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## **An Analysis of Religious Trauma Through a Psychoanalytic Lens**

### **Religious Trauma: An Introduction**

The North American Committee on Religious Trauma Research – a non-religious academic society and publishing house focused on academic study of religion – introduced a recent definition of religious trauma:

Religious trauma results from an event, series of events, relationships, or circumstances within or connected to religious beliefs, practices, or structures that are experienced by an individual as overwhelming or disruptive and have lasting adverse effects on a person’s physical, mental, social, emotional, or spiritual well-being (Slade, Smell et al., 2023, 7). Regarding religion, it is not intended here to present a discourse against faith, spirituality, or religious communities in general.

Many psychoanalysts have explored the topic of religion from different perspectives, such as Ana María Rizzuto (1979) who provided a psychoanalytic understanding of how religious beliefs are formed. Even though her ideas were not about religion itself, they illuminate the psychological experience of forming religious objects. Otto F. Kernberg (2000) also discussed the nature of mature religiosity based on psychoanalytic findings, however, neither Rizzuto nor Kernberg discussed religious trauma.

Although the theme of religion has been explored for decades (it can be found in primary texts of psychoanalytic thought such as Freud’s classic text written in 1907, *Obsessive Actions and Religious Practices*), it is only in 2011 that the term “religious trauma” was coined by Marlene Winell.

A recent research article published by the Socio-Historical Examination of Religion and Ministry showed that 27–33% of U.S. adults have experienced some form of religious trauma during their lifetime (Slade, Smell et al., 2023). The research also shows that at least 37% of U.S. adults are suffering from any three of the six significant religious trauma symptoms. These symptoms include anxiety, stress, fear, depression, shame, and nightmares. The research has been conducted from a

sociological perspective, seeking to identify the specific indicators that suggest a link between these symptoms and religious trauma. While we cannot claim that these symptoms are always caused by such traumatic experiences, the research conducted on this topic provides provoking data offering insights into the ways religious beliefs and experiences can impact mental health. This data points to an opportunity for clinical research on the manifestation of these symptoms as consequences of religious trauma.

One of the questionnaires used in this research tries to investigate whether these symptoms are connected to religious experiences and how people would respond to the question of how religion is related to anxiety, stress, fear, depression, shame, and nightmares.

<b>“To what extent do the following negatively impact your life because of religion?”</b>		
	<b>FREQUENCY</b>	<b>PERCENT (%)</b>
<b>ANXIETY</b>		
<i>Quite a bit</i>	149	9.4
<i>Very much so</i>	115	7.3
<b>TOTAL</b>	264	16.7
<b>STRESS</b>		
<i>Quite a bit</i>	151	9.6
<i>Very much so</i>	99	6.3
<b>TOTAL</b>	276	14.9
<b>FEAR</b>		
<i>Quite a bit</i>	150	9.5
<i>Very much so</i>	86	5.4
<b>TOTAL</b>	236	14.9
<b>DEPRESSION</b>		
<i>Quite a bit</i>	126	8.0
<i>Very much so</i>	103	6.5
<b>TOTAL</b>	229	14.5
<b>SHAME</b>		
<i>Quite a bit</i>	127	8.0
<i>Very much so</i>	90	5.7
<b>TOTAL</b>	217	13.7
<b>NIGHTMARES</b>		
<i>Quite a bit</i>	101	6.4
<i>Very much so</i>	82	5.2
<b>TOTAL</b>	183	11.6

The authors argue: One problem is that the label “religious trauma” (R.T.) has remained ambiguously defined in much of the peer-reviewed literature, making it difficult for clinicians to identify and treat patients presenting with R.T. symptoms. 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. (Slade, Smell et al., 2023, 2)

<sup>1</sup> Slade, Smell et al., 2023, 14-15.

In this sense, the focus of the research was to present an extensive sociological study on religious trauma with consistent quantitative data to understand the problem from a society-wide perspective. A large-scale sociological survey created by the Springtide Research Institute was used to conduct another research study. This survey used questions related to internal conflict with congregational leadership, feelings of alienation and fear, how these experiences equated to trauma, and other components related to anxiety, depression, and PTSD as a result of religious experience.

