RELIGIOUS TRAUMA SYNDROME WITHIN THE NEUROSEQUENTIAL MODEL OF THERAPEUTICS

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Abstract

Poor mental health symptoms are increasingly correlated with a history of traumatic life events. Thus, clinical practitioners have been turning away from the traditional western medical model, and adopting more holistic, trauma-informed practices that provide targeted and efficient mental health services to their clients. One such therapeutic model was coined by psychiatrist Dr. Bruce Perry, whose Neurosequential Model of Therapeutics (NMT) posits that the brain develops in a bottom-up, use-dependent modality. Dr. Perry's NMT describes how traumatic experiences can halt regular neurological development. Many traumatic experiences result from a singular aversive event; however, some trauma can arise from extended exposure to an aversive environment. Where these singular traumatic events can result in Post Traumatic Stress Disorder (PTSD), these prolonged forms of trauma can result in Complex Post Traumatic Stress Disorder (C-PTSD) (Franco, 2021). Religious trauma is a form of C-PTSD which results from exposure to a religious community that has negatively affected the individual's wellbeing. By placing the concept of religious trauma within the existing NMT, we can better understand how adverse religious experiences influence brain development. Finally, the clinical implications of this juxtaposition of religious trauma and neurological development will be explored to provide practicing clinicians a reference for how to better support individuals struggling with the lasting effects of religious trauma.

Author's Note

The goal of this paper is to examine the phenomenon of religious trauma through a neurological lens. While the examples in this text will reference experiences of religious trauma within conservative, fundamentalist branches of Christianity, the goal is not to single out any

religious organization as the sole perpetuator of religious trauma. The manipulation and abuse that result in such trauma can exist in many forms. It is important to distinguish that religion itself is not inherently harmful, but rather that some religious beliefs may be weaponized against individuals within a congregation. Many of the abuse tactics discussed in this paper can exist in communities outside of a religious setting such as a workplace, family, or school. The goal of this paper is not to direct blame towards the perpetuators of such violence, but to provide insight into how the sociological environment of a child can halt the development of their nervous system, utilizing NMT to provide recommendations for how clinicians may better support clients suffering from the lasting effects of such abuse.

Religious Trauma Syndrome

Religion is often a source of community and social support for the members of a congregation. Religious communities can help to shape healthy minds rooted in a positive outlook on life and a drive to improve the lives of others. Unfortunately, these communities can lose sight of this ultimate good, transforming into environments of negativity and social isolation instead. Coined by Marlene Winell, the theoretical concept of Religious Trauma Syndrome (RTS) is defined as “the condition experienced by people who are struggling with leaving an authoritarian, dogmatic religion and coping with the damage of indoctrination” (Winell, 2011). Winell's research emphasizes the paradigm shift that occurs when religious individuals are forced to shed their faith and transition from a religious worldview towards a secular one. This transition can be highly stressful, as people must reorient how they understand the world around them and their own place within this world. Although this process of losing a religion can be a source of extreme stress for these individuals, much of this religious trauma comes from the individuals’ experiences while

still practicing within the church. Children are particularly vulnerable to harm at the hands of religious leaders, as the developing brain is more easily influenced by harmful religious doctrine. Children lack the agency to consent to many religious teachings, which makes their role within an organization more of a passive recipient than an active member. Harmful doctrine enforced throughout childhood has the capacity to permanently alter the neural circuitry associated with building healthy relationships, and processing environmental stimuli. Much of this dogma enforced by conservative religious organizations is centered around the othering of populations outside of the present religious group. While people within the religion are viewed as holy and pure, external groups are labeled sinful, evil, and malevolent. This culture of weaponized self-righteousness creates a stressful social environment in which individuals must actively work to maintain their heightened status as in-group members. In addition, "Conservative religious groups generally teach a sense of self that is negative and degraded" (Winell, 2011). This negative self-talk is pervasive throughout religious institutions and can negatively impact the mental health of all religious members, with more lasting effects observed in childhood.

