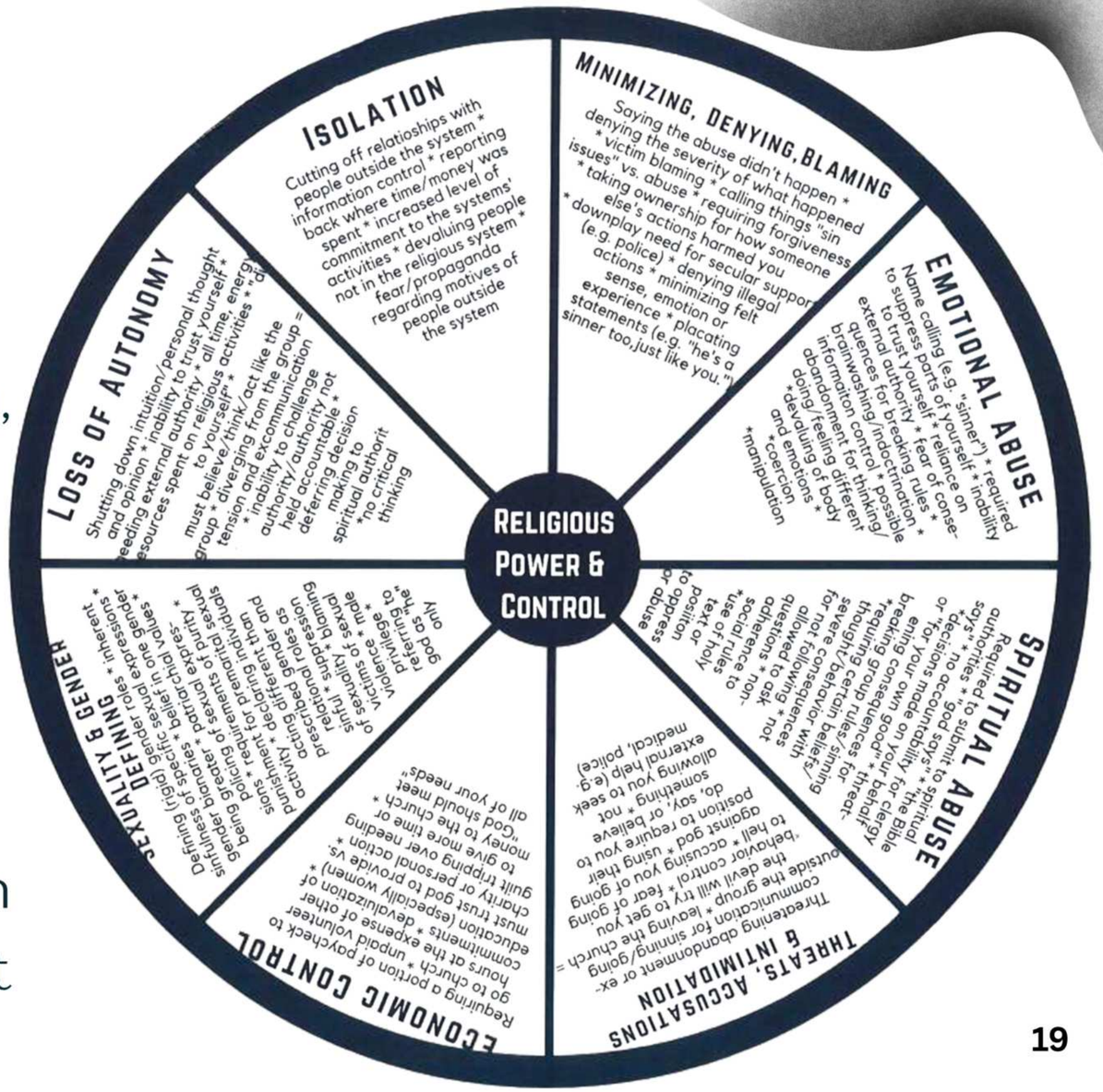
- Bullying, threats, intimidation
- Financial fraud + exploitation
- Emotional manipulation
- Phobia induction
- Forced/coerced involvement in volunteer work without pay.
- Forced/coerced donation of money; withholding of paychecks, tax fraud, abuse of non-profit status.

WHAT HAPPENED THEN:

Examples of Adverse Religious Experiences + Spiritual Abuse

Authoritarian Leadership Practices: Home + Family

- Isolation from outsiders
- Religious child-maltreatment (spanking, corporal punishment)
- "Breaking their will" practices (Pearl)
- Behavioral restriction across the lifespan
- Marital sexual assault
- Coerced "biblical" gender roles
- Factors combined create a paniopticon effect - self-policing, fear of constant surveillance by God.



WHAT HAPPENED THEN:

Examples of Adverse Religious Experiences + Spiritual Abuse

Mind + Behavioral Control

- Purity Culture
- Forced “submission” to “biblical” demands
- Dress + behavioral control
- Information control
- Requirements to “take every thought captive”
- Spiritual bypassing felt wants + needs
- Identity disruption
- Enforcement of biblical gender roles + expectations

Who controls?

- **Leadership**: Authority figures within the insulated community
- **Family**: Parents, caregivers, older siblings, relatives, etc.
- **Community**: Friends, Bible study groups, “glass house effect”

WHAT HAPPENED THEN:

Examples of Adverse Religious Experiences + Spiritual Abuse

Purity Culture:

Purity culture is a movement that began in the 1990's particularly within Evangelical Christianity in the US. The movement emphasizes **sexual abstinence before marriage**, often with strong emphasis on virginity. It encourages individuals to remain sexually pure, avoid premarital sex, and dress modestly.

Degree of participation in the movement has varied widely. Some leaders simply encouraged abstaining from sexual contact while dating, others emphasized the importance of "kissing dating goodbye," while others emphasized 100% supervised contact between a couple from courtship to betrothal to the marriage altar.

Key Themes:

- Emphasis on girls + women's responsibility for men's sexual purity
- Expectation of men's **inability** to exercise sexual restraint
- Modesty of dress, segregation of gender
- **Heavy involvement of male leaders** throughout this process

WHAT HAPPENED THEN:

Examples of Adverse Religious Experiences + Spiritual Abuse

Separation + Isolation

- Shunning + excommunication practices
- Public outing, stigmatization
- Social + familial isolation
- Fear-mongering re: “the world”
- Scapegoating/othering
- Segregation (by gender, race/ethnicity, SES)

Accountability Culture:

- Forced confessions of sin
- Forced conversion to faith
- Boundary violations (mind, body, soul)
- Love-bombing, trauma-bonding
- Conversion practices often recommended after confession of LGBTQIA+ identities
- Stalking and/or harassment - re-conversion attempts

WHAT HAPPENED THEN:

Examples of Adverse Religious Experiences + Spiritual Abuse

Conversion "Therapy":

Conversion beliefs and practices are frequently taught and encouraged in even moderate-liberal Christian circles.

