

Thou Shalt Not: Treating Religious Trauma and Spiritual Harm With Combined Therapy

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That religion can be a source of harm and trauma is something most clinicians know well, yet this fact is underreported in the literature. Indeed, most of the existing research indicates a positive link between religion and mental health. There is likewise little information on spirituality's impact on mental health when it is used to bypass problems, feelings, and needs. This article addresses this deficit by exploring the potentially harmful effects of religion and spirituality. It highlights the role of secure attachment and the combination of individual and group therapy to treat religious trauma and spiritual struggles.

KEYWORDS: Religion; religious trauma; spirituality; spiritual bypassing.

The psychological impact of religion has long been ignored by academic psychology (Belzen, 2000; Paloutzian & Park, 2005). Change is afoot, however, and the last several decades have seen a surge of research in this area, which generally shows a positive relationship between religion and mental health (Seybold & Hill, 2001). By contrast, there are relatively few references to religion's negative impact and virtually no references to religious trauma. In fact, a search for articles on "religious trauma" yields studies on the use of religion to *recover* from trauma rather than religion as a *source* of trauma. Popular literature, conversely, contains many books on spiritual and religious abuse and manipulation, religious addiction, and toxic faith (Plante, 2004; Purcell, 2008; Winell, 1993; Wright, 2001). This disparity suggests that the professional literature does not yet accurately reflect the potentially harmful impact of religion and spirituality or the abundance of concerns people have in these

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areas. This article aims to address the gap in the literature by highlighting the ways in which religion and spirituality can undermine mental health.

It is indisputable that religion and spirituality can be a source of meaning, connection, and strength for many people. This article is not meant to be antireligion or divisive. Rather, I propose that the harm that religion and spirituality can cause deserves attention and that addressing this harm can help individuals both psychologically and spiritually. In fact, many people who have been harmed by religion still yearn for spiritual connection and find that attending to religious trauma facilitates their spiritual growth.

As Griffith (2010) pointed out, *religion* and *spirituality* are terms that have been defined through the years in so many different ways that their meanings are multifaceted and often unclear. Research within the psychology of religion, which has been hampered by this lack of clarity, has attempted to define these terms and the similarities and distinctions between them. Paloutzian and Park (2005) maintained that both spirituality and religion involve the search for the sacred and noted that most people describe themselves as both religious and spiritual. Regarding the differences between these terms, Hood, Hill, and Spilka (2009) suggested that *spirituality* relates more to a person's psychological, interior life and *religion* relates to sociological influences and a person's involvement with groups or institutions. Although these classifications are unavoidably incomplete, my use of the terms *religion* and *spirituality* adheres to these definitions.

Religious trauma is more prevalent than the research suggests and often is a contributing factor to many of the problems that bring people to therapy, including depression, anxiety, and relationship difficulties. For this reason, religious trauma deserves careful attention.

RELIGIOUS TRAUMA

One of the few references to religious trauma in the popular literature comes from Winell (2012), who has coined the term *religious trauma syndrome* to describe the severe mental stress experienced by former fundamentalist Christians who leave their religion. She asserted that restrictive religious teachings can be toxic and create lasting damage in the cognitive, emotional, social, and physical realms. In this article, I build on Winell's definition and expand it to include a broader segment of the population than only former fundamentalists. For the purposes of this article, I define the term *religious trauma* as pervasive psychological damage resulting from religious messages, beliefs, and experiences. Although this type of damage can occur in various faith traditions, my clinical examples are drawn primarily from Christianity and New Age spirituality. Owing to space considerations, I focus on clinical work with individuals who no longer actively participate in the religious systems by which they were traumatized, as such distance is often necessary before the trauma can be acknowledged and explored. However, I work with many individuals who

consider themselves spiritual and/or religious, and the concepts outlined here are often applicable to their treatment as well.