Specific fundamentalist religious organizations persecute sexual minority groups, subjecting them to extreme social isolation and harmful procedures like conversion therapy. Thus, examining the experiences of these groups may expand our understanding of the social factors that contribute to abuse by religious communities. A recent study of the Australian Evangelical Christian community examines the mechanisms through which LGBTQIA+ members of the Evangelical church experienced religious trauma in response to their sexual minority status. Minority Stress Theory and Microaggression Theory can be utilized to understand how these individuals' LGBTQIA+ identity shaped their experiences within the church. Minority Stress Theory refers to the idea that "a group's minority status within society can result in a chronic stress

response, which in turn leads to health complications" (Hollier & Smith-Merry, 2022). The chronic stress response described here is often a result of a lifetime of exposure to acts of microaggression, which can "accumulate to form substantial experiences of trauma… resulting in high levels of stress and anxiety" (Hollier & Smith-Merry, 2022). Through interviews with LGBTQIA+ identifying members and ex-members of the Australian Evangelical Church, researchers identified four common types of microaggressions experienced by these individuals: mischaracterization, being viewed as a threat, erasure, and relational distancing.

Mischaracterization is the process through which queer people (note that the term "queer" is used throughout this paper as a blanket identifier for all sexual minorities and gender-nonconforming or trans individuals within the LGBTQIA+ community) are associated with malicious or risk-taking behaviors. Essentially these prejudices are inaccurate representations of queer populations and carry a negative connotation in their conceptualization of LBGTQIA+ people. One such type of mischaracterization is the identification of queer people as a threatening or dangerous presence within religious communities. Some common examples of this include the ideas that queer people will spread diseases, or that they are all pedophiles and predators. These threatening labels are particularly harmful, as they justify religious communities' ostracization and maltreatment of queer individuals. Erasure is the assumption that gay or trans people cannot be religious. This intersection of religious identity with sexual identity is seen as impossible, forcing queer Christians in the church to choose between their sexual identity and religious affiliations. Relational distancing is the process through which members of the religious community will shun, ignore, or denounce their friends and family members who have come out as gay or trans. Relational distancing can be incredibly harmful to the psyche of queer individuals, as their previously beneficial social support network is transformed into a network of continuous negative

punishment in response their queer identity. This can alter a person's categorization of people, as they may no longer seek comfort or support from their family and friends, but instead may begin viewing all people as a source of negative attention.

These four categorizations only represent the experiences of the individuals interviewed for this study. It is important to note that these experiences with religious trauma may vary significantly between different religious, sexual, and ethnic demographics. By analyzing the experiences of queer individuals within the Evangelical church, we can begin to understand how a lifetime of exposure to microaggressions can negatively impact the psychological wellbeing of children raised in a congregation. It is also important to note that although queer people experience these microaggressions to a higher degree due to the more permanent nature of their alleged sin, all members of the church are exposed to similar acts of microaggression. Often, other gender or racial minority identities are associated with sinful behaviors to justify this systematic abuse against them as well.

The mechanisms through which religious trauma is inflicted on a congregation are often complex and multifaceted, hidden behind a veil of positivism designed to distract believers from the reality of their abuse. In some institutions, religious values may take precedence over biological needs which promote healthy neurological development. In 1984, psychologist John Welwood defined the concept of spiritual bypassing as "the use of spirituality to bypass developmental needs, painful feelings, and unresolved wounds… or the use of spiritual practices and beliefs to 'transcend' or deny problems rather than understand them" (Stone, 2013). For example, organizations that place religious value on discipline and obedience may consider it healthy to beat their children to instill these values at a young age; however, studies have shown that "a threatening parenting style of beating and insults is associated with increased risk for somatic disease" (Hyland

& Whalley, 2013). By prioritizing religious values over a child's neurological development, spiritual bypassing may place individuals at greater risk for developing illness in adulthood. Spiritual bypassing favors a superficial sense of wellness that brings temporary relief from suffering but fails to allow for proper neurological development in the long term. Spiritual bypassing may leave many children vulnerable to abuse at the hands of their spiritual elders. When focus is placed on religious 'wellbeing', healing rituals may involve excessive punishment, penitence, and shame, rather than the safety, acceptance, and stability that Perry describes as necessary for neurological development. Spiritual bypassing allows church officials to manipulate congregations into a false sense of wellness. The mechanisms through which religious elders promote spiritual bypassing are pervasive and result from lifetimes of enculturation which limit individual expression and freedom of thought.