Conversion Practices:

- Prayer + fasting, repeated cleansing rituals, compulsive praying and ritualistic patterns to suppress/release sin

Client-Initiated Conversion Practices:

Why would clients seek conversion therapy services themselves?

- Hopes of relieving distress
- View their gender + sexuality as sinful
- Threat of losing entire community if they do not "fix" themselves

WHAT HAPPENED THEN:

Examples of Adverse Religious Experiences + Spiritual Abuse

Relationship with Self (Mind, Body, and Soul)

- My body [wants, needs, emotions, embodied experiences] is bad and must be controlled.
- I must bring my flesh under submission.
- I must take every thought captive.
- My heart is deceitful above all things, and desperately wicked.
- I can never trust my own understanding.

Relationship with Others:

- The only one I can trust is Jesus.
- I must obey/honor my authority.
- I cannot trust unbelievers [outsiders].
- The Devil can contaminate + control me – the only way to get safe is through [spiritual practices].
- I must stay on guard [against sin within, against temptation, against the influence of the Devil, against the "World"].

WHAT HAPPENED THEN:

Examples of Adverse Religious Experiences + Spiritual Abuse

Counter-Culture = Different Reality

- Instillation of a “new map of reality”
- This can look like teachings, beliefs, and values that include:
  - Emphasis on the superiority of an eternal timeline rather than the present timeline
  - Focus on the influence of harmful demons, the Devil, evil forces on the micro and macro
- In-group/out-group of pure vs. impure people, places, groups, activities, etc.

High Exit Costs:
Rejection, Shunning, Excommunication

- Instillation of terror re: punishment, reward for “good.”
- Beliefs taught by religious leaders using Scripture and enforced throughout the community require obedience to tenants of beliefs in order to be “in fellowship with other believers.”
- These conditions are often related to behavior compliance and identity expression.

WHAT HAPPENED THEN:

Examples of Adverse Religious Experiences + Spiritual Abuse

Separation from the "World"

- Rooted in desire to be a "light in the darkness," desire for purity
- Social isolation – homeschooling and private Christian schools are enforced
- Fear-mongering re: "the world" + the dangers of mainstream culture
- Scapegoating + othering re: outsiders (black + white thinking)
- Segregation at home + organizationally (by gender, race, ethnicity, SES)

Political Involvement

- Culture "wars" in the US have contributed to the uprising of White Christian Nationalism (Kobes Du Mez)
- Strong emphasis on the need for Christian
- political leaders; lots of end-times prophecies
- **Coerced voting** for conservative elected officials; enforced by leaders on the home and organizational level
- Lots of vivid imagery and teaching including:
  - "Onward Christian soldier"
  - The Lord's Army
  - Portrayal of God as a God of war

IDENTITY

"It wasn't just my church, it was my whole entire identity. I am nothing without Christ." – *client*

Fundamentalism has largely **ignored, discredited, and proclaimed sinful** individuals who do not fit into a mold of White, cis-gendered, male-preferred, heterosexual, able-bodies, middle and upperclass individuals. (Anderson).

Clients beliefs and experiences may include **"finding their identity in Christ"** as a way to **spiritually bypass** the pain of not fitting in the preferred identities of their religious group.

"Death to self, alive to Christ."

Identity Erasure:

Viewed as a godly and Biblical process; creates safety and in-group inclusion.

Potential harmful impacts:

- Chronic suppression of self-energy
- Lack of sense of self or strong sense of personhood
- Chronic denial and/or neglect of wants/needs
- Lack of access to resources and opportunities

PROTECTIVE FACTORS:

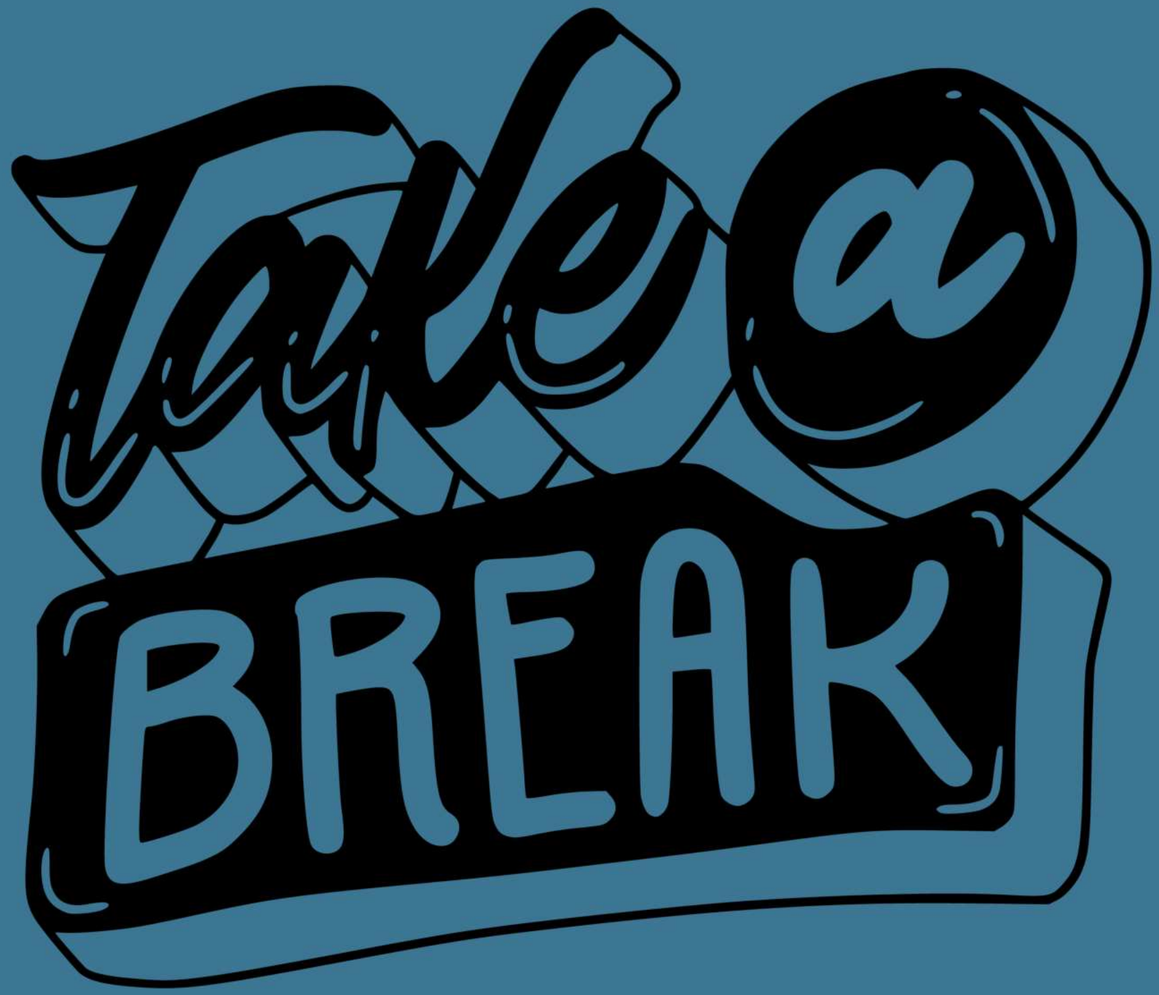
The factors that impact recovery – before, during, and after their experiences.