Unlike many forms of trauma that occur through acute incidents, religious trauma generally accrues gradually through long-term exposure to messages that undermine mental health. Many individuals are born into belief systems in their families and religious communities, and it is in these early groups where they are steeped in messages that affect their ideas about themselves and the world. Psychoanalyst and object relations theorist D. W. Winnicott (1965) believed that, beginning in childhood, individuals develop a *false self* to meet the expectations of family and society. Religious belief systems are powerful social systems that tend to categorize human nature into good and bad dichotomies that promote the development of a rigid false self (Griffith, 2010). Dogmatic religions in particular often view emotions and thoughts hierarchically, with so-called negative emotions, such as fear, envy, sadness, hate, and lust, categorized as sinful or as less mature than so-called positive emotions, such as love and compassion. Individuals attempting to adhere to the unrealistic standard of experiencing only positive aspects of human nature are up against an impossible task that can be psychically damaging and lead to feelings of guilt, shame, and low self-esteem (Winell, 1993). With no acceptable outlet for half of the emotional range, followers of dogmatic religions may be prone to using a variety of defensive coping strategies, including repression, denial, projective identification, reaction formation, and splitting. These defensive strategies are often driven by fear of the consequences of failure to comply with legalistic religious standards.

Beier (2004) addressed this type of fear and emphasized that religious systems that use fear of God and hell and social ostracism to motivate and control become psychologically toxic and violent. The use of fear to motivate faith is widespread in conservative and fundamentalist churches and can cause lifelong terror of eternal damnation (Purcell, 2008); “dissociative self-silencing,” whereby aspects of self become compartmentalized and repressed (Griffith, 2010); and trauma. Although many people may feel guilt when they have a negative emotion, religious-based fear can intensify the experience of “I am a bad person for feeling so mean” into “I am a *condemnable* person for feeling so mean.”

Symptoms of religious trauma vary but usually include difficulties in the interpersonal, emotional, and cognitive realms (Winell, 1993). For instance, relationships in which only positive feelings are valued tend to lack intimacy and resilience. Without a productive outlet, the unpleasant emotions and experiences that relationships entail may be compartmentalized, turned inward, or discharged in harmful ways. In terms of emotional functioning, religious and spiritual messages may constrict the range of feelings that an individual can experience and express. The Bible contains many passages that warn against certain emotions, including “Get rid of all bitterness, rage and anger” (Ephesians 4:31, NIV) and “Pride goeth before destruction” (Proverbs 16:18). Prohibitions against entire categories of emotions can contribute to psychological difficulties, including depression, anxiety, guilt, and addictive

or compulsive behaviors. In a similar fashion, the intellectual realm can become restricted, promoting legalistic, black-and-white thinking and difficulty with free association, fantasy, creative thought, and problem solving.

Religious trauma shares many symptoms with posttraumatic stress disorder (PTSD), including avoidance of stimuli that are reminiscent of the trauma and intense distress when exposed to such stimuli. People who have experienced religious trauma often cannot tolerate the distress of participating in any kind of organized religion and may studiously avoid religious environments, people, and reading material. In psychotherapy, these individuals may not mention their religious history for years. Although people who have been traumatized by religion often steer clear of religion, they are frequently drawn to spirituality and spiritual bypassing.

SPIRITUAL BYPASSING

Spiritual bypassing is a term created by psychologist John Welwood in 1984 to describe the use of spirituality to bypass developmental needs, painful feelings, and unresolved wounds. Masters (2010) described spiritual bypassing as “avoidance in holy drag,” or the use of spiritual practices and beliefs to “transcend” or deny problems rather than understand them. When treating clients with religious trauma, it is helpful to be familiar with the concept of spiritual bypassing, as this is a common coping mechanism for these individuals.

People who leave legalistic religions often find spirituality to be a more accepting, expansive arena for exploration. Unfortunately, spirituality can be restrictive in similar ways to religion, and individuals who are accustomed to compartmentalization may gravitate to spiritual bypassing and its avoidance of difficulties. Spiritual bypassing can lead to repression, emotional numbing, detachment, anger-phobia, overemphasis on the positive, developmental delays, and a variety of interpersonal difficulties. It also contributes to a value system that ranks thoughts and feelings as “positive” and “negative” in a similar fashion to some religious theology. Throughout this article, I refer to the use of spirituality to avoid unmet needs, painful feelings, and unresolved wounds as *spiritual bypassing*. I use the term *spiritual harm* to refer to the negative impact that restrictive spiritual belief systems and spiritual bypassing can have on mental health.