People raised to practice spiritual bypassing are victims of a hermeneutical injustice. Hermeneutical injustice occurs "when someone is rendered unable to understand or express some important aspect of their own experience due to a gap in the shared tools of social interpretation" (Fricker, 2007). In many fundamentalist religious settings, congregations are often discouraged from utilizing critical analysis to interpret their own experiences, but rather they are led into a homogenized system of thought. This limitation on individual thought is inherently damaging as agency is taken away from the individual and placed in the hands of religious leaders. One such staple of Christian belief is the idea of original sin, which states that mankind is inherently sinful and deserving of an eternity of torturous punishment for this sin. Although this hellfire is often referred to as a spiritual suffering, this inherently sinful human nature is often used to justify excessive violent punishment in the physical realm. For example, "a child who understands herself to be a sinner who deserves punishment is formed within a hermeneutic in which those who have

authority to punish do so because it is deserved. Abuse is not an interpretive option" (Downie, 2022). In this scenario, the child is fed a hermeneutic which only allows for one possible avenue of interpretation: all suffering is inherently deserved. This hermeneutic, and others like it, leave children vulnerable to a wide range of manipulation and abuse tactics that are impossible for them to interpret as anything other than holy divine judgment. Another damaging hermeneutic that is common in religious communities is the idea that one religious text holds the sole divine truth. This mindset limits an individual's capacity for communicating with people outside of their faith. Rather than listening to and learning from the diverse experiences of people from varying cultural backgrounds, all other societies and religious groups are summed up into one large category: pagan, sinful non-believers. This belief is the defining characteristic of fundamentalist religious sects, which creates incredibly isolated groups of people who may find it impossible to interact with out-group members without fearing for their physical and spiritual safety. This hermeneutic is particularly harmful as it strictly forbids the adoption of any other potentially healthy philosophies that exist outside of what has been mandated by fundamentalist religious leaders. Another hermeneutical injustice is the doctrine that marriage between one man and one woman is a holy, unbreakable covenant. This philosophy has led to "religious counsel a Christian church official gave to a woman that she ought to endure domestic abuse at the hands of her husband" (Downie, 2022). Children raised within this worldview may grow up to believe that marriage can only be seen as holy, and therefore, any abuse or violence that occurs within a marriage is also considered holy. Fundamentalist Christian elders have created an environment where women who are "formed to believe that violent harm is an expression of love are thereby prevented from the possibility of considering their harm as abuse" (Downie, 2022). The limited rationale available to

women and children in this environment makes them vulnerable to abuse in virtually every dimension of their lives.

The Neurosequential Model of Therapeutics

The effects of religious trauma on an individual's psychological and neurological development are pervasive. The impact of this trauma can be seen long after they have cut ties with the offending religious community. Trauma-informed therapeutic services are becoming more common as our understanding of the lasting effects of trauma on brain development continues to expand. Dr. Perry's NMT presents a practical framework through which we may better understand these lasting effects of religious trauma on neurological development. His model states that the brain develops in a bottom-up, use-dependent modality. The bottom-up component refers to the idea that lower stress-response systems develop earlier than higher stress-response systems, and the proper development of these higher stress-response systems depends on the proper development of the lower systems. In clinical applications, this means that deficits in cognitive abilities that require activity in the cortical or limbic systems of the brain (higher stress-response) may not always have a root problem in one of these higher systems. Clinicians may need to consider interventions that target lower systems like the brainstem before seeing major improvements in the targeted cognitive ability. The use-dependent component of NMT states that the brain adapts through experience, and many of our psychological categorizations of the world around us are influenced by the types of experiences we have during early development. This use-dependent nature of neurological development means that humans are incredibly vulnerable to damage caused by traumatic experiences, in fact "when a child (or an adult) is threatened and activates this stress response in an extremely prolonged or repetitive fashion, the neural networks

involved in this adaptive response will undergo a "use-dependent" alteration" (Perry, 2006). When our brains experience prolonged exposure to aversive stimuli, the fight-or-flight response of our sympathetic nervous system is triggered repeatedly. Through repetition, the neurological mechanisms responsible for this stress response are strengthened, making future activation of these systems more frequent and more sensitive to external stimuli. Combined with our newfound understanding of how microaggressions can elicit traumatic responses in individuals, the NMT suggests how these experiences with religious trauma can manifest in physical changes within the nervous system. Trauma alters a person's ability to cope with stress properly, ultimately degrading their psychological wellbeing over time. Although pervasive, these lasting effects are not necessarily permanent, as new therapeutic techniques are being developed to better support and rehabilitate these victims of extreme trauma, neglect, or abuse.