Access to Internal Resources:

- **Strong sense of self + identity** (wants, needs, preferences, goals, etc.)
- Embodied sense of **safety** within the nervous system (neuroception)
- Empowerment to set and maintain **healthy boundaries**
- Healthy **emotional regulation** skills + inner resources
- **Personality + disposition** factors; healthy mind, body, and soul

Access to External Resources:

- Support from **safe + trusted others**
- **Financial wellness** – access to adequate housing, generational financial support
- Access to **adequate employment** options
- Access to **protection from leadership** + law enforcement; access to legal protection
- Additional **education/career** opportunities outside the group
- Access to others with shared identities – **connection to safe social groups**
- Access to appropriate **health care**
- **Access to accurate information:** re: mainstream culture, etc.


Take a
BREAK

PART III

What’s Happening Now

FACTORS IMPACTING SEVERITY:

1. **Developmental stages** at time of trauma(s); developmental stage at time of tx
2. **Family** structure and/or hierarchy, family mental health history/diagnoses, history of addiction
3. Any + all **pre-existing health conditions**, genetic predisposition, etc.
4. **Location**: What were the predominant accepted values of the mainstream culture in their community? Then vs. now?
5. **Access to resources:** Did/does the client have access to financial support, adequate housing + employment, etc. outside of their religious community?
6. **Choice and autonomy factors:**
    a. **Upon joining** - Did the client autonomously consent to their involvement in their faith? Were they born into it?
    b. **Upon leaving** - Did the client leave their religious environments by choice or did they leave due to force/coercion/outing/excommunication?

FACTORS IMPACTING SEVERITY:

7. **History of sexual abuse and assault**, age(s), within or outside of religious context

8. **Sincerity of beliefs:** Degree of involvement, dedication, and commitment to their beliefs.

9. **Level of Education**: access to adequate education is frequently limited/restricted in HCR contexts, especially for women + girls. *Consider then vs. now.*

10. **Degree of isolation from outsiders**, including restriction of access to mainstream culture and resources (news, mainstream media, social media, permitted contact with outsiders, etc.)

11. **Identity Intersectionality**: "sociological analytical framework for understanding how groups' and individuals' identities result in unique combinations of discrimination and privilege." *Consider client's intersectionality in contrast with group values.*

- Examples: gender, sex assigned at birth, sexual identity, race, ethnicity, socioeconomic class, religion, disability, age, weight, physical presentation. The intersection of identity factors combined may be **both empowering and oppressing.** (Crenshaw).

WHAT'S HAPPENING NOW

Potential symptoms, outcomes, and impact on our clients

Disrupted Development Across the Lifespan:

A. Identity Development

1. Inability to identify personal preferences, wants, and needs
2. Challenges with differentiation from family of origin and/or religious context
3. Deep or chronic shame about **being a sinner**
4. Feelings of unworthiness, being unlovable, or bad in some way
5. Lack of personal autonomy due to an engrained belief that one's life is for God's sole purpose. Results in challenges making decisions, creating personal boundaries, and ability to provide genuine consent to pressure and coercion.

WHAT'S HAPPENING NOW

Potential symptoms, outcomes, and impact on our clients

Disrupted Development Across the Lifespan:

B. Emotional Development

1. Varying challenges with **accessing and/or expressing healthy range of emotions,** emotional regulation challenges, and suppression + explosion patterns
2. **Spiritual bypassing:** "Processing an issue using thought-stopping techniques." Creates repeated, compounding barriers to healthy development across the lifespan. Often manifests as denying the presence and validity of emotional/mental health concerns.
3. **"Doctrine of Suffering"** - strong beliefs around God being pleased with sacrifice, suffering, and emotional pain, i.e., "If I'm suffering, it is God's Will for me and he will reward me for my faithfulness."

(cognitive development covered in Thought Processes section)

WHAT'S HAPPENING NOW

Disrupted Development Across the Lifespan:

C. Gender + Sexuality

1. Challenges with **gender expression** (dress, vocal expression/tone, etc).
2. **Wide varieties of sexual dysfunctions**; including vaginismus, ED, etc.
3. **Difficulty with experiencing pleasure** (sexual, physical, emotional, etc.)
4. Feeling **shame + guilt** for inability to control/suppress sexual thoughts or feelings.
5. **Strong bodily reactions** to even consensual sexual situations (crying, dissociation, fight/freeze./fawn responses).
6. **Pervasive, toxic shame:** re: one's own sexuality, body, sexual thoughts, masturbation, sexual encounters, etc
7. **Sexual repression:** decreased ability to engage with one's sexuality or expression of sexuality in a safe, self-led manner.
8. **Conversion practices**: consider impact both then + now; may experience compounded internal/external barriers to coming out as LGBTQIA+
9. **Challenges dating**: potential barriers in every stage of a relationship
10. Challenges determining **safe sexual partners**

WHAT'S HAPPENING NOW

Depression, Grief, and Loss

- **Profound grief** re: loss of primary social group, employment, familial connections, etc. May experience perceived loss of eternal security (loss of salvation).
- **Loss of identity,** especially if client believed their entire identity was "in Christ"
- Internalizing **rejection** of social group as **client's fault**; regret + rumination patterns
- **Chronic guilt** about sins of "commission and omission"
- Client may blame themselves re: participation in harming self + others while participating in the group (evangelistic efforts, conversion practices, etc.)
- **Complex relationship with depressive, dissociative symptoms** – client may view them as sinful; a problem to fix. May create significant distress + urgency to "fix."
- **May be resistant to medication** due to distrust of medical professionals and beliefs around altered mental states.