Masters (2010) contended that spiritual bypassing is so pervasive in our pain-avoidant culture as to go largely unnoticed. However, its influence in psychotherapy is quite noticeable. Our society prefers quick, pain-numbing solutions, and many clients are more interested in fast coping strategies than the complicated work of deepening self-awareness and exploring difficult experiences and feelings. Spiritual bypassing aligns beautifully with the desire to fast-forward emotional discomfort and pain. For example, forgiveness and gratitude are socially valued concepts that a client may use to avoid having feelings about interpersonal hurts or the realities of one's life. A woman who is just beginning to voice anger at her parents may abruptly

stop speaking and say, “But I’ve forgiven them. I’m not interested in blaming—they did the best they could.” In that moment, she has moved out of an emerging feeling and into a spiritual concept, and the potential for increased self-awareness or emotional exploration is lost. The opportunity to work on true forgiveness is also forestalled, as it is difficult to genuinely forgive until one’s feelings about the situation or person have been experienced and understood. Although forgiveness is a powerful concept that almost all spiritual traditions share, it undermines mental health when it is used to avoid knowing more about oneself or the truth of one’s life.

Spiritual beliefs may also be used to deny the existence of problems. I once worked with a couple whose primary conflict was the husband’s unemployment and failure to take productive steps toward gainful work. He subscribed to a spiritual belief system that emphasized the power of visualization and the necessity of maintaining positive vibrations by thinking only affirming thoughts. When his wife or I tried to address the actual situation at hand, such as their dire financial situation and his wife’s growing disdain for him, he would angrily accuse us of spiritual sabotage. He was using a spiritual belief system to support his resistance to becoming more responsible and to avoid understanding the impact of his behavior on his marriage. I experienced him as being unavailable to the exploratory process of therapy and found his spiritual defense strategy to be impenetrable. The couple is now divorced.

TREATING RELIGIOUS TRAUMA AND SPIRITUAL BYPASSING

Treatment Modality

Clients rarely seek therapy for religious trauma (Griffith, 2010); rather, the effects of religious beliefs and experiences are generally uncovered over time in the course of psychotherapy. One of the primary ways in which this occurs is through the client’s reactions to the therapeutic environment. In particular, I have found modern psychoanalysis, with its emphasis on helping clients voice a full range of thoughts, fantasies, and feelings, to naturally highlight the impact of religion and spirituality on psychic freedom. This tends to happen organically, as a client’s resistances to putting all his or her thoughts and feelings into words are gradually revealed. Many times, the source of the resistance lies in religious or spiritual values, which may directly contradict the values of psychotherapy. For example, I encourage my clients to consider thoughts and feelings as separate from action. In contrast, the Bible warns that thoughts are the same as actions and must be carefully controlled. For example, the Bible says that if a man looks at a woman in lust, he is actually committing adultery with her (Matthew 5:28). This type of direct conflict between belief systems can render therapy a morally frightening and complicated endeavor, even for clients who no longer consciously subscribe to religious beliefs. As such, the most effective therapeutic stance is one that respects the client’s defenses and follows the client’s lead. This stance is implicit in modern psychoanalytic therapy, where the

therapist joins a client's resistance until it is no longer needed. Few defenses are ironclad as religious-based prohibitions, and clients may require years of individual therapy before religious wounds are fully available for exploration. Once a client has settled into the exploratory process of therapy, the addition of group treatment should be considered, as combined therapy is a particularly powerful modality for treating religious trauma and spiritual harm.

