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Percentage of U.S. Adults Suffering from Religious Trauma: A Sociological Study

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***Abstract:** This sociological study aimed to ascertain the percentage of adults living in the United States who have experienced religious trauma (RT) and what percentage presently suffer from RT symptoms now. After compiling data from 1,581 adults living in the United States, this study concludes it is likely that around one-third (27–33%) of U.S. adults (conservatively) have experienced religious trauma at some point in their life. That number increases to 37% if those suffering from any three of the six major RT symptoms are included. It is also likely that around 10–15% of U.S. adults currently suffer from religious trauma if only the most conservative numbers are highlighted. Nonetheless, since 37% of the respondents personally know people who potentially suffer from RT, and 90% of those respondents know between one and ten people who likely suffer from RT, then it could be argued that as many as one-in-five (20%) U.S. adults presently suffer from major religious trauma symptoms.*

Keywords: Religious Trauma, Adverse Religious Experiences, Spiritual Abuse, Religious Abuse, Religious Trauma Syndrome

Introduction

Leading into the twenty-first century, physician Martin Rossman noticed a disturbing trend among his patients: many were suffering from the lifelong consequences of being raised in a toxic religious environment. He wrote, “A great number of people I see in my medical practice have been traumatized rather than uplifted by their early religious training. I think that

harmful religious training may be one of the great unrecognized causes of mental and physical illness in our culture.”¹ Although at the time he did not have a psychological or medical term for what he was witnessing, Rossman’s experiential assessment (and prediction) about the pervasiveness of what is now understood to be religious trauma would turn out to be quite accurate. After compiling data from 1,581 adults living in the United States (U.S.), this study confirmed what Rossman and thousands of other practitioners have observed for decades: religious trauma is, in fact, a society-wide phenomenon and spiritual abuse is a chronic problem within religious communities.²

Study Rationale and Research Question

One problem is that the label “religious trauma” (RT) has remained ambiguously defined in much of the peer-reviewed literature, making it difficult for clinicians to identify and treat patients presenting with RT symptoms.³ To make things more complicated, the literature simply assumes that so-called “religious trauma” exists with little or no supporting empirical data. Indeed, most discussions on religious trauma have relied on qualitative research that focuses almost solely on individual experiences through case-studies and interviews. Thus, this article intends to correct the gap in quantitative knowledge by presenting findings from the most exhaustive sociological study on religious trauma to date, which was funded and carried out by the Global Center for Religious Research (GCRR). The purpose of this study was to discover if RT was a society-wide occurrence or simply an affliction that only a few disaffiliated religionists have mentioned in therapy.

The research question for the study is as follows: “What percentage of adults living in the United States have experienced religious trauma at some point in their life and what percentage currently suffer from religious trauma symptoms?” The hypothesis is that about 15–20% of the adult population have suffered from RT while about 5–10% currently suffer from RT symptoms. Before summarizing the study’s collection and analysis methodology, it is important first to define the terms used in the study.

¹ Rossman, *Guided Imagery for Self-Healing*, 200–1.

² Despite the reckless (and uninformed) claim by Brad Wilcox and Riley Peterson that “few people suffer trauma from religion in childhood” (Wilcox and Peterson, “Perspective: Don’t Believe the Headlines”).

³ This article will use the term “religious trauma” and the abbreviation “RT” interchangeably as a simple method to variegate both the language and grammar of the essay.

Defining Religious Trauma

With the exception of a few vague or improvised characterizations today, most references to the term “religious trauma” in popular literature have received no official or clinically-justifiable definition, and the references often appear only in relation to religious fundamentalism.⁴ However, a psychological use of the term “religious trauma” has existed since at least 1952, as illustrated in Theodore Hoffman’s book review of *The Man Outside* by Wolfgang Borchert. Here, Hoffman described the protagonist character, Beckmann (from Borchert’s play, *Draußen vor der Tür*), who appears to suffer from post-traumatic stress disorder and wants to commit suicide. Instrumental to his play is the quest for healing when confronted with religion-induced despair and failed religious expectations. Hoffman’s review states,

The style used to present the action brilliantly illuminates the central question of Beckmann’s right to suicide, but with it comes a hazy religious trauma to which the play probably owes its success in Germany. Borchert’s constant preoccupation with exclusion, with being denied the world inside the door, leads him to metaphysical violence. God is reviled for His impotence, and indeed appears in the play as a feeble old man....The play ends in rhetorical nihilism, with Beckmann challenging God to exist.⁵

Though not intending to be a psychological commentary, Hoffman neatly characterized what would later be labeled “religious trauma” among clinicians.⁶ Only recently, from the 1990s onward, have specialists started using the term as a clinical descriptor for the powerful psychological complications that have

⁴ Cf. Fox, “Adverse Religious Experiences and LGBTQ+ Adults,” 10–11. The term “religious fundamentalism” is loosely defined here as a diverse and ever-changing federation of cobelligerents within different religious traditions that display militancy, sectarianism, and dogmatic absolutism as their most distinctive characteristics (See Slade, *The Logic of Intersubjectivity*, 13, 41–70).

⁵ Hoffman, book review of *The Man Outside*, 22.