WHAT'S HAPPENING NOW

Anxiety + OCD

- **Panic attacks** – May be in direct connection with stimuli and/or meeting criteria for Panic Disorder. Client's former/current beliefs about fear, death, etc. increase distress.
- Persistent symptoms of anxiety around **salvation, rapture, Hell, Satan, or demons**
- Feeling **personally responsible** for Christ's crucifixion ("He died for my sins.")
- **Generalized hypervigilance and perfectionism** – fear of making mistake, i.e. "sinning"
- **Fear of rejection** by God and/or their religious community, family, social group, etc.
- **Symptoms of scrupulosity-specific OCD** – a subtype of OCD in which a person experiences OCD connected to violation of their religious beliefs. Examples include:
  - Repeatedly praying for salvation/deliverance in a manner + frequency that creates clinically significant distress and impairment.
  - Repeating "cleansing" behaviors re: perception of sin/sinfulness
  - Engagement in conversion practices for LGBTQIA+ clients

WHAT'S HAPPENING NOW

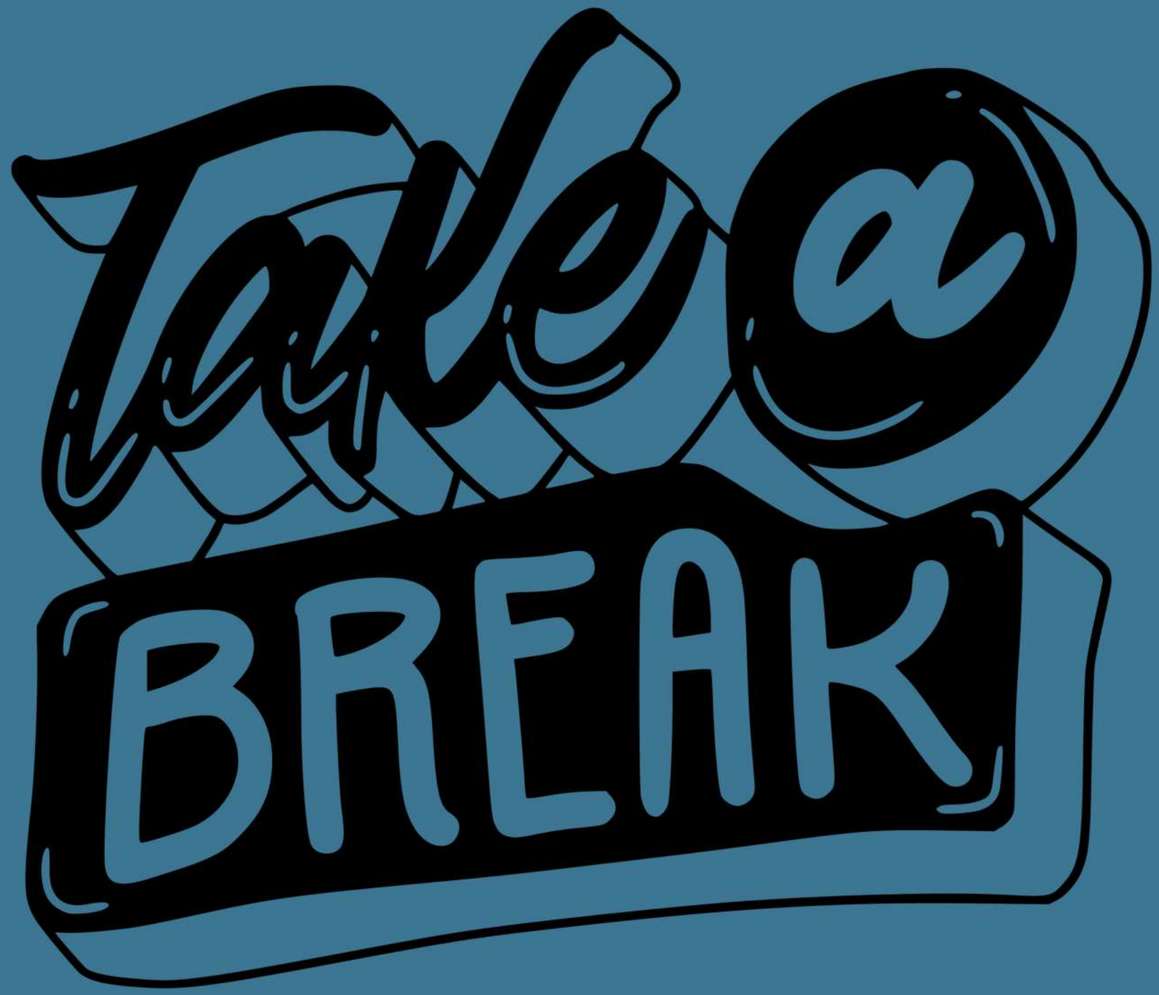
Psychological Impact + Thought Processes:

- **Splitting**; from parts of self, emotional experiences, beliefs, etc.
- **Moral injury** – "In traumatic or unusually stressful circumstances, people may perpetrate, fail to prevent, or witness events that contradict deeply held moral beliefs and expectations." (Jones, et al, Religious Trauma and Moral Injury from LGBTQIA+ Conversion Practices).
- **Self-hatred, self-harm, and self-denial –** due to beliefs that "self is sinful."
- **Lack of self-compassion** – barriers to accessing self-compassion without increase in activation; can create more distress for clients.
- **Rigid all-or-nothing, black and white thinking patterns**
- **Extreme dualistic thinking** – judging every personal thought, action, feeling as "good" or "bad;" can contribute to and/or exacerbates OCD patterns.

WHAT'S HAPPENING NOW

Psychological Impact + Thought Processes:

- **Chronic dissociation, depersonalization and/or derealization**
- **Cause and effect** not always grounded in reality – what will lead to positive and negative outcomes in life (magical thinking).
- **Avoidance of stimuli** that are reminiscent of the trauma. Includes avoidance of people, places, things, but also inner stimuli within the client's thoughts, feelings, beliefs, sensations, etc.
- **Experiencing intense physical and psychological distress when exposed to triggering stimuli** (written or spoke Scripture, music, preaching/teaching that mimics triggering stimuli, encounters with former community members, etc.).
- **Minimization of distress to cope –** due to doctrine of suffering, beliefs around pain as being a result of sin or lack of faith, etc.


Take a
BREAK

RELIGIOUS TRAUMA CONTINUUM:

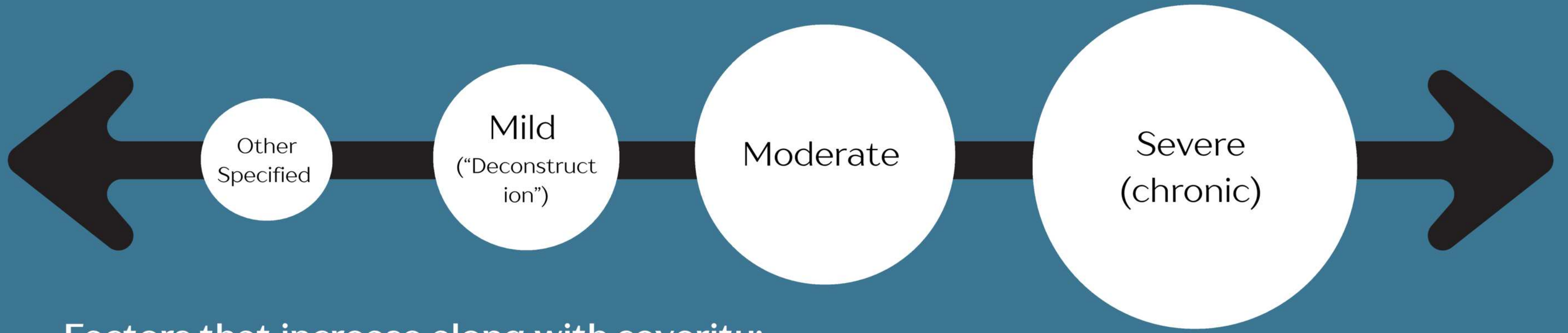
A tool created by Anna Trout Perry for **assessing and conceptualizing degrees of severity of Religious Trauma** in clients who have experienced Adverse Religious Experiences.