The study was conducted between August 2021 and September 2021 with 1,581 participants aged 18 to 100. The racial makeup of the sample group was 51% White, 25% Black, and 10% Hispanic or Latino. Regarding sexuality, 81% of the participants identified as heterosexual, and 16% identified as non-heterosexual. The study presented by the Socio-Historical Examination of Religion and Ministry highlights the reality of religious trauma and its impact on individuals. The research findings indicate that 27–33% of U.S. adults have experienced some form of religious trauma during their lifetime. Furthermore, the research reveals that at least 37% of U.S. adults suffer from three or more of the six significant religious trauma symptoms. These symptoms include anxiety, stress, fear, depression, shame, and nightmares. (Slade, Smell et al., 2023)

### **Religion in Freud’s Writings: A Starting Point**

Freud (1964) proposed that all religious beliefs are based on illusions. He argued that religion is an outdated form of thinking that has been passed down from generation to generation without any factual basis in reality, “the universal obsessional neurosis of humanity” (ibid., 43). This line of thinking helped shape the idea that religion is nothing more than a coping mechanism for dealing with life’s complex realities.

Freud (1964) argued that primitive societies are formed out of fear and guilt due to traumatic events, and as a result, they develop religious beliefs to cope with their fears and guilt. This perspective explains why rituals, symbols, and beliefs tend to be passed down through generations and that they are a way for people to cope with internal anxieties individually and collectively. Freud also argues that religion is an outlet for desires that cannot be expressed in other forms. He claims that these repressed desires lead to feelings of guilt, which can then manifest in various ways, such as religious experiences and beliefs.

Freud (1964) suggested that humans have an innate need for order and structure, which is why religious beliefs provide comfort during distress or confusion. By providing rules and guidance, religion allows people to make sense of complex situations without confronting them directly. In this regard, many religions have strict codes of conduct; they help individuals cope with their anxieties by giving them control over their lives. Whether we agree with Freud’s views or not, understanding his point of view is essential to explore further contemporary perspectives on trauma experienced within the context of faith systems.

## **Internal Experience of Religious Trauma**

When dealing with religious trauma as an experience in psychological development, it is essential to consider post-Freudian changes in psychoanalytic thinking, especially about psychic pathological organizations. Leaving the classical perspective of drives and the Oedipus complex as anchors in identifying and explaining psychic conflicts, other psychoanalytic perspectives will look at the nature of psychopathologies from the angle of disturbances in the making of the Self (Cashdan, 1988).

In the post-Freudian perspectives, internal conflicts would arise from internal or external object relations failures as they affect three essential components of psychological development – autonomy, identity, and connectedness. These object relations failures would cause disturbances in the making of the Self and become the basis for neurotic and for those beyond the neurotic states. The idea of object relations failures disturbing the making of the Self has already been studied in psychoanalytic literature. However, what is considered here, is that religious trauma is a form of psychic disturbance created by object relations failures affecting the Self.

In this sense, the child can see significant others as influential and almost divine figures – guardians of God’s will and representers of divine rules. Expressions such as, “Do not do this or God will punish you” or “God is sad with you because you are not as obedient as you should be” reaffirm this godly role played by the parents and introduce a punitive God into the child’s internal world. Such experiences can cause extreme pain, guilt, shame, rejection, and abandonment, leading to a traumatic experience. When a child internalizes religious beliefs in an overly rigid and controlling manner, it can lead to the formation of what we can refer to as a “God-bad-object”. This construct emerges as a result of disturbances that arise from failures in primitive object relations with caregivers. Such failures in these crucial formative relationships can distort the child’s perception of a higher power, embedding a sense of control and inflexibility into their spiritual understanding. Consequently, this rigid internalization can influence the child’s future interactions and relationships, perpetuating a cycle of control and rigid thinking in various aspects of their life.

The process of internalizing a God-object that can impact mental functioning is well articulated in the ideas of Anna Maria Rizzuto, and these ideas can help better understand the religious trauma phenomenon. Published in 1979, *The Birth of the Living God* is a work that lies at the intersection of psychoanalysis and religion. The intention of the book is to examine the phenomenon of faith from the point of view of religious psychology. Rizzuto argues that the idea of God does not descend upon the believer in the form of an objective reality, but rather emerges from within a person who has been predisposed, through cultural conditioning, to think divinely about ecstatic or dramatic truths. Said differently, the idea or image of God is rooted in the individual and collective experience of the believer. Rizzuto, therefore, investigates the experiences that have stimulated the notions of an individual’s personal God-image.

