

Final Thesis Proposal

Christian Marshall

GRDN 74110

Michael Castledine

April 28, 2021

Abstract

While there are many positive aspects associated with the decision to leave a high-demand religion, there are also many challenges faced by these individuals, including loss of identity, community, and familial relationships. These sociological factors, in conjunction with the experience of shattered core beliefs, serve as major contributing factors to religious trauma and complex-PTSD symptoms such as anxiety, depression, grief, and anger (Winell, 2011). This paper explores the lack of recognition, understanding and resources concerning both the prevalence and severity of religious-related trauma. Topics discussed include defining Religious Trauma Syndrome (RTS), the process of religious disillusionment and defection, and the negative psychological and social effects of religious trauma. Additionally, the prevalence of RTS and factors responsible for the lack of resources concerning this phenomenon are further explored. Future explorations and solutions regarding this topic are also discussed.

Keywords: religious trauma, Religious Trauma Syndrome (RTS), disillusionment, disaffiliation, complex-PTSD

For many individuals, breaking free from an authoritarian religion or faith community is an incredibly liberating experience. They may experience intense feelings of relief, joy, and excitement toward new possibilities for their future. They may also enjoy the increased mental peace resulting from the reparation of cognitive dissonance and conforming one's thoughts, actions, and beliefs with a repressive code. After a long struggle with their core beliefs and worldview, the decision to finally leave a restrictive religion may feel like a major accomplishment.

While there are many positive aspects associated with the decision to leave a high-demand religion, there are also many challenges these individuals face. For most people, their religious environment acted as an all-in-one solution for their major needs - whether it be social support, life purpose and meaning, structured activities, or emotional and spiritual satisfaction. Religious disillusionment has the propensity to shatter once-held worldviews, and the decision to leave a religious institution often comes at the price of significant loss, including (among many other things) the support of friends and family (Winell, 2011). Based on this understanding, it may come as no surprise that for many individuals, disillusionment and defection are correlated with severe anxiety, depression, grief, and anger. As a whole, there is a severe lack of recognition, understanding, and resources concerning both the prevalence and severity of religious-related trauma.

Religious Trauma Syndrome (RTS) is a group of symptoms that arise in response to traumatic or stressful religious experiences (Winell, 2011). While Religious

Trauma Syndrome is not currently an official diagnosis in the DSM-5, it is a common phenomenon shared by many who have escaped cults, fundamentalist groups, abusive religious settings, or other painful religious experiences. (Kingdon, N.D.). The symptoms of Religious Trauma Syndrome are comparable to the symptoms of complex post-traumatic stress disorder (Rosen, 2014). This may include feelings of grief, anger, depression, anxiety, lethargy, and isolation. Additionally, those suffering from Religious Trauma Syndrome may experience nightmares, flashbacks, dissociations, and general emotional difficulty (Kingdon, N.D.). Religious Trauma Syndrome is still in the early stages of research but is slowly gaining traction among clinical psychology experts as a legitimate diagnosis (Winell, 2011).

The process by which religious disillusionment and defection occur is typically a slow-burning and arduous one. It may begin with intellectually letting go of certain beliefs that do not coincide with personal experience or factual study. While this cognitive struggle can be difficult enough on its own, emotionally letting go proves even more difficult as beliefs are bound to deeply-rooted needs and fears instilled as a child. Problematic ideas revolving around self-worth and fear of punishment can persist for years, even decades after religious defection. Emerging from a controlled, sheltered environment can result in a lack of coping skills and personal maturity. As such, even minor setbacks can trigger panic attacks and upheave indoctrinated beliefs (Winell, 2011).

The act of leaving a high-demand religion can be the most disruptive and difficult experience these individuals face. To truly grasp this concept, it is imperative to understand how fundamentalist groups influence the worldview of their followers: the

past, present, and future of existence are laid out and explained in entirety, and an individual's life purpose is dependent on this overarching, universal narrative. Thus, the "promised blessings" for conformity and obedience have both immediate and eternal consequences. The devastation of these beliefs puts the individual in the position of not only dealing with sociological changes and adaptation, but also mentally debating the purpose of life, death, and the universe, which can greatly impair day-to-day functioning (Winell, 2011).

A highly relevant study regarding Religious Trauma Syndrome is known as the shattered assumption framework, or "loss of assumptive world" (Kauffman, 2002). According to Kauffman, the assumptive world concept refers to the "assumptions or beliefs that ground, secure, stabilize, and orient people": their core beliefs. In the face of death or trauma, these core beliefs are shattered and deeply affect the lives of those affected. Another study demonstrated that when an individual is confronted with information that conflicts with strongly-held beliefs, there is an identifiable negative cognitive response (Shermer, 2011). By nature, traumatic experiences shatter core beliefs and basic assumptions. Conversely, however, the shattering of core beliefs is inherently traumatic. Put more simply, the process of disillusionment and attempting to escape a high-demand group can be deeply traumatic in and of itself without the necessity for previous religious traumatic experiences.