Client's identities
+
What happened then
+
What's happening now

=
Degree of severity along the Religious Trauma Continuum

RELIGIOUS TRAUMA CONTINUUM:

A tool created by Anna Trout Perry for **assessing and conceptualizing degrees of severity of Religious Trauma** in clients who have experienced Adverse Religious Experiences.



Factors that increase along with severity:

- Complexity of client symptoms
- Need for specialized care + additional servcies
- Co-occuring disorders
- Degree and severity of distress and impairment

CASE EXAMPLE: HALEY

Identities: Haley is a 34 year old cisgender, White, able-bodied female. Haley identifies as a progressive, hopeful-agnostic. She is highly educated and is focused on her career.

What Happened Then:

Haley was raised as an only child by her single dad, Jeff, since her mom passed when Haley was in the 7th grade. Haley has struggled with her relationship with her father ever since the 2016 election, at which point client states that she "lost her father to Fox News and his Bible Study." She reports that he frequently sent her articles and reading materials aligned with his values, even after she asked him to stop.

What's Happening Now:

After almost a decade of strain in her relationship with her father, Haley presents as irritable when discussing their relational dynamics. "He's always criticizing me and telling me I'm wrong [for my political affiliation]. He tells me he's praying for me a lot – it's made it impossible to be real with him." Haley is also on the fence about family planning. "My dad keeps sending me Bible verses about grandchildren – so much pressure. It makes me feel like he doesn't even know me anymore."

LET'S DISCUSS:

Factors Impacting Severity:

Identities:

- Consider ways that her intersectionalities of identity, access to resources, and/or protective factors impact her experiences.

What happened then:

- Did Haley experience Adverse Religious Experiences? Do her symptoms indicate that they were traumatic?

What's happening now:

- What symptoms and presenting concerns do you notice in Haley's story that are connected to ARE's or Religious Trauma/Abuse?
- What is her degree of distress and impairment as a result of these experiences?

OTHER SPECIFIED

Symptoms + Presenting Concerns:

- Client's symptoms are **better explained another way** (in Haley's case – complicated grief, relational stressors, family role strain).
- Client may present as **strongly disagree with harmful religious ideology**, but does not experience an embodied, lived-experience as a response to Adverse Religious Experiences
- Client has experienced Adverse Religious Experiences, **but they do not impact functioning or wellness in the present.**
- May experience mental health symptoms that could be impacted by Adverse Religious Experiences, **but symptoms are largely due to other factors.**
- Does **not** experience clinically significant distress and impairment connected to Adverse Religious Experience(s).

OTHER-SPECIFIED

Treatment Considerations:

- Client may not present with distress re: ARE's. **Center client's experience and direct treatment towards client's primary concerns.**
- Client may present with extensive distress + impairment, **but due to other experiences of trauma.** Rule out PTSD/C-PTSD connected to other factors + experiences. May be experiencing impact of a different category of trauma (sexual, financial, etc).
- **Consider exploring environmental and geographic factors:**
    - Are they considered an unbeliever while living in a predominantly religious community? Have they received harmful evangelism attempts? Explore ways that the client can navigate these settings and relationships with more confidence.

CASE EXAMPLE: PENNY

Identities:

Second-generation Latino immigrant, 36 years old, cisgender female, oldest daughter, newly married to Agnostic husband. Financial insecurity growing up, now upper-middle class SES.

What Happened Then:

Penny "found the Lord" at 18, and began working in "full-time Christian service." After the cancer diagnosis of her younger sister 4 years ago, Penny made a promise to God that if he healed her sister, she would "begin to live." She began counseling after resigning from her corporate job of 2 years due to debilitating anxiety. Prior to that job, Penny worked for 15 for a church she moved across states to plant. While on staff with the church, she was "all in" - serving "every day without fail." She left that church after several years of disagreements on the church staff re: social justice, resulting in a church-split.

What's Happening Now:

Penny has many new relationships with other non-believers she met through her job. Penny meets criteria for Generalized Anxiety Disorder, and has big questions about her life's purpose and "learning how to live now." Frequent themes of role confusion, hope, and grief.

LET'S DISCUSS:

Factors Impacting Severity:

Identities:

- Consider ways that her intersectionalities of identity, access to resources, and/or protective factors impact her experiences.

What happened then:

- Did Penny experience Adverse Religious Experiences? Do her symptoms indicate that they were traumatic?

What's happening now:

- What symptoms + concerns are connected to ARE's or Religious Trauma/Abuse?
- What is her degree of distress and impairment as a result of these experiences?

RELIGIOUS TRAUMA, MILD

Symptoms + Presenting Concerns:

- In the case example – grief, relational stressors, meaning-making, etc.
- Client's Adverse Religious Experiences **may or may not have been experienced as traumatic,** and/or feel resolved in the present.
- Leaving their religious contexts may or may not be traumatic; **may still participate in many aspects of their faith.**
- **Some elements** of the client's beliefs and experiences would qualify as Adverse Religious Experiences (AREs), but **most** of their beliefs + practices were experienced as neutral or positive
- **Symptoms** related to mild Religious Trauma may include grief + loss, social group changes, and anxiety/depression.

RELIGIOUS TRAUMA, MILD

Degree of Distress and Impairment:

- **Impact on level of functioning will vary but** will **likely remain mild,** depending upon other mental health conditions, inner/outer resources, protective factors, and social supports.
- Client likely feels a sense of **choice and autonomy** in their faith – from initial conversion to deconstruction to reconstruction.
- Presenting concerns for treatment vary across the lifespan; including **relational challenges, disruption in employment/education, and strained family relationships.**

RELIGIOUS TRAUMA, MILD

Treatment Considerations:

- **Deconstruction is often experienced as a more cognitive process** – based in theology, religion, and understanding of Scripture
- **ACT and Narrative Therapy approaches can be especially beneficial** for clients wanting to explore former beliefs that no longer serve them, while re-defining new beliefs that align with current values.
- **Can be helpful for deconstructing clients to work with counselors who share their faith, theology, and world view.**
- Reconstruction and integration of new beliefs, values, and ethics will be crucial to client's resolution of symptoms.

CASE EXAMPLE: BETHANY

Identities:

35 year old, White, cisgender female born and raised in rural East Tennessee. Bethany works full time in public education, working class SES, single, only child, ACOA, and lives with mother and step-father.