⁶ From the 1960s through the 1980s (with sporadic instances in the 1990s and early 2000s), the phrase “religious trauma” was mostly used in relation to the overarching social, political, and economic upheaval that occurred from European contact with Islam and the violence of the Protestant Reformation (see for example, Oldfield, *The Problem of Tolerance and Social Existence*, 33). The term was likewise used as a substitute for people’s life-altering religious conversion experiences or a more general societal religious fervor (see for example, Noon, “Frederic Dan Huntington,” 85 and Boylan, “The Role of Conversion in Nineteenth-Century Sunday Schools,” 43, 45).

damaging, stress-related effects on people's mental and physical health. For instance, clinical psychologist, Paul Foxman, wrote in 1996,

Paradoxically, I find that some anxiety patients who were raised with religion have difficulty attaining spirituality and coming to terms with God. It appears that some religious background experiences, such as harsh discipline in religious school, boring church services, empty religious rituals, and moral teachings based on fear and threat, are traumatic for children....As a result, spiritual awakening in adulthood can be hindered, and some people may require healing from religious trauma before a spiritual attitude or personal relationship with God is possible.⁷

Likewise, David Derezotes, Director of the Bridge Training Clinic and Chair of Practice and Mental Health, wrote in 2000,

Underidentification reactions occur when the worker so dislikes what he sees in the client that the worker cannot feel empathy for the client or accept the client's spiritual path. Often, this reaction is associated with spiritual and religious trauma in the worker's own past. There are many social workers who are quite angry at adults in their family or church who were spiritually abusive or neglectful. These adults may have used religion to rationalize physical or sexual abuse, they may have tried to stop their children from developing their own spiritual beliefs, or they may have taught their children to feel toxic shame about themselves or unnecessary fear of the world.⁸

In 1992, one of the first attempts to provide an actual definition for RT research appeared in the work of Annie Imbens and Ineke Jonker, who succinctly explained that it is "the negative consequences of an oppressive religious ideology" where religious and theological symbols, texts, and rituals can activate someone's trauma responses. They defined it further,

A religious trauma is the interpretation of all relational experiences on the basis of fear of and anger toward a God by whom one feels rejected,

⁷ Foxman, *Dancing with Fear*, 363. At this point in the literature, the term "religious trauma" also appears to be used as a synonym for general cognitive dissonance or religious uncomfortability, desecration, and sacrilege (see for example, Idema III, *Freud, Religion, and the Roaring Twenties*, 93 and US Senate, *Native American Grave and Burial Protection Act*, 402).

⁸ Derezotes, *Advanced Generalist Social Work Practice*, 133.

deceived, and punished; one also feels this anger toward a church community by which one feels cast out, threatened, and deceived. One may experience the community as an obstacle on the road to God.⁹

By the early 2000s, it became apparent to many clinicians that a psychological form of religious trauma not only existed, but it needed to be discerned in clients as a potential mental health factor. In 2003, Deana Morrow recognized that oppressive religious doctrines can and do cause psychological damage to lesbian women, including generating lifelong feelings of guilt, shame, low self-esteem, “internalized homophobia,” depression, and suicidal ideations.¹⁰ In 2005, Maureen Kitchur included the term “religious trauma” as part of a list of EMDR questions to help identify developmental interruptive experiences.¹¹ In a subsequent volume, Martha Jacobi identified alienation, guilt, anger, grief, and shame as lasting effects of “religiously based trauma” that arise from a religion’s failure to provide support for and/or a violation of someone’s emotional, physical, or financial boundaries.¹²

It was not until 2011 when Marlene Winell first coined the expression “religious trauma syndrome” in the magazine, *Cognitive Behaviour Therapy Today*, that psychologists as a whole had a change in perspective, linking abusive religious environments to a mental health disorder.¹³ According to Winell, “Religious Trauma Syndrome is the condition experienced by people who are struggling with leaving an authoritarian, dogmatic religion and coping with the damage of indoctrination.”¹⁴ Winell’s work has been instrumental in bringing international awareness to the study of RT. However, because of recent advances in the mental health sciences, many clinicians and researchers now believe the term “syndrome” is an outdated tag line that can be more detrimental than helpful. This move away from the term “syndrome” is for the simple reason that it manufactures arbitrary parameters on people’s lived experiences, thereby excluding them from treatment options or alienating them with feelings of being diseased or abnormal. As such, the common misuse of “syndrome” has become problematic for many academics and practitioners because trauma occurs on an individualized spectrum and does not consistently present with the same cluster

⁹ Imbens and Jonker, *Christianity and Incest*, 166; italics in original.

¹⁰ Morrow, “Cast into the Wilderness,” 119–20.

¹¹ Kitchur, “The Strategic Developmental Model for EMDR,” 20.

¹² Jacobi, “Using EMDR with Religious and Spiritually Attuned Clients,” esp. 474–90.

¹³ Winell, “Religious Trauma Syndrome,” 16–18.