Using a somewhat more extreme example, cult involvement has the potential for severe Religious Trauma Syndrome (Rosen, 2014). Cult leaders perpetrate trauma using guilt and shame tactics to dominate members and fulfill their own egotistical needs. Emotions such as guilt and shame are thought to have evolved to help socialize

developing children to fit in with a larger group and aid in survival (Norenzayan & Shariff, 2008). Because all humans carry these emotions, those who are not sociopathic have the potential to be manipulated, while narcissistic or sociopathic cult leaders have the potential to manipulate (Cialdini, 1984). For those individuals born and raised in cultic groups, this dynamic is further magnified, as the influence of the community, including trusted family members, defines critical social and emotional periods of their development. As such, it is common for many people born and raised in high-demand groups to suffer from complex PTSD (Rosen, 2014). The earlier and longer the involvement, the more impact the group can have on the developing self, and the greater the chance of developing complex-PTSD symptoms (Rosen, 2014). It is also worth noting that there is a correlation between the sincerity of an individual's religious devotion and the degree to which traumatization affects their lives. Those who were most devout and dedicated experience complete self-fragmentation of the "...set of illusions that shelter the human soul" (Kauffman, 2002).

In the last decade, there has been a growing decline in the number of religiously affiliated people, accounting for a loss of approximately 12% of the U.S. population as of 2019 (Pew Research, 2019). This trend was also observed by a study conducted in 2020, which found that the percentage of Americans who do not identify with any religion has grown from 8% at the turn of the century, to 21% in the past few years (Jones, 2021). This trend is similarly observed on a worldwide scale, especially in more economically developed countries (Tay et al, 2011).

While there is very little data addressing the actual number of people affected by Religious Trauma Syndrome, forum websites such as Reddit provide great insight into the real-world prevalence of religious trauma-related issues. Reddit is a news & discussion-oriented forum platform, sporting more than a million communities (also known as “subreddits”) for just about every topic imaginable. Some of these public communities exist specifically for people who are in search of a sense of identity and belonging after having left a religion, or for those who are considering leaving their faith. These post-religious communities exist for essentially every major religion in the world. The largest of these post-religious online communities is r/exmormon: a forum where former (or current) members of the Church of Jesus Christ of Latter-Day Saints can share stories, personal experiences, articles, photos, and other information about the church, and discuss the topics with other community members. These defected individuals use this space to find peace and belonging in their decisions, research information to justify their actions, and even make new friends.

In 2017, r/exmormon was by far the largest “ex-faith” community of Reddit, with close to 30 thousand members worldwide (Vintners, 2017). In 2021, this community remains the largest of its kind with almost 200 thousand members (r/Exmormon, 2021). In addition to Reddit, other platforms like Facebook have very significant followings in post-religious groups. A quick browse through these communities reveals the severe degree to which these people are affected by religious-related trauma. Many share fears concerning their families, their identities, their communities, and other previously mentioned symptoms of Religious Trauma Syndrome, whether through serious written posts or pictures/memes in a futile attempt to lighten distressing topics.

The LDS church is well-known for being a strict, conservative, high-demand institution that asks complete devotion of its members. As such, the degree to which LDS defectors experience a form of Religious Trauma Syndrome is very high. Because there are so few professional resources to help these individuals, they seek help in the only way they know how -- an online community of survivors who have experienced similar trauma first-hand.

One factor responsible for the lack of resources available for religious-related trauma is its low visibility. Unfortunately, religious trauma is treated in a much different context than other trauma recovery situations (Winell, 2011). For example, natural disasters, wartime combat, and sexual/physical abuse are typically met by others with sympathy, compassion, and support. In the case of religious abuse, the affected individual is often harassed by family and friends to return, guilted, blamed, and shamed. Essentially, they are pressured to return to their abuser and made to feel that their abuse is imagined. If they choose not to return, they are often made out to be social pariahs, adding an additional layer to the previously experienced trauma. Survivors of religious trauma are also surrounded by potential triggers within a society that upholds certain religious values, yet are expected to quietly take part at risk of social exclusion, employment difficulties, and so forth (Winell, 2011).

From a fundamentalist Christian point of view, those facing religious disillusionment and experiencing pain are thought to have been rebellious and have self-inflicted wounds. Depression, anxiety, and other symptoms of Religious Trauma Syndrome are often considered as punishment for sin, apostasy, or rejection of God.

In an attempt to “try again” and more fully align themselves with their religious beliefs, these individuals may be directed to religious counselors, who in turn further indoctrinate the problematic beliefs and encourage the individual to repent and become more devout (Winell, 2011). The suffering individual is likely to try even harder to meet the demands of the religion, only to fail again and further the cycle of trauma. In these instances, it is always made out to be the fault of the individual, and never the fault of the religion.

Currently, the only widely available form of help for people experiencing Religious Trauma Syndrome is talk therapy and EMDR (Eye Movement Desensitization and Reprocessing) – a therapeutic technique that aims to remove mental blocks to aid the mental healing process (Kingdon, N.D.). There is also a great deal of literature promoting the use of art therapy. Many references in psychological literature compare a faith transition to that of “closeted” LGBTQ individuals seeking to “come out”. This comparison acknowledges the shared experience between these individuals in hiding, revealing, and reconstructing their identities, even with significant risk of rejection, alienation, and danger. Art therapy has been shown to aid in this identity-formation process and can reduce RTS symptoms such as anxiety and low self-esteem (Myers, 2017, Pelton-Sweet & Sherry, 2008).