What Happened Then:

Bethany got saved in her mother's conservative church at age 5. Her fear of Hell created an urgent desire for her dad to also "get saved." Bethany's father died last year due to alcohol-related health complications. Bethany joined a "more liberal" Evangelical church in late high school, and it became her "everything." In 2020, she chose to "quietly stop attending" her church due to doubts re: social justice. Her father passed shortly after, exacerbating her painful questions of eternity, sin, and suffering. None of her former church friends reached out to support her or attend the funeral.

What's Happening Now:

Bethany experiences chronic low-self worth, severe anxiety re: being "good enough." toxic shame re: her body + sexuality. Struggling with an active ED since adolescence, she's was told by church leadership that this "waiting season [for God's perfect match] is a great time to lose some weight." Despite strong social justice values, she is terrified to explore new beliefs for fear of "being wrong."

LET'S DISCUSS:

Factors Impacting Severity:

Identities:

- Consider ways that her intersectionalities of identity, access to resources, and/or protective factors impact her experiences.

What happened then:

- Did Bethany experience Adverse Religious Experiences? Do her symptoms indicate that they were traumatic?

What's happening now:

- What symptoms + concerns are connected to ARE's or Religious Trauma/Abuse?
- What is her degree of distress and impairment as a result of these experiences?

RELIGIOUS TRAUMA, MODERATE

Symptoms + Presenting Concerns:

- **Most** elements of the client's experiences were traumatic and qualified as Adverse Religious Experiences (AREs), only few experiences were neutral or positive (i.e. love + belonging needs were met, although conditional).
- **Leaving** their religious context was likely traumatic, **attempts at integration into another faith community will be challenging and/or re-traumatizing.**
- Client experienced high degree of coercion or force in their religious environment (HCR) and/or had **limited access to resources to navigate AREs and/or the trauma of leaving.**
- Client may also demonstrate symptoms of **narcissistic abuse, traumatic grief + loss, PTSD/C-PTSD, anxiety/depression, OCD, and challenges re: delayed development.**

RELIGIOUS TRAUMA, MODERATE

Degree of Distress and Impairment:

- **Impact on level of functioning is determined to be moderate**, but will vary depending upon inner/outer resources, protective factors, and social supports.
- **Primary presenting concerns for treatment vary across the lifespan.** May include challenges due to loss of primary social group, delayed identity development, gender + sexuality concerns, existential dread/depression, and ruptured family relationships,
- **Relational/Social Distress + Impairment:** Client's primary social group was limited to those with shared beliefs. Now viewed as an outsider, client's level of social functioning may be moderately impaired across settings.

RELIGIOUS TRAUMA, MODERATE

Treatment Considerations:

- **Client will require trauma-specific treatment** in order to access and re-process more activating elements of their experiences.
- **Treatment must emphasize positive resourcing and focus on supporting client in establishing new social supports + relationships.**
- Client's recovery process will likely include distance from religious contexts and/or **aversion to stimuli re: former beliefs.**
- Clients will be best served by clinicians who **seek to empower client identity development outside of religious beliefs.**

CASE EXAMPLE: CAMILLE

Identities:

28 y/o, White, cisgender female, Autistic, works full-time in higher-ed, lives alone, middle-class SES.

What Happened Then:

Camille's father was a traveling evangelist in conservative churches across the US. Camille was homeschooled K-12th, meaning she was responsible to care for her 4 younger brothers due to her mother's strong NPD/BPD traits. Camille's purpose in life has always been clear - to "soothe her mother, to honor her father, to serve her brothers, and to serve God." "Jesus, others, you - JOY."

What's Happening Now:

After moving to TN for college/work, Camille initially sought counseling due to her debilitating panic attacks. Camille has limited social interaction outside of work, experiences chronic dissociation, and a diagnosed autoimmune disorder. She left her church after her gay younger brother came to live with her after a suicide attempt. She reports that "she couldn't bear to go [to church] somewhere where her brother wouldn't feel safe." She reports that she's unsure of her own sexuality. Camille struggles with felt wants/needs. She navigates disordered eating (ARFID patterns). Camille wants boundaries with her mother, but she is terrified of "sinning against her." Camille experiences chronic activation re: dating and specifically having children, saying that she's "not fulfilling God's Will for her life."

LET'S DISCUSS:

Factors Impacting Severity:

Identities:

- Consider ways that her intersectionalities of identity, access to resources, and/or protective factors impact her experiences.

What happened then:

- Did Camille experience Adverse Religious Experiences? Do her symptoms indicate that they were traumatic?

What's happening now:

- What symptoms + concerns are connected to ARE's or Religious Trauma/Abuse?
- What is her degree of distress and impairment as a result of these experiences?

RELIGIOUS TRAUMA, SEVERE

Symptoms + Presenting Concerns:

- Client's experiences within their religious context were primarily **traumatic, repeated, and chronic in degree and severity over time.**
- **Clients symptoms fit criteria for severe C-PTSD**. Add'l symptoms include: panic attacks, self-harm, suicidality, chronic dissociation and splitting, religious scrupulosity/OCD, disenfranchised grief, traumatic loss, autoimmune disorders, toxic shame + guilt, sexual dysfunction, lack of neuroception of safety, or sense of self.
- **Marginalized identities:** Identities outside the dominant identities are highly controlled and/or condemned in their religious context.
- **Exclusion, Excommunication, Etc**.: Enforced separation practices distance clients from family, social supports, former employers, etc. and reports extensive social/relational concerns.