Combined Individual and Group Therapy

The use of combined individual and group therapy to treat trauma is well established and has a "synergistic effect on facilitating recovery" (Phillips, 2009, p. 86). For the treatment of PTSD, Shalev, Omer, and Eth (1996) advised that there is no set paradigm for how best to combine individual and group therapy. However, they noted that many clinicians prefer concurrent individual and group treatment, as each treatment offers a unique contribution to healing. After reviewing the literature on treating trauma, Phillips (2009) recommended a flexible treatment approach that is based on the specifics of the clients being treated. For the treatment of religious trauma, I have found that it is important for individual therapy to precede group therapy. This allows time for the development of a strong therapeutic alliance that can provide the client with the emotional support necessary to tolerate the stimulation of a group. Individual therapy is also best suited for the slow, in-depth work required to understand the details and depth of religious trauma and spiritual harm. When group treatment is added, it should be done so concurrently, ideally with a heterogeneous group. I have found clients receive the most benefit from a group whose members represent a wide spectrum of religious and spiritual backgrounds. Although the addition of group therapy can mark a tumultuous time in treatment, group offers key ingredients that individual treatment alone cannot.

An individual's earliest religious experiences typically occur in his or her family of origin and continue throughout life within groups, such as religious or spiritual communities, religious education classes, and places of worship. Because of this, clients with religious backgrounds often experience a double dose of transference in group therapy. In addition to experiencing group members and leaders as members of his or her family of origin, a client may also experience religious-based transference. For example, the group leader may be alternately perceived as God or Satan, and the group members may be experienced as members of the faith community, along with its restrictive rules and roles. The multitude of possible transference reactions for spiritual and religious clients can be overwhelming and render group sessions challenging.

The first priority of group treatment for trauma is the establishment of safety (Phillips, 2009). Yet for clients with religious trauma, group therapy may feel quite unsafe. Many religious and spiritual clients are accustomed to group environments where negative emotions are disavowed and only positive traits and emotions are

valued. Religious clients may also be accustomed to relying on their faith to manage such feelings as helplessness and fear as well as their dependency needs. It can be alarming to be in a setting where members are encouraged to express a full range of emotions and needs and to explore interpersonal conflict. Although this may eventually feel liberating, initially, it can be destabilizing. Still, it is this very atmosphere, where the entire range of human experience is normalized and accepted, that facilitates healing from religious trauma and spiritual harm.

Safety is promoted when a client is given room to participate in the group at his or her own pace; he or she may be relatively quiet in group for some time and rely on individual sessions to process group material. Yet a person with religious trauma, even if unable to voice forbidden thoughts and feelings, benefits through watching others do so. Interpersonal templates are gradually revised as group relationships are observed to not only survive but also thrive from the experience of conflict. Equally importantly, group interactions can modify a client's self-concept through the repeated experience of being valued for and joined around aspects of self that have been shamed or shunned. In this way, the group can become a source of holding and mirroring and also provide containment and metabolizing of traumatic experiences. Whereas trauma produces a lack of psychological integration, group treatment promotes ego integration and the development of an observing ego, which allows for self-reflection and less emotional reactivity (Ormont, 1995/2001). Group participation also develops a client's emotional resilience and emotional insulation, a type of protective psychological buffer that allows nourishing experiences to be absorbed and harmful experiences to be repelled (Ormont, 1994/2001). In time, a client's relationships with group members can serve as a secure base from which to work on his or her relationship with God.

TREATMENT CONSIDERATIONS

The Role of Attachment

For many people, their connection to God is an attachment relationship and can be categorized as secure, anxious, dismissive-avoidant, or fearful-avoidant (Kirkpatrick, 2005). Not surprisingly, the psychological effect of religious involvement seems to be determined by the type of God in which a person believes. This is evidenced by the Baylor Religion Survey, Wave III (2011), which shows that believers in an angry, judgmental God have more anxieties than those who believe in a loving God. Interestingly, the quality of one's relationship with God is not necessarily correlated with specific denominations or belief systems. For example, a person who attends a "fire-and-brimstone" fundamentalist church may believe in a compassionate God, while a person whose liberal theology espouses a loving deity may believe in a punishing God (Griffith, 2010). Clearly a person's relationship with God is complex and multifaceted. Freud (1910) seemed to grasp this. He conceptualized the *God*

imago—the emotional image of God—to be linked to the internalized emotional ideas of one's parents. This idea of God as an interpersonal reality was furthered by psychoanalytic theorist Ana-Maria Rizzuto (1979), who postulated that God is an internalized object, or primary relationship, that, like a parent, exerts influence throughout one's life.