Additionally, there is growing evidence to support the significant spiritual and psychological potential of controlled psilocybin mushroom or MDMA use in clinical therapy. It is well known that psilocybin mushrooms have been used for centuries in many cultures to facilitate spiritual and religious experiences. Until recently, however,

not much was known about the physiological mechanisms and psychological effects of this substance on the human mind and body.

In 2006, a double-blind study was conducted by Griffiths et al to evaluate the acute and persisting effects of a high dose of psilocybin mushrooms relative to a comparison compound. The results of this study exposed a range of perceptual changes, subjective experiences, and anxiety reduction in the participants that were subjected to the psilocybin dose. Even after 2 months, the participants described their experience as having deep personal meaning and spiritual significance. They all described sustained positive changes in attitude and behaviour that were consistent with the views that observers witnessed in the participants (Griffiths et al, 2006).

Over the last few years, a great deal of research has been conducted to analyze and evaluate the efficacy of psilocybin mushrooms and MDMA in treating addiction such as alcoholism and nicotine, post-traumatic stress disorder, and anxiety in patients (specifically of those faced with a life-threatening illness). The results of these studies have demonstrated rapid, comprehensive, and lasting psychological healing and growth (Mithoefer, 2016).

In conclusion, it is increasingly apparent that there is a fundamental lack of understanding and available resources for those affected by religious trauma. Religious Trauma Syndrome is an increasingly prevalent issue with a severe psychological and sociological impact, including (among other things) anxiety, depression, grief, and anger, accompanied by a shattered worldview, and loss of identity, purpose, and community. The decision to leave one's religion behind, especially within the constraints

of a restrictive, high-demand religion, is a difficult one to begin with, and is for many, a liberating choice with great potential for positive growth and change. There are many individuals deserving recognition and treatment from informed professionals during their faith transition. Increased societal integration of therapeutic resources and networks for these individuals is in high need. Further clinical research must be conducted to better understand ways in which these people can be helped. Undoubtedly, increasing awareness of Religious Trauma Syndrome is key to the development of future research and resource infrastructure that will guide these individuals in their transition to a happy, healthy lifestyle.

References:

DePrince, A.P., Freyd, J. J. (2002). The harm of trauma. J. Kauffman, Loss of the assumptive world, 71-82.

Griffiths, R., Richards, W., McCann, U., & Jesse, R. (2006). Psilocybin can occasion mystical-type experiences having substantial and sustained personal meaning and spiritual significance. *Psychopharmacology*, 187(3), 268–283.

<https://doi.org/10.1007/s00213-006-0457-5>

Jones, J. M. (2021). U.S. church membership falls below majority for first time.

Retrieved from

<https://news.gallup.com/poll/341963/church-membership-falls-below-majority-first-time.aspx>

Kauffman, J. (2002). Loss of the assumptive world: A theory of traumatic loss.

Routledge.

Kingdon, M. (N.D.). Religious Trauma Syndrome and Faith Transitions. Retrieved from

<https://www.restorationcounselingseattle.com/religious-trauma-transitions#:~:text=Many%20people%20experience%20RTS%20as,to%20a%20group%20of%20people>.

Mithoefer, M., Grob, C., Brewerton, T. (2016). Novel psychopharmacological therapies for psychiatric disorders: Psilocybin and MDMA. *The Lancet Psychiatry*. 3.

10.1016/S2215-0366(15)00576-3.

Myers, S. A. (2017). Visualizing the transition out of high-demand religions.

- Norenzayan, A., Shariff, A. F. (2008). The origin and evolution of religious prosociality. *Science*, 322(5898), 58-62.
- Pelton-Sweet, L. M., & Sherry, A. (2008). Coming out through art: A review of art therapy with LGBT clients. *Art Therapy*, 25(4), 170-176.
- Pew Research. (2019). In U.S., decline of Christianity continues at rapid pace. Retrieved from <https://www.pewforum.org/2019/10/17/in-u-s-decline-of-christianity-continues-at-rapid-pace/>
- R/exmormon. (2021). About Community. Retrieved from <https://www.reddit.com/r/exmormon/>
- Rosen, S. (2014). Cults: A natural disaster – Looking at cult involvement through a trauma lens. *International Journal of Cultic Studies*, 5
- Shermer, M. (2011). *The believing brain: from ghosts and gods to politics and conspiracies – How we construct beliefs and reinforce them as truths*. Macmillan.
- Tay, Louis, and Ed Diener. "Needs and subjective well-being around the world." *Journal of personality and social psychology* 101, no. 2 (2011): 354.
- Widman, J. (2021). What is Reddit? Retrieved from <https://www.digitaltrends.com/web/what-is-reddit/>
- Winell, M. (2011). Trauma from Leaving Religion. Retrieved from <https://new.exchristian.net/2011/11/trauma-from-leaving-religion.html#.YlhgNhRKidY>