RELIGIOUS TRAUMA, SEVERE

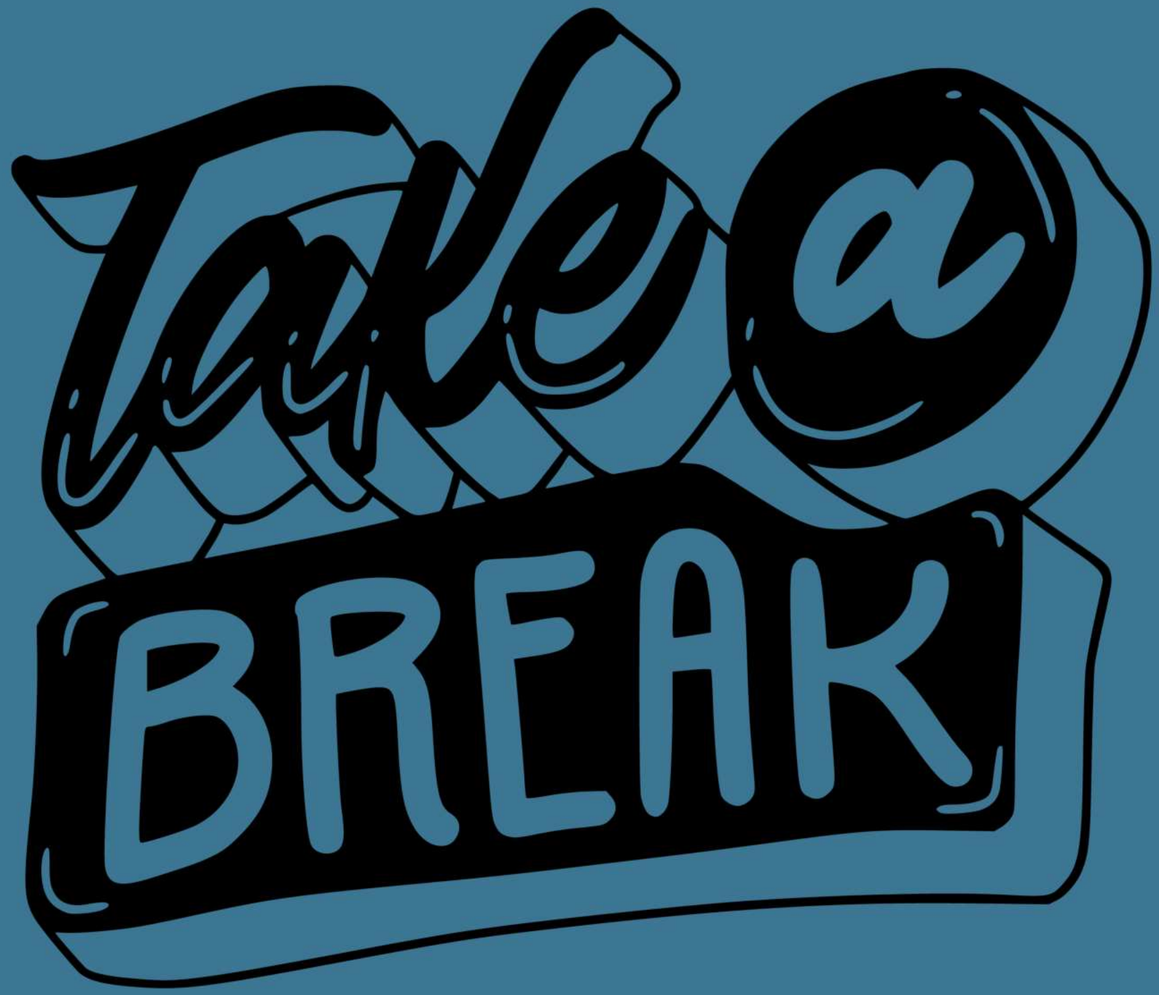
Degree of Distress and Impairment:

- **Impact on level of functioning is determined to be severe**, as evidenced by symptoms (“what is happening now”).
- **High-Control Religions** – Clients experiencing this level of severeity have frequently left HCRs; exhibit results of experiencing chronic high degree of coercion/force, and experienced restritced access to protective factors.
- **LGBTQIA+ –** If client identifies as LGBTQIA+, **traumatic impact of non-affirming relgious environments will be compounded,** regardless of denomination.
- **Barriers to Mainstream Culture –** Due to separation practices, client could experience barriers to accessing employment, social connection, housing, etc.
- **“Shiny Happy People”:** Client may present with markedly incongruent affect and/or report of distress due to extensive psychological splitting and spiritual bypassing. This ability to split from activating material (dissociation) is a protective factor, and must be supported in initial stages of recovery.

RELIGIOUS TRAUMA, SEVERE

Treatment Considerations:

- **Regardless of the content of the client's sessions, the process must heavily trauma-informed.**
- **Center client's experience** – Counselor must self-educate re: cultural beliefs and norms of Fundamentalist, HCR contexts.
- **Ensure safety + stabilization first:** Before accessing activating former beliefs, the course of of treatment must first focus extensively on building a strong foundation of safety and stabilization within the client's nervous system (i.e. creating a felt sense of safety from scratch).
- **Additional Services:** Treatment may need to include outside servcies (employment services, housing support), in addition to focus on social/cultural assimilation, accurate sex education, and life-skills focused psychoeducation before re-processing/integration of traumatic material is safe or effective.


Take a
BREAK

PART IV

Treatment Considerations

COUNSELOR SELF-AWARENESS

ASERVIC Competencies for Addressing Spiritual and Religious Issues in Counseling

Counselor Self-Awareness

3. The professional counselor actively explores his or her own attitudes, beliefs, and values about spirituality and/or religion.

4. The professional counselor continuously evaluates the influence of his or her own spiritual and/or religious beliefs and values on the client and the counseling process.

5. The professional counselor can identify the limits of his or her understanding of the client's spiritual and/or religious perspective and is acquainted with religious and spiritual resources and leaders who can be avenues for consultation and to whom the counselor can refer.

IMPACT IN THE COUNSELING SPACE

Client may present with the following challenges in the counseling space:

Distrust of Mental Health Care:

- Miseducation about the purpose of counseling
- Aversion to “being told what to do”
- Desire to be told explicitly exactly what to do!

Over-responsibility for Harm + Abuse:

- Client may have beliefs that their AREs are their fault, and/or that they’re responsible for harming others:
  - Client believing their symptoms are as a result of prior sin, lack of faith, etc.
  - Client believing that their ARE/trauma was due to their own disobedience to God/church leadership.
  - Client withholding relevant clinical information from counselor because parts of them do not categorize it as harmful and/or they believe it was due to their own lack of submission, etc. (marital SA, power/control dynamics).

IMPACT IN THE COUNSELING SPACE

Client may present with the following challenges in the counseling space:

Disclosure:

- May seek services for help with their unwanted behavior, feelings of being “bad”
- Due to experiences within accountability culture +/or HCR, client may in what and how they share as rapport is being established.
- Challenges with letting the therapist “in,” due to experiences of spiritual boundary violation.
- May heavily emphasize their “good” behavior, may heavily emphasize their “bad” behavior (parts “confessing” to the counselor).
- Presenting an incongruent affect despite their actual experience (“shiny happy people” affect)

.

Boundary Challenges:

- Rigid or permeable boundaries can vacillate, similar to disorganized attachment patterns.
- Black and white thinking re: appointment policies, etc.
- Clients may send frequent updates of “good” behavior between sessions, or may ghost the therapist if shame + guilt parts are activated

CLIENT-COUNSELOR RELATIONSHIP

Ways Counselors Can Reduce Harm + Empower Recovery

Distrust of Mental Health Care:

- Clarify differences in pastoral/biblical counseling they may have received vs. mental health services.
- Empower client to ask questions, voice doubts + skepticism, push-back, etc.
- Provide ample transparency re: informed consent, confidentiality, client's rights, etc.