Ana Maria Rizzuto argues that the concept of God depends on the religious experiences that serve as its basis. These experiences occur in the life of the faithful and cannot be attributed or re-attributed to any God. (Galanter, White et al., 2020) The belief is that every religious person has experienced an ultimate reality which he will call God, and that this affects behavior, attitude, and thoughts associated with the concept of God.

Another important concept from an object relations perspective that is related to religious trauma is the False Self. A concept introduced by Winnicott (1971a) that explains how individuals can become completely disconnected from their identity due to the anxieties created by their parents' wishes or expectations. In other words, other people's expectations can become so vital that they contradict the original sense of Self – the one connected to the very roots of one's being (Klein, 1975, 1986). Winnicott (1971a) defined the False Self as the whole way of life a person adopts because they have been obliged by external circumstances and mental pain to conceal the True Self. In this sense, the False Self functions as a protective layer that an individual can form around the True Self to guard against pain or suffering.

Religious trauma is a factor that can lead people to form a False Self and to survive emotionally amid traumatic religious experiences; making them feel lost or disconnected from their true identities. When individuals are unable to express their true selves due to religious trauma or another source of emotional distress, this lack of expression can have a profound impact on their identity development.

Another important concept from Winnicott (1971b) that helps us understand where and how religious traumatic experiences can affect psychic functioning is the idea of Transitional Space. This Transitional Space is a place of intermediary experience where both the inner and outer worlds participate – a space without belonging to reality or fantasy. Winnicott wrote, “This intermediate area of experience, unchallenged in respect of its belonging to inner or external (shared) reality, constitutes the greater part of the infant's experience, and throughout life is retained in the intense experiencing that belongs to the arts and religion and to imaginative living, and to creative scientific work” (Winnicott, 1971a, 14).

How religion and consequently religious trauma is experienced in this transitory space would likely help define the possible disturbances of the Self. It is essential to realize that in this creative, playful space, psychic structuring or (re)structuring, in the case of analytic experience, may occur. For Winnicott (1971b), the child is lost in playing in this transitory space, experiencing vulnerability but also a full potential. In the transitional space, religion is experienced with external and internal realities and objective and subjective experiences determining how religion is metabolized, if as an illusion or a disillusion (Freud, 1964).

## **Religious Trauma and Guilt**

Another aspect related to religious trauma is the way internalized religious experiences relate to the Ego and Superego dynamics, especially regarding guilt. Freud first addressed the topic of guilt by arguing, “We may say that the sufferer from compulsions and prohibitions behaves as if he were dominated by a sense of guilt, of which, however, he knows nothing, so that we must call it an unconscious sense of guilt, in spite of the apparent contradiction in terms” (1964, 113).

Guilt and the Superego are intimately linked in that both involve early psychic development and exposure to reality. Klein (1975) discussed how guilt plays a role in the movement from the schizoid-paranoid position to the depressive position and how necessary guilt is for reparation. However, it is also essential to discuss the possibility of religious exposure as the provoking cause for unrepresented states and, consequently, trauma; that is, if we give weight to Freud’s consideration that an external threat can lead to trauma (Levine, 2022). In this scenario, guilt would not function as a psychic bridge to reparation, which is a depressive guilt that helps the process of psychic integration. Instead, it would keep psychically functioning in a schizoid-paranoid position that would make guilt a permanent defense dynamic. This internal process appears to be the only way to survive and not destroy the object (Klein, 1975).

The development of the Superego is strongly influenced by external factors such as society’s expectations and values, including religion and religious exposure during childhood. To understand guilt and its relationship to the Superego, it is essential to note that the Superego is not only a repressive force but also an agent of integration processes. Thus, it can be understood as a source of conscience through which individuals try to make sense of external reality and internal anxieties. As such, guilt can arise from internalizing external norms such as religious values and beliefs, which can be either integrative or persecutory. Religion can play an essential role in this process, often providing a spiritual framework contributing to individual experiences of guilt and Superego formation.

