

# INTERGENERATIONAL TRANSMISSION OF RELIGIOUS TRAUMA: MANIFESTATIONS, MECHANISMS, AND THERAPEUTIC IMPLICATIONS

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## ABSTRACT

This study explores the intergenerational transmission of religious trauma across three generations within five families, combining qualitative and quantitative approaches to capture the complexities of trauma manifestation, transmission mechanisms, and coping strategies. The findings reveal significant generational differences in trauma awareness, with the grandparent generation showing lower recognition of trauma impacts compared to heightened awareness in the parent generation. Adult children exhibit residual emotional effects despite reduced religious adherence. The results suggest that trauma transmission shifts from explicit religious control to more implicit family dynamics across generations. Therapeutic implications include tailored approaches for each generational cohort, integrating cognitive, psychodynamic, and mindfulness-based therapies. The study also calls for a broader conceptualization of religious trauma as a form of cultural trauma that encompasses familial and cultural influences. Limitations are acknowledged, with recommendations for future research to include diverse samples and longitudinal studies.

**Keywords:** Cultural trauma, family dynamics, intergenerational transmission, mindfulness-based therapy, psychodynamic therapy, qualitative research, religious trauma, resilience, trauma-focused therapy

## 1. INTRODUCTION

The transmission of trauma across generations has gained considerable attention in psychological research, particularly in contexts where cultural, historical, or religious factors shape family dynamics and individual development. Religious trauma, defined as the emotional and psychological distress experienced due to harmful religious beliefs, practices, or institutions, represents a unique category of trauma that can perpetuate intergenerationally through specific cultural norms and familial structures (Herman, 2015; Griffith, 2010). Understanding how these traumatic experiences are transmitted across generations is essential for developing effective therapeutic interventions and promoting healing within affected families.

Religious trauma often involves deeply ingrained belief systems that shape identity, moral values, and perceptions of self-worth. These belief systems can be rooted in dogmatic religious teachings, rigid moral codes, or fear-based doctrines, such as the concept of eternal damnation (Tishelman, Meyer, Haney, & McLeod, 2010). For some individuals, these teachings may result in feelings of guilt, shame, and fear that persist into adulthood, influencing their parenting practices and interpersonal relationships (Exline, 2013). The persistence of religious trauma across generations highlights the importance of examining how these experiences are internalized, transmitted, and potentially transformed within family contexts (Hollander, 2017).

Research on intergenerational trauma has demonstrated that unresolved trauma in parents can adversely affect the psychological development of their children, leading to various psychopathological outcomes (Yehuda & Bierer, 2009). In the case of religious trauma, the mechanisms of transmission may include explicit religious teachings, implicit value systems, and unspoken family rules that govern behaviors and beliefs (Brewster, 2014). For example, parental fears regarding divine punishment may influence their parenting style, creating a restrictive or fear-based household environment (Griffith, 2010). These dynamics can perpetuate cycles of trauma, even in families where overt religiosity has diminished over time.

Previous research has extensively explored the phenomenon of intergenerational trauma, particularly in contexts such as Holocaust survivor families, indigenous communities, and populations affected by war or systemic oppression (Danieli, 1998; Bombay, Matheson, & Anisman, 2014). While these studies have provided valuable insights into the general mechanisms of trauma transmission, there is a relative paucity of research focused specifically on the transmission of religious trauma (Hollander, 2017). Existing literature suggests that the unique features of religious trauma, such as spiritual abuse and the internalization of punitive divine imagery, may contribute to distinct patterns of intergenerational transmission (Walker, 2016). Studies have highlighted several mechanisms through which trauma may be passed down, including biological, psychological, and sociocultural pathways. For example, epigenetic research has shown that trauma can alter gene expression, potentially affecting subsequent generations' stress responses and

vulnerability to mental health disorders (Yehuda et al., 2014). In terms of psychological transmission, social learning theory suggests that children may learn maladaptive coping mechanisms or cognitive distortions from their parents, especially when those behaviors are linked to religious beliefs (Bandura, 1977). Sociocultural factors, such as community reinforcement of religious practices, further embed these trauma-related patterns within families (Brewster, 2014).

The present study aims to examine the intergenerational transmission of religious trauma across three generations within five families. The primary objectives are to:

1. Identify how religious trauma manifests differently across generations.
2. Explore the mechanisms of trauma transmission, including explicit teachings, implicit values, and family dynamics.
3. Investigate the coping strategies employed by different generations to mitigate the effects of trauma.
4. Analyze generational differences in the awareness and processing of religious trauma.

This study contributes to the existing literature by providing