These ideas have been borne out in my practice. Although many of my clients have distanced themselves from their former relationships with God, their internalized relationships continue to exert significant psychological influence. This dynamic is similar to one with which all therapists are familiar: A person's relationship with a parent will continue to wield psychological power throughout his or her lifetime, even if the relationship has been cut off or the parent is deceased. As with parental introjects, a person's image of God is typically internalized early in life, as are introjects of significant religious leaders and teachers who were part of his or her early religious experiences. These early introjects exert ongoing influence on a client's mental health, and I address this impact in much the same way as I work with other primary attachment relationships.

It naturally follows that therapy must also attend to a client's attachment to the person—often a parent—who taught the person his or her religious beliefs. This is true even if the relationship with the parent is generally good, for to move away from the grip of an overly restrictive belief system is to move away from the parent, which can be a painful process. More often, however, a client has both an internalized toxic God and an internalized toxic parent to address. Relative to the latter, Levine (2007) noted that the therapeutic process of distancing oneself from a critical internalized object is complicated by the fact that it is often experienced as a betrayal, a loss of a relationship to the object, or a loss of identity. The same complexities apply to the process of modifying or healing from a damaging relationship with God. Working with deeply rooted, complicated attachments to God and parents tends to stimulate strong feelings in the client as well as the therapist, who may find countertransference reactions to be challenging.

Countertransference

When working with religious and spiritual material, it is especially important for the therapist to pay attention to his or her countertransference responses. Because religious trauma and spiritual harm typically involve constriction of the emotional range and the disavowal of unacceptable feelings, clients may have limited access to their emotions during session. A therapist who is empathically attuned to the client and receptive to induced feelings may experience a variety of strong emotional reactions. As such, countertransference resistance, or the reluctance to feel certain emotions, plays a significant role in the treatment of religious trauma and tends to have an influence on what clients talk about. Through an uncanny process of unconscious communication, a client intuitively knows what the therapist is open to hearing.

and may avoid off-limit topics. When I first began working on my own religious wounding, my clients suddenly began talking about their religious histories to such a degree that I felt as if I had hung a sign on my office door that said, "Now Available to Discuss Religion." It was a dramatic lesson in the link between my willingness to work on a topic and my clients' ability to do so.

Both clients and therapists who have experienced religious trauma may demonstrate symptoms of PTSD by consciously or unconsciously avoiding the topic of religion and becoming emotionally reactive when it is mentioned. For example, the therapist may become overly active and attempt to direct the session, change the topic, or change the client. Conversely, he or she may become less engaged and fail to ask questions that would advance the client's exploration of the topic. Therapists who are not religious may also experience difficult countertransference reactions to religion and spirituality. Feelings of boredom, aversion, inadequacy, and judgment are common, as is feeling incompetent to engage in a conversation for which there is no shared language. Therapists who have felt judged or stigmatized by religion may feel angry and resentful and struggle to find empathy for a client's religious concerns. These types of countertransference reactions can make it challenging for the therapist to maintain a neutral, reflective stance and increase the risk that the therapist's attitude toward religion and spirituality may unduly influence the client. In my experience, these types of countertransference responses and relational dynamics are complex and require ongoing support and consultation for the therapist.

The following case studies highlight the complex nature of religious and spiritual harm and illustrate the use of combined individual and group treatment to address it.

CASE EXAMPLE

I run ongoing, mixed-gender groups in my psychotherapy practice utilizing a modern analytic, object relations framework. One of my groups has nine members, three of whom have been traumatized by religion and one by spirituality. Religion comes up regularly, but not as often as the amount of religious trauma in the group might suggest; it is a topic most would rather avoid.

Matthew grew up with southern Baptist fire-and-brimstone theology; Suzanne was sheltered from the secular world by her Christian fundamentalist community; Beth's mother was so deeply entrenched in spiritual bypassing that she neglected her basic needs; and Tamara lived in fear of her homosexuality being discovered by her evangelical mother and church. None of the group members attend church. Both Matthew and Suzanne consider themselves to be spiritual, and they often trigger Beth's spiritual harm with their propensity toward spiritual bypassing.