Britton (2006) presents a comprehensive examination of the formation and role of the Superego in psychic development by dialoguing with Freud and Klein. He considers both positive and negative aspects, including what he terms “adverse developments” (ibid., 85) of the Superego. These adverse developments consist primarily of denying autonomy and development to the Ego to maintain control and desire to repress or even eliminate the Ego entirely. Britton’s work suggests that the notion of God as a figure of absolute power and authority, which looms large in religious tradition, can be detrimental to psychic development. It highlights the potential for oppressive forces within the Self and the relation between God in the biblical narrative of Job and the rigid control of an oppressive Superego.

The human psyche is complex, and how it forms the object of desire is equally intricate. Psychoanalysis studies how good and bad experiences of an object of desire are part of our Ego and Superego, respectively. These experiences are influenced by



the actual experiences of our parental figures, which are recycled through projection and re-introjection. The object of desire is initially split into two parts, namely, good and bad experiences. The good experience of the object of desire is taken into the Ego, forming a sense of Self as containing something valuable or divine – something religion would refer to as “the soul.”

On the other hand, the bad experience of the object of desire is introjected into the Superego. It results in a sense of guilt, shame, and anxiety. These experiences are bound up with our initial experiences with our parental figures, which we use as a reference to help us understand right and wrong. In this way, our Superego arises from our familial environment and culture, including religious beliefs and exposure.

The Superego is continually being modified as we go through new experiences and internalize them. These modifications include our experiences with spiritual figures and divine entities. These objects will contribute to the formation of the Superego, and even though these objects are often responsible for our fears, anxieties, and insecurities, we expect them to become a source of protection in both internal and external worlds.

Religion is often called upon to help modify the Superego, and many people draw comfort and strength from perceived divine intervention. The Psalms, for example, describe in detail the presence of benevolent internal figures who can protect us when we seek guidance from a higher power. A sense of connection with something greater than oneself can help orient one’s perceptions of oneself and strengthen psychic integration (Britton, 2006).

During these actual experiences, we rely on the modification of the Superego so that fearsome though may the archaic creatures be that underlie it and haunt our dreams, we can also have benign internal figures protecting us. Such as those repeatedly appealed to in the Psalms (number 28): “To thee, O Lord, I call; my rock, be not deaf to me, lest I become like those who go down to the Pit.” (Britton, 2006, 85).

### **Clinical Illustration**

A clinical vignette of one of my former patients is relevant here to illustrate the internal experience of religious trauma. The vignette will be presented with relevant excerpts from Francis Grier’s (2006) “Reflections on the Phenomenon of Adoration in Relationships, Both Human and Divine” (155).

Ann contacted me after learning about my clinical work with a friend. She called me with a timid voice and asked if I could see her. One week later, she came to my office for an initial interview and talked about what she called a profound depression. Ann is a 42-year-old female, white, 5’7” tall, slim body frame, and long brown hair. She was unemployed and, was married for 18 years. She had no children, and her husband was a religious leader.

The patient had no history of being in psychotherapy or use of psychotropic medications. She mentioned trying treatment with a Christian counselor that didn't go well due to issues related to confidentiality and trust. She informed me that she was in good health and that there were no medical issues to report.

Ann and I agreed to do an ongoing analysis initially twice a week and then 3 times a week. Ann showed no resistance to the analytic contract. However, she mentioned her concerns about trust and confidentiality due to her experience with the Christian counselor.

She seemed sad, emotionally distant, and uncomfortable discussing any subject in the initial interviews. The analysis with Ann lasted six years. During the first part of treatment, Ann was reluctant to share anything connecting disappointments, mistakes, or failures with her husband and her father. When referring to them, Ann would always bring up the idea that they are "men of God," and it could be a sin if she said anything touching their "sacred image." Ann expressed intense guilt and fear when talking about this topic.