Perry's NMT offers several clinical practices to support healthy neurological development in the wake of traumatic religious experiences. Before prescribing treatments, the NMT states that we must first identify the individuals' strengths and weaknesses in terms of neurological development. It is important not to jump to conclusions regarding the origin of an individual's dysfunctional stress-response symptoms. Since most religious trauma results from damaging relationships and community isolation, it seems logical to assume that these deficits would primarily impact the higher stress-response systems within the limbic and cortical networks. Although this may likely be true for many individuals, we must acknowledge that some mechanisms of religious trauma can also shape neurological development of the lower stress-response systems. Individuals who may struggle with a host of cortically regulated symptoms, such as shame, guilt, self-hatred, or internalized homophobia, may require extensive intervention in the lower stress-response systems before any real progress towards higher order goals can be

achieved. Such interventions may include improving individuals' "self-regulation, anxiety, and impulsivity" (Perry, 2006) before their higher cortical concerns may be addressed with more traditional talk therapy services.

Interventions in these lower stress-response systems may include anything from rhythmic activities such as music or dance therapy to somatosensory development activities like massage therapy. The use-dependent nature of brain development also provides some helpful insight into the effects of these aversive religious experiences and offers some guidelines for reshaping neural networks through enrichment and healthy socialization. Traumatized individuals often experience a sense of extreme helplessness within their environment, which we can see manifested through the heightened sensitivity of the sympathetic nervous system. This sense of hopelessness can be hardwired into these individuals' brains due to continuous exposure to religious microaggressions such as relational distancing or erasure. Over time, these microaggressions train the individual's brain to understand that reaching out for help and seeking community only results in further isolation, discouraging future attempts at seeking social support. Communication and social engagement are no longer processed as positive stimuli by the brain, but can become extremely aversive, causing traumatized individuals to fear interactions with other people. NMT has found that healthy relationships heal relationship trauma. The negative thought patterns learned through traumatic experiences cannot be unlearned until the individual is exposed to the healthy social engagement they were deprived of in their youth. Perry's work demonstrates that "children with relational stability and multiple positive, healthy adults invested in their lives improve; children with multiple transitions, chaotic and unpredictable family relationships, and relational poverty do not improve even when provided with the best 'evidence-based' therapies" (Perry, 2009). When it comes to rehabilitating victims of extreme religious trauma, the solution can be religion or any

other social support network that affirms the individual's identity and encourages their growth and recovery. Other researchers have found that the very act of creating these healthy spaces for future generations can alleviate symptoms of trauma. Bower (2021) defines generativity as "the concern older adults direct toward the continued well being of future generations." Prioritizing a sense of generativity allows older adults suffering from trauma the opportunity to turn their pain into healing for others. Perry suggests that although these healthy relationships can be found in the clinical setting, working consistently with a therapist or counselor, these simulated, clinical relationships are not as healing as relationships that exist in the client's natural environment, such as their family, church, school, or work. As a result, Perry's primary clinical recommendations include a call for all social workers, teachers, educators, parents, coaches, therapists, and counselors to make it their responsibility to understand how their actions can shape the minds of the young people in their lives. Until our youth have several varied sources of healthy community and support in their natural environment, chances of recovery from these traumatic experiences are limited. The NMT suggests clinicians take the time to identify healthy support networks in their clients' environments and make recommendations for how they can further strengthen these relationships so as to provide their clients' brains the essential social enrichment they were deprived of in their youth.

Conclusion

Traumatology research has expanded dramatically in the last decade, and as our understanding of the complex interactions between the environment and brain development expands, so will our understanding of how to recover from adverse religious experiences. Dr. Perry's NMT suggests a future clinical model that is more holistic and interdisciplinary, reflecting

growing trends in healthcare that call for more collaboration and communication between various specialties and disciplines. By working together as medical professionals and active members of our communities, we must all take on responsibility to create healthier social networks in spaces where children are vulnerable to trauma, neglect, and abuse. Until evidence-based collaborative child-rearing practices become more common throughout our culture, these vulnerable populations will continue to experience systematic abuse at the hands of their closest caregivers and religious elders, while opportunities for effective intervention remain limited.

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