Matthew is a polished corporate attorney who was taught to fear God's wrath and was openly shamed by his parents if he expressed any negative emotion. When he was five years old, he fell and cut his knee on a rock, and his father said God had pushed him down to punish him for his sinful behavior. This event cemented

Matthew's image of God as an angry, vengeful judge and of himself as an unworthy human being. As an adult, Matthew immerses himself in spiritual books that are rife with spiritual bypassing, leaving him ridden with guilt and disgust at his inability to wrangle himself into a more positive individual.

Matthew was averse to the idea of group therapy, and it took years of discussing his concerns before he joined. He imagined the group would be yet another environment where he would be expected to be quiet, positive, and helpful to others. For the first year, he remained very quiet in the meetings and appeared almost frozen. In individual therapy, he rarely mentioned the group; when he did, it was invariably in the last 30 seconds, saying, "I hate group." Although this left us with no time to explore, I assumed this was the unconscious point and viewed his willingness to voice his hate as progress. It took months for Matthew to accept that the group and I were not his religious family: We wanted him to talk, even if he had nothing positive to say.

In the past year, Matthew has begun revealing to the group the depth of his unhappiness at work and home. For instance, after months of telling the group he had no room to complain because he had a great life, he finally revealed that his wife had cheated on him numerous times, and he lacked the self-worth to leave. Although his openness is an indication of progress, it can trigger harsh internal backlash. When he talks honestly about his true feelings, he almost always stops abruptly to scold himself for complaining and being ungrateful. At these moments, he experiences a deeply ingrained fear that God will punish him for his impertinence, even though he no longer believes intellectually that this will happen. Suzanne and Tamara, who understand the fear of being "struck down," usually join with Matthew when he is afraid. Their empathic resonance helps him to access compassion for his religious wounding and to understand more fully how it affects him. The group environment is Matthew's first experience with being embraced for being honest and imperfect, and in this nutritive environment, he is building both an observing ego that provides perspective and emotional insulation that helps him tolerate strong feelings.

Suzanne, a vice president at an advertising company, was raised in an evangelical church where contact with the secular world was severely restricted. She was taught that Christians were under constant attack from Satan. As a young child, she endured drills designed to prepare her for an assault on her faith in which she was asked to imagine choosing between renouncing her faith or being killed or tortured. Eventually, she was able to go through these exercises without feeling fear or dread, which were believed to be Satanically induced emotions. These experiences produced significant psychological splitting, and as an adult, her emotional realm is often inaccessible, particularly in stressful or interpersonal situations.

Religious messages may lie dormant for years, and like programming that cannot be deleted from the hard drive, they exert ongoing influence in ways both subtle and startling. This was demonstrated one evening in group, when Suzanne and several others were discussing their childhood experiences in churches of various

denominations. The tone of the discussion was light, until Suzanne burst out, "This is all good and fine, but I was taught all of you people would be going to hell." Not surprisingly, when I asked her what she was feeling, she was unaware of having any emotional reactions to the group conversation. Religious programming is also evident in Suzanne's impulsivity, which, when combined with her tendency not to feel fear, can be dangerous. She was taught that the Holy Spirit inspires a person to take action, and hesitation allows Satan time to interfere with the Lord's work. Even though she no longer subscribes to this belief, the programming remains, and when she feels an impulse to do something, she tends to act on it without thinking. Although we have an agreement that she will talk about significant decisions in therapy, she occasionally disregards it.

An example of this occurred one evening when Suzanne announced to the group that she had joined an evangelical Christian church because she wanted to "get past" being emotionally flooded when exposed to religious material. The group was too stunned to put up much resistance, and it was too late to slow her down, as she had already joined. Initially, the religious environment overwhelmed Suzanne: She became furious when she heard the words "Jesus" or "sin" and often left worship service with an upset stomach and racing heart. During this time, she demonstrated classic symptoms of PTSD. After a few months, however, she abruptly stopped speaking about it. When group members asked how church was going, she gave only glowing reports. It seemed apparent that she had moved from an emotionally flooded state to a dissociative state, and her genuine reactions to the religious environment were no longer available for exploration. Dissociation and compartmentalization are apparent in every aspect of Suzanne's life and demonstrate the pervasive impact of her religious history.