Even though she had a lot to say about her husband and her father, Ann's disappointments with them and their mistakes were repressed by an internal conflict with an almost visible, overwhelming anxiety. As mentioned by Freud in 1915 in his classical writing, *The Unconscious*, the neurotic turns away because they find either the whole or parts of it unbearable: "which we have recognized as preliminary stages in the formation both of dreams and of symptoms and which, in spite of their high degree of organization, remain repressed and therefore cannot become conscious." (190). It was unbearable for Ann to see the reality that even holy people can commit a sin.

Ann described the presenting problem as a profound feeling of emptiness and an intense sadness that made her isolated. She did not have a social life and was angry with herself, while also did not have the strength to do simple tasks in her everyday life. She reported that she had been feeling this way for over 3 months since a certain event: a "tough conversation with her pastor." According to Ann, the disagreement was about sinful and non-sinful behaviors for Christians. As Ann presented a different viewpoint regarding sexual orientation, Ann's pastor became angry and questioned her spiritual perception of moral values. The conversation escalated to a confrontational disagreement with strong emotional reactions from one another.

Ann shared that being someone involved in church activities and as a pastor's wife, she was accustomed to participating in various meetings and volunteering in different positions in the church leadership. She mentioned that she felt the disagreement with her pastor triggered something in her. After that episode, she mentioned feeling discouraged, unmotivated to attend church, and extremely unhappy and that she felt more isolated after this event.

Bion says: "Beta-elements are the building blocks for the development of the mind because it is their intolerable buildup that initiates the mind's ability to think" (Bion, 1962, 217). However, when beta elements are not transformed into alpha elements, they stay there, in the unconscious, as a pile of unstructured content. They can be



activated by triggering events and putting the person in contact with internal anxieties. The disagreement between Ann and her pastor triggered Beta elements the phantasies related to basic faults from her early childhood relationships with her parents.

In Ann's religion, her leader was a divine representative, and as such, in Ann's psychic fantasy disagreements and mistakes are unacceptable in relationships with anyone who became the primary object's substitutive figure, such as her pastor. Feeling hurt by her leader was a disorganizing experience for Ann. She may have felt a jolt into a state of the schizoid-paranoid position where there is no possibility of integration only pain, guilt, and persecutory anxieties. Ann's pastor was someone whom she always looked to as a spiritual role model, but more than that, after many years of a religious and personal relationship with Ann, her pastor became a good object, a substitute for the internalized parent figures. The pastor was an idealized good object for Ann.

Ann described her childhood as complicated, full of disappointments, and situations where she always felt neglected, abandoned, criticized, and alone. During childhood, she experienced a distant relationship with her parents, causing a sense of not being loved and cared for. Some common issues mentioned were pejorative nicknames given by siblings and feelings of exclusion and rejection. Her parents were extremely religious and used an oppressive, sometimes aggressive religious language to apply discipline, values, and moral principles.

Quoting D. Winnicott (1963), this kind of "Religion (or is it theology?) has stolen the good from the developing individual child... and has called it »moral education«" (94). "Theology, by denying to the developing individual the creating of whatever is bound up in the concept of God and of goodness and of moral values, depletes the individual of an important aspect of creativeness." (ibid., 95). That's also how I understand Ann's religious experience during her childhood. Faith was presented as a controlling force, and God was presented as an old, grumpy, and punishing entity. Adolescence was experienced with strict moral imposition from her parents, and things such as blue jeans, makeup, and haircuts were not allowed due to her family's values based on their religious beliefs.

Ann also reported that she was controlled by her father and was unable or not allowed to? to make simple choices. Her father, a pastor was not always present, as he was often at church. She recalled times when she was longing to see him, expecting to have time with him and experience some intimacy as a child and her father would. She wanted to just sit on the couch with him or have him touch her hair as a gesture of love. Ann's mother was always dedicated to the family by keeping the house in order but never offered much affection. Ann's mother used to say to her: "I expected a boy, but you came"; "You should be our youngster boy!"

She grew up concerned about doing good and right; and when she did not do so, she would feel awful, guilty, and expected to be rejected and reproved by others and by God. During treatment, Ann's avid desire to help others and a sense of devaluation arising when feeling like she was not "good enough to do anything" was very clear. As discussed by McWilliams (2011) "People with Introjective depressive psychologies believe that at the bottom they are bad" (245). "Introjective depressive people often

handle their unconscious dynamics by helping others, by philanthropic activities” (ibid., 246).