Over-responsibility for Harm + Abuse:

- **Let the client lead the telling of their experiences, and make no assumptions.**
- **Meet client's parts where they are that day.** Disagreeing with their beliefs or sharing what the counselor believes about God can increase distress and polarizations.
- **Do not rush to define client's experiences as abusive or traumatic**, even if they are clearly were. This can increase protective responses due to shame/guilt activation. Instead, **allow the client to explore how the experience made parts of them feel, what it changed for them, if they believe they deserved it, and if parts of them wanted/needed something else at the time.**

CLIENT-COUNSELOR RELATIONSHIP

Ways Counselors Can Reduce Harm + Empower Recovery

Client Disclosure Challenges:

- Be mindful of the potential impact of accountability + confrontation-style interventions.
- Be mindful of our therapist parts aligning with client's managers parts who are seeking behavior change.
- Empower the client to **share as much or as little as they would like at any time.**
- Be mindful about whether seeking more information from client about their AREs is from a place of curiosity/fascination or to help your client. **(Learn more about weird culty things outside of session).**
- **Lead with curiosity around "confession"** – If/when it becomes clear that a client feels compelled to be "accountable" to you and share more than they feel comfortable, **ask the client to check in with themselves for "inner consent" before they proceed.**
- Refrain from showing shock, judgement, or anger about client's AREs unless determined to be clinically appropriate. **Seek to validate without othering the client.**

Boundaries:

- Be consistent and transparent with all policies. Be clear about what belongs to you vs. the client. Be clear that policies are not punishments, and model healthy relational boundaries.

TRAUMA-INFORMED MODALITIES

Reducing Harm through Safe, Effective Treatment

Clients whose experiences fall under Other-Specified or Mild Religious Trauma will benefit from values-oriented (ACT), cognitive (CBT, DBT, etc.) and Narrative techniques to reconstruct new ethics and values.

- Since overall activation connected to AREs is lower, it is more accessible to explore updating beliefs without increasing distress and causing "protector-whiplash."
- Narrative Therapeutic techniques can be effective in meaning-making, cohesive then-and-now storylines, etc

Moderate to Severe Religious Trauma will require trauma-specific treatments and modalities.

- Excellent modalities include IFS, EMDR, Somatic Experiencing, etc.
- Spend extra time ensuring client is experiencing enough safety + stabilization, positive resourcing, and safe social supports before proceeding with more activating work.

SAFE RELIGIOUS CONTEXTS

Characteristics of healthy religious environments

- Freedom of thought + behavior
- Empowerment of critical thinking
- Celebration of diversity + inclusion
- Encouragement to meet the wants + needs of the mind, body, and soul
- Emphasis on social justice in local community + beyond
- Open diaglogues re: beliefs + teachings, space for respectful disagreement
- Encouragement of individual value-exploration
- Empowerment of free will, choice, and autonomy
- Respect for diversity and intersecting identitites
- Egalitarian leadership structures characterized by transparency + integrity

SUMMARY

Religious Trauma occurs along a continuum of severity.

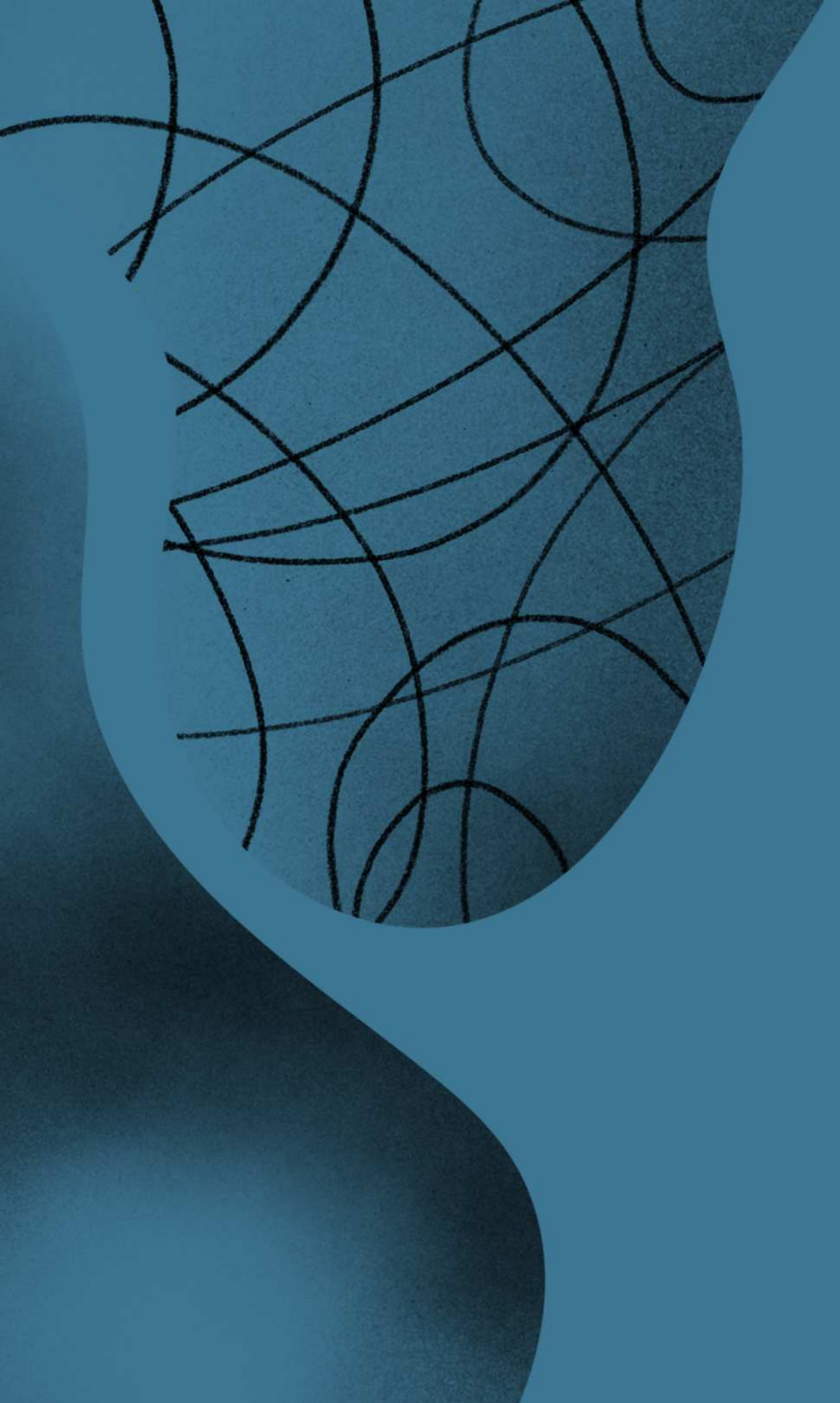
Adverse Religious Experiences will vary dependent upon client's identities.

Religious Trauma impacts relationships across the lifespan.

Religious Trauma is treatable and recovery is possible!

WANT TO LEARN MORE?

- Check out the Religious Trauma Recovery resources on my website – CatalinaCounseling.com
- Reach out to me at anna@catalinacounseling.com to schedule **case consultations + trainings.**



THANK YOU!

TLPCA
Tennessee Licensed Professional Counselors Association

CERTIFICATE OF PARTICIPATION

This certificate is awarded to

PARTICIPANT'S NAME

for successfully attending the workshop on Religious Trauma Recovery.

Anna Trout Perry

Date of Training