My work with Suzanne involves containing a multitude of strong countertransference reactions. To be in relationship with her is to regularly feel confused, alarmed, and irritated as she breezily announces her latest ill-conceived plan that is already in motion by the time she remembers to mention it. The group has learned both to encourage Suzanne to examine her emotions more fully and to give her space when she cannot do so. The member most likely to question Suzanne's disavowal of emotions is Beth.

Beth is a highly intelligent physician who values intellectual reasoning above all else. As a child, she was traumatized by her mother's deep immersion in metaphysical spirituality. Her parents divorced when she was four, leaving her mother in dire financial straits. Rather than seek employment, her mother spent her time dreaming up far-fetched business ideas, which she believed would materialize through visualization and energy work. She was so fully immersed in spiritual bypassing that she failed to address the needs of her family, and Beth was left to manage on her own, frequently resorting to stealing money for food. As an adult, she demonstrates symptoms of spiritual harm: She carefully avoids all people and situations that remind her of spirituality, including discussion of special diets, meditation, or

any belief that is not rooted in science, and she becomes agitated when exposed to such stimuli.

When she first joined the group, Beth had little contact with those who did not share her intellectual beliefs and was openly intolerant of such people. One day, when a group member announced she was experiencing transformative results from her new vegan diet, Beth became visibly agitated, fidgeting and fuming in her seat. I encouraged her to voice her reactions so she would not suffer alone, as she had in her family of origin. I also wanted to model that all thoughts, feelings, and beliefs were welcome in the group, even unpopular or minority opinions. When Beth began to share her critical thoughts, she was surprised that the group members valued hearing from her and were open to her experience, even though they disagreed with her perspective. Over time, these types of opportunities have helped Beth to feel safe enough to share her intolerance for other members' ideas. Now, when someone talks about spirituality, diets, or meditation, they will good-naturedly invite Beth to share her disapproval. She has become a valuable member of the group, whose unique viewpoint is helpful to Matthew and Suzanne in particular. When they lapse into spiritual bypassing, Beth, with her finely tuned radar for it, is the first to intervene. For example, a group member recently told Suzanne he felt annoyed with her because she was talking in a dramatic way, as if she was on stage and the group was the audience. When I asked Suzanne how she was reacting, she replied, "I feel grateful," which is her typical response to negative feedback. This is one of the ways Suzanne engages in spiritual bypassing, by using a spiritual value like gratitude to avoid unpleasant emotions and difficult interactions. Beth immediately jumped in: "Seriously? C'mon . . . you're grateful? You're not angry or hurt?" Suzanne denied having any other reaction than gratitude that she was in a group where she could get honest feedback.

Although Suzanne is rarely able to access emotions when challenged in this way, these interactions have gradually expanded her idea of what is possible in the group, allowing her to occasionally express fear or slight annoyance toward another member. Given her history, this is significant progress. For Beth, the group environment has improved her ability to tolerate a broader range of experiences and people. She is now more interpersonally adept and can engage with group members in ways that are direct but not distancing. For instance, when Beth first began voicing her criticisms of other members' beliefs and ideas, she did so with a superior air and spoke in an intellectualized manner, determined to win her argument. She was unable to hear others' perspectives, causing them to feel dismissed. Although the group valued her opinions, they felt intimidated and pushed away by her. Over time, however, Beth has learned to be less combative and share more of her history with spirituality, which has helped the group understand her judgmental manner and develop warm feelings toward her. She is now better able to tolerate listening to other members speak about spiritual matters without becoming reactive.

Tamara is a massage therapist who is in a committed lesbian relationship. She

is the newest, quietest member of the group. She rarely talks about her religious history with the group or me and demonstrates limited awareness of its impact on her. Tamara's mother is an evangelical Christian who used Bible verses to justify beating and neglecting her when she was young. As a child, Tamara was taught that homosexuality was a mortal sin and that those who lived a homosexual lifestyle would go to hell. When she became an adolescent, she was thus horrified to realize that she might be gay and dated a series of boys, attempting to hide her true feelings from herself and others. Once she graduated from high school and left home, she had minimal contact with her mother or siblings, who describe themselves as "fanatical Christians." Tamara's distance from her family and her church enabled her to eventually embrace her homosexuality, which came at significant interpersonal cost. Her family and former church community have openly judged Tamara's lifestyle, and many former friends have rejected her for it.

When Tamara started therapy with me, she had been living with a woman for several years and appeared to have embraced her identity as a lesbian. Currently, on the rare occasion when she mentions her religious past, she usually expresses comfort with her sexual identity and voices a belief in a God who accepts all people. Periodically, the fear that she might go to hell is triggered, usually after she sees her family. This occurred recently when Tamara visited her mother, who asked her if she was still a Christian. Although she no longer identifies as such, she could not bring herself to verbally acknowledge this. She had been taught for many years that the only way to go to heaven was to believe in Jesus Christ, and the thought of verbally denying him was terrifying. At her next individual appointment, she told me that she had become the person about whom she had been warned in church: a nonbeliever who questions biblical authority and is lured into a life of sin. At times like this, she is somewhat soothed by the idea that she once accepted Jesus as her savior, which she was taught guarantees her eternal salvation. She smiles sadly and tells me this is her "spiritual insurance" in case she is wrong about God accepting her.

Tamara's story is unfortunately common in the lesbian, gay, bisexual, and transgender (LGBT) community, in which there is a high rate of religious trauma. LGBT individuals encounter the same religious prohibitions as their hetero counterparts against what they *do* (i.e., sinful behaviors), but their experience is heightened when they are condemned for who they *are* (i.e., a sinful self). Although many heterosexual people have also been taught that they are inherently sinful, LGBT individuals are more likely to be shunned for their sinfulness, especially during the coming-out process, when their "sin" becomes externally visible. The "hate the sin, love the sinner" theology that some churches espouse offers scarce comfort to a person who is trying to accept and integrate such an innate aspect of self as sexuality. In fact, this type of theology can aggravate the internalized homophobia that plagues many homosexual clients who have been told that homosexuality is an abomination of God's plan.

Eventually, LGBT people often face the agonizing dilemma of choosing between

embracing their sexual identity and being accepted by the only God they have ever known, as well as members of their family or religious community. It can be heartbreaking for these individuals to find that, just as they are learning to accept themselves for who they are, those they love are abandoning them. For this reason, healing from religious trauma for LGBT clients often involves addressing significant grief and interpersonal loss. Although this can also be true for the heterosexual population, LGBT clients are more likely to be rejected by their families and religious communities for failure to conform to religious standards.

CONCLUSION

The negative impact of religion and spirituality can be pervasive, affecting a person's emotional, intellectual, developmental, and interpersonal life. Nevertheless, clients rarely seek therapy for religious wounding, the effects of which are generally discovered over time in the process of psychotherapy. Because religion is a highly charged topic for many people, addressing religious harm can be challenging for both the therapist and the client. As such, the most effective treatment approach is one that follows the client's lead, prioritizes the development of a strong therapeutic alliance, and involves sufficient professional support for the therapist. Once a client has developed a secure attachment with the therapist, the addition of group therapy can deepen the effectiveness of treatment. Group therapy provides a unique interpersonal environment where one can share previously forbidden aspects of self and develop relationships that are strengthened by honesty and conflict. Group treatment can be challenging for individuals who have experienced religious and spiritual harm, as it involves feeling emotions and reliving experiences that may be disturbing or terrifying. However, as the group tolerates and embraces the emergence of traumatic material and diverse experiences, a new interpersonal reality is created for the group members, in which each person is valued for the unique and imperfect person he or she is. At its best, group therapy is its own type of spiritual experience.

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