¹⁴ Winell, “Religious Trauma Syndrome,” <https://www.journeyfree.org/rts/>.

of symptoms, as would be required for a bona fide “syndrome” diagnosis.¹⁵ Indeed, it is best to recognize trauma as something that happens *to* a person, which then causes a disruption to their central nervous system, as opposed to something commonly associated with genetic abnormalities or diseases.

Recognizing that RT is nothing more than a standard clinical understanding of *trauma*,¹⁶ except that it derives from within a religious context, Alyson Stone rightly expanded on Winell’s work to acknowledge that RT often occurs outside of authoritarian, restrictive, and dogmatic fundamentalism. Stone provided a preliminary definition in 2013, which would later serve as a basis for the fuller definition created by the North American Committee on Religious Trauma Research (NACRTR), a subdivision within GCRR. Stone characterized this mental health problem as “pervasive psychological damage resulting from religious messages, beliefs, and experiences.”¹⁷

Years later, in 2020, Michelle Panchuk characterized RT as “putative experiences of the divine being, religious practice, religious dogma, or religious community that transform an individual in a way that diminishes their capacity for participation in religious life.”¹⁸ Building on her work, Cheryl Johnston defined the term as “a spectrum of conditions resulting from a traumatic experience perceived by the survivor to be caused by religious practices, religious communities, religious teachings, symbols, and/or the divine being to the extent that the survivor’s ability to participate in religious life” has been disrupted.¹⁹ As a result of these experiences, a person’s sense of religious self or worldview is devastated, from which deconversion then ensues.²⁰ While greatly enhancing the clinical understanding of religious trauma, the problem with these definitions is that they focus too much on a person’s inability to participate in a faith community or to develop some sense of spirituality. Nonetheless, deconversion (or a lack of religiosity) are not characteristic of

¹⁵ See Powell, “Religious Trauma Syndrome.”

¹⁶ Maria Root helpfully characterizes the standard clinical understanding of “trauma” as “a destruction of basic organizing principles by which we come to know self, others and the environment; traumas wound deeply in a way that challenges the meaning of life” (Root, “Reconstructing the Impact of Trauma on Personality,” 229). For a historical and psychological overview of what “trauma” is and how it can be caused, see Petersen, *Religious Trauma*, 9–21 and Karris, *The Diabolical Trinity*, 3–8.

¹⁷ Stone, “Thou Shalt Not,” 324.

¹⁸ Panchuk, “Distorting Concepts, Obscured Experiences,” 608. Elsewhere, Panchuk illustratively described religious trauma as “people who have come to God asking for bread, but who seem to have received stones and serpents in its place” (Panchuk, “The Shattered Spiritual Self,” 506).

¹⁹ Johnston, “The Predictive Relationship of Religious Trauma,” 10–11.

²⁰ Cockayne, Efirid, and Warman, “Shattered Faith,” 120–21.

everyone suffering from RT, and many people still find therapeutic healing from within a faith-based community.²¹ Indeed, the sometimes-positive benefits of religiosity or spirituality on mental health is why it is important for the academic study of religious trauma to be as neutral as possible, as opposed to being overtly anti- or pro-religion. Furthermore, Winell, Panchu, and Johnston appear to exclude the possibility for someone to suffer from RT despite having no direct contact with a religious institution. Countless examples exist of non-religiously-affiliated persons suffering from secondary and vicarious trauma simply for witnessing the injury caused by some religionists.²²

Thus, when considering the shortcomings of previous definitions, as well as the need to integrate direct, indirect, and insidious forms of trauma,²³ the North American Committee on Religious Trauma Research publicly issued a more clinically-justifiable definition on November 8, 2020:

Religious trauma results from an event, series of events, relationships, or circumstances within or connected 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.²⁴

This definition has since been adopted by other researchers and practitioners, including (among others) Alex Fox, Rebekah Drumsta, Tas Kronby, Carmen Rumbaut, the Satya Wellness Collective, and advisory board members for the Center for Congregational Ethics.²⁵ It is this definition from NACRTR that was

²¹ Petersen, *Religious Trauma*, 5. See also, the relevant literature review in Bryant-Davis et al., "Religiosity, Spirituality, and Trauma Recovery," 306–14 and Koch and Edstrom, "Development of the Spiritual Harm and Abuse Scale," 476–506.

²² Gubi and Jacobs, "Exploring the Impact on Counsellors," 191–204.

²³ For details, see Root, "Reconstructing the Impact of Trauma," 229–65.

²⁴ With deepest appreciation, this definition of religious trauma was thoughtfully and carefully created in partnership with the following trauma experts and researchers: Laura Anderson, LP, LMFT; Kathryn Keller, PHD, LPC-S; Brian Peck, LCSW; Alyson M. Stone, PhD, CGP; Suandria Hall, LPCC, Life Coach; Elizabeth Wilson, LPC, LAC; and Maggie Parker.

²⁵ Fox, "Adverse Religious Experiences and LGBTQ+ Adults," 10–11; Drumsta, "Spiritual Abuse and Seven Other Terms Defined"; Kronby, "Religious Trauma & Autism"; Rumbaut, "Healing Religious Trauma Through Art"; Satya Wellness Collective, "Religious Trauma Counseling"; Center for Congregational Ethics, "The Right, The Good."

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