

How do we evaluate SAFETY and understand our own responses to TRAUMA TRIGGERS?

Safety is important because it is the state where our brain is most rested and ready for action. We can learn to tune in with ourselves to understand when we do not feel safe by identifying trauma responses. It is also helpful to identify the trauma triggers, which are people, places, things, thoughts, smells, memories, etc. that remind us of past trauma.

Have you considered your experience in Christian Science as a traumatic experience? Is there a sense of interpersonal trauma as you consider how those who were meant to care for you brought you into a cult experience that shaped your life?

Trauma

Trauma occurs when stress becomes too overwhelming for the brain to process.

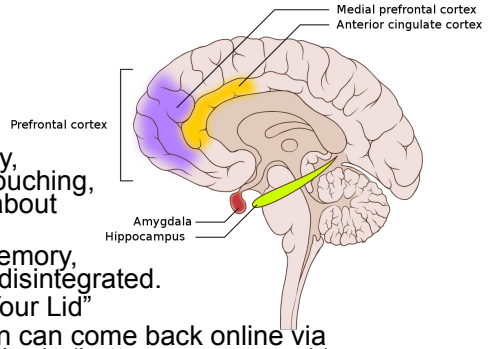
- Predictable
- Sporadic
- Moderate
- "Just right challenge"



- Unpredictable
- Continuous
- Overwhelming

Trauma in the Brain

- Prefrontal Cortex, Amygdala and Hippocampus are the key components at play.
- When functioning integratively, the PFC and Amygdala are touching, allowing us to rationally talk about our fear responses.
- When activated by trauma memory, Amygdala and PFC become disintegrated.
- Sometimes called "Flipping Your Lid"
- Practically speaking, the brain can come back online via mindfulness and calming the body (bottom-up approach).



Trauma in the Brain



- PTSD: a prolonged pattern of disintegration in the brain due to traumatic stress.
- PTSD can be acute, chronic or complex.
- Complex PTSD points to the developmental nature of trauma at an early age (formative).
- Trauma can impact all aspects of a person's life, including mental, emotional, spiritual and physical well-being.
- Research suggests that prolonged trauma may disrupt and alter brain chemistry.
- Thorns

Complex PTSD Symptoms

Table 3 – Typical complex trauma problems and deficits (categories may overlap)

Problems with affect regulation
- Anger
- Fear
- Shame
- Sadness/depression
- Disgust/revulsion

Problems with safety and impulse control
- Suicidality
- Self-injurious behavior
- Danger to others
- Alcohol and substance abuse
- Eating disorders
- High-risk behaviors
- Criminal behavior

Problems with attention and state stability/dissociation
- Depersonalization/derealization
- Dissociative amnesia
- Spontaneous trance

Problems with identity and self-perception
- Identity confusion
- Unstable self-image/sense of self
- Body image problems
- Dissociative identity disorder

Problems with body image/somatization
- Eating disorders
- Somatic symptom disorders
- Nonepileptic seizures: other conversion disorder symptoms, somatic symptom disorder
- Medical neglect

Problems with systems of meaning
- The self is seen as irreparably damaged, bad, shameful, and blameworthy
- Pervasive mistrust of others
- Belief in responsibility for events one cannot control
- Intense focus on control
- The world is seen as completely dangerous and untrustworthy
- Taking the perspective of the abuser/ rationalization of perpetrator behavior

Problems with relationships and attachments
- Insecure or disorganized attachments
- Pervasive mistrust of others
- Problems with stable attachments
- Problems with intimacy
- Attachment to/enmeshment with perpetrators
- Repeated unsafe or violent relationships

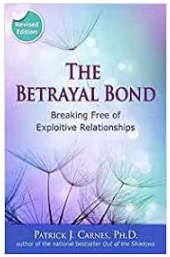
https://www.psychiatrictimes.com/view/treating-complex-trauma-survivors

The Window of Tolerance

HYPER-AROUSAL
Hyper-arousal
Fight or flight response
Survivors experience extreme awareness and vigilance against perceived fear or threat. Overwhelming feelings, high levels of anxiety and emotional outbursts of anger and rage. Rush of adrenaline is exhausting, addictive and unsustainable long term.

COMFORT ZONE
Optimal state
Feeling calm and in control
Comfort zone, ability to regulate emotions. Triggers such as fear or threat cause survivors to leave this balanced mental state. Over time, they find it more difficult to regulate emotions and may overshoot repeatedly when trying to do so.

HYPO-AROUSAL
Hypo-arousal
Freeze response
Survivors 'shut down' against perceived fear or threat. They feel disconnected, unaware and numb. Long term they may lose the ability to 'feel' or lose touch with reality.





The trauma of Christian Science is NOT YOUR FAULT!

Christian Science and Trauma

This session is based on the premise that Christian Science and other spiritually abusive teachings are processed as TRAUMA in the brain.

You may feel a flashback when the setting feels similar to CS--maybe the format or feel of a Sunday morning or testimony service or the particular phrases that might be used in those contexts. Flashbacks and triggers can be even more subtle and connect to an image, scent, tone of voice, or other sensory input. Slow down and tune in with these as much as possible.

Learning to trust others after your entire attachment framework has been distorted takes time. Be patient with yourself!

How does this impact me in a new church or religious setting?

Former Christian Science and Church

Remember that Non-CS churches can also be spiritually abusive. While the intent is for Church to be a safe haven and a hospital for those who are hurting, this is not always the case. Be wise as you settle into a new community and assess safety often.

Look for these things in a safe church community:*

- Focused on God
- Respectful
- Self-Worthy (feel value)
- Trusting
- Relationship Oriented
- Balanced
- Nonjudgmental
- Able to Embrace Our Emotions
- Loving
- Growing
- Free to Serve
- Vulnerable
- Individualized
- Personal
- Nondefensive
- Reality Based
- Able to Embrace Our Humanity

**Taken from chapter 10 of Toxic Faith: Experiencing Healing from Painful Spiritual Abuse (2001), by Stephen Arterburn and Jack Felton. Chapter 10 is titled, Seventeen Characteristics of Healthy Faith.*

Tips for assessing safety in Church

- Find a church that doesn't have obvious triggers with the facilities and main staff.
- Check in with your gut to see where you are in the window of tolerance.
- Ask yourself questions about your freedom: Am I allowed to disagree? Am I encouraged to move at my own pace or as I am comfortable?
- Ask yourself questions about the relationships: Do I feel known and understood? Do I feel forced to depth I don't feel comfortable with? Is there balance between the individual and the community?
- Trust your own gut in when/how you feel safe.
- Take it slow and evaluate often.
- Be careful not to impose an artificial timeline on yourself. Remember that God knows what you've been through with CS and believe that He wants good, healing things for you. He is building His people into a community that is His bride, which often but not always coincides with the physical church.

"**You yourselves** like living stones are being built up as a spiritual house,
to be a holy priesthood, to offer spiritual sacrifices acceptable to God through Jesus Christ."
1 Peter 2:5

Other related resources:

Toxic Faith (2001), a book by Stephen Arterburn and Jack Felton. This book helps to identify toxic systems and patterns that can be present in any religious system. There are chapters on roles in toxic faith systems and on characteristics of healthy church systems.

Betrayal Bond (2019), by Patrick J. Carnes, Ph.D.. This book may help you work through interpersonal trauma and contains an assessment for which of the 8 trauma responses you might naturally go to. This book also discusses the window of tolerance as a way of optimizing trauma processing.