The strict childhood rules imposed by her father and her mother’s emotional absence created a perfect environment for internalizing them as abandoning and punishing figures – a distorted perception of primary objects. Some of the experiences Ann shared from childhood describe her failure to establish a secure relationship with her parents. Ann’s self-perception was unmistakable proof that she was feeling lost and damaged in part of her.

Two significant aspects caught my attention during the treatment. The first was related to Ann’s internal representation of the divine. Ann’s relationship with religion and its internal representation of God was a concrete result of disturbances in the making of the Self from childhood object relations. In this fantasy, God is envisioned as an ever-present entity who will never abandon the individual, no matter what circumstances arise. This comforting image of a divine protector brings a sense of constant companionship and unwavering support to her. However, along with this idealized vision, there resides a deep-seated and permanent sense of guilt within her. This guilt manifests from a distorted perception ingrained in their psyche; the belief that any misstep or wrongdoing will provoke the wrath of this divine entity, resulting in punishment. Such a dual-faced internal image of God – both as a benevolent savior and a strict enforcer – creates a complex emotional experience for the person, intertwining deep comfort with persistent fear of retribution.

According to Grier (2006): If our experience of infantile adoration has been satisfactory, we will remember it with tranquility, but if it has been unsatisfactory or lacking, we are likely to have a more ambivalent and complex reaction. Perhaps the religious experience will be seized upon as a symbolically idealized substitute for the original unsatisfactory experience. (163–164)

When working with Ann on unconscious contents related to a distorted perception of religion and spirituality, she would say: “Do you believe that God is bad?” or “You speak as though you do not believe in God and his love for me. I cannot give up my relationship with him; he is the one who has never abandoned me.”

Grier (2006) writes: It is not surprising that, particularly for some who feel their life experience has made them wary of trusting and loving a real person, adoration and attachment to a religious figure often serves, at least in part, as a defensive substitute (164). Another critical component noted was a projective identification of dependency in the analytic field. As stated by Cashdan (1988, 59). The projective identification of dependency could be characterized by statements that signal chronic helplessness. In analytic communication, it can be perceived in constant and emotionally evocative advice-seeking statements such as “What do you think of this, Doctor?” or “What should I do?” or “Can you help me with this situation?”

In the analytic situation, I became a prototype of this God who knows everything and has the solution to all her questions and anything that she says that points out to be a sin; for which I could punish her with my analytic authority. Ann’s interactions in these communications were generally embedded with frustration (not getting what she

needed) and vulnerability (not knowing if she could depend on this God-object analyst). She was confused, not able to understand who I was. Whether I was God, or a representative of him. However, she was certain, I was a God-object whom she was trying to internalize to help her find integration in her psyche. My alpha function, to use Bion's (1962) concept, was perceived as a God-Alpha-Function.

Ann's religious perception and God's image were, in fact, not a positive perception of the Divine image nor a transformational connection with spirituality. They were symptoms of conflicted fantasies of a dichotomized internal world, split parts of herself, symbolically experienced in the religious language of God and the Devil, sin, and holiness, good and evil. In this scenario, I was a new object, which Ann was trying to internalize as a good (God) object. Someone who could represent the divine figure, but more than that, representing a holy nature of acceptance, guidance, and comfort. A new God, or maybe someone who would help her understand the healthy perspective of spirituality. Ann would bring some sacred understanding of God when referring to my knowledge, saying: "I know this isn't a church, but I view you as a God-sent therapist. Sometimes, it feels like you're conveying His will to me." Other times, after saying something she considered wrong, she would say, "I'm afraid that you might disapprove of what I just said. You sitting behind me is like God seated in heaven and judging us."

The environment in which Ann grew up was deficient in some of the crucial components for psychic development. Security, self-identity. Distorted religious values were part of her everyday life, where any foolish act or mistake was taken as a behavior that God disapproved of, and would respond with possible punishments. This non-existent holding environment created in Ann a sense of constant insecurity, fear of abandonment, and inward aggression in trying to fix her "badness" so she could be loved and accepted by God without being punished for her sins.

During the initial phase of the psychoanalytic process, the introjective pattern of Ann's defenses was clear. As an example, her discourse was permeated with statements such as, "It must be because I am not a good person" or "I believe God will punish me because I did not handle this properly." These statements would come when working on frustrating experiences with family and friends, especially regarding religious situations.

Unconscious contents surfaced in the analytic situation with an intense feeling of guilt: "It is all my fault! I could do something, and I did not. What will God do? HE will punish me?" Ann would say, crying and shaking. Using religious language, she identified herself as the reason for any bad ending in situations with her family or friends: "It was because of my inability to deal with the situation because I could not see my FATHER's (God's) will." Everything was always her fault and connected to a powerful male God seeking mistakes to punish her.

Grier (2006) contributes: The ego-ideal tends to be symbolized culturally by a male religious figure, e.g., Jesus, the Buddha, and, for Hindus, a plethora of gods and gurus, including the more contemporary figures of Gandhi and Tagore (1951). Ann once dreamed of finding herself in a tidy hotel room, everything in its proper place. The decorations did not show any weird paintings or naked persons, the sheets were

straight and pulled under the bed, a nice view of a lake, every item was in the right place, and everything was spotless. As she curiously lifted the bed sheets (she mentioned feeling irritated with the difficulty of pulling off the sheets), she thought, “This is something I do not like in hotels. I like the sheets free and not feeling restrained by them stuck under the mattress.” Ann then looked all over the room and tried to scan the meanings of everything she saw there.

A surprising discovery awaited her – a suitcase containing two pairs of shoes was hidden beneath the bed. She said that one pair was men’s shoes and the other was women’s. While narrating the dream, she said frustratedly, “It was my parents’ shoes! Each pair was housing its respective feet.” As she processed this strange sight, an unexpected visitor abruptly entered the room, whispering cryptically, “I am not supposed to tell you, but now you know.”

This dream came up during analysis at a time when we were working on some traumatic failures in her object relations with her parents early in her life. As we explored the dream together, it became clear that the orderly room represented Ann’s religious life, the beautiful view was the possibility of something outside of her tyrannical religious limitations, and the pairs of shoes with feet inside symbolized the limited care and love she received from her strict and religious parents. The stranger in the dream was none other than me, the analyst. This dream vividly illustrates how religion can transform into a source of guilt. It underscores the vital role of the analyst in embracing the mysterious and emerging as a good object in the patient’s internal world. Through this dynamic, the patient can achieve psychic integration and tap into the transformational process of analysis (Levine, 2022).

As the analysis continued, Ann started to develop a good mental representation of? and began to experience some transformations of her Beta elements. She became able to name her feelings and verbalize internal anxieties. The deepening of the transference relationship was significantly facilitated with important interpretations regarding displacements of past objects that contribute to creating new gratifying formations from my image (as an analyst) as a new good external object. Another important development happened when Ann started to tolerate confrontation with her projective identification and internal splitting, which helped her go through the subjective disintegration in analysis to form the analytic third. Ann’s analytic function developed significantly after the fourth year of analysis. She was able to improve her connection with the divine, expanded her perception and experience with spirituality and began to handle her life and relationships with better negative capability.

Ann’s final words to me in our last session was: “Now, I can examine who I’m without feeling confused or fearing God’s punishment. I am now able to differentiate what is mine emotionally and what is not. I think I can handle my own conflicts without your help”.

## Conclusion

The theme of religious trauma – with all its peculiar controversies and complexities – is a field waiting to be more fully explored. This article introduces readers to the breadth of religious trauma and aims to provoke discussion on the subject. Perhaps the decline of Christian religions in the West in recent decades is a collective symptom that points to religious trauma experienced by these generations.

It is possible that disenchantment with religion is linked to trauma and is now reflected in a society where institutional religion loses its space of influence and practice by those adherents and believers. In this sense, the central issue of religious trauma from the psychoanalytical point of view would be the dimension of impact and participation of religious experiences in psychic development, as well as its place as maladaptive ways of being and relating in adult life. In addition, there remain two more central issues to consider: how unconscious religious constructs determine the capacities to deal with ambivalences internally and externally, and how religion determines or harms one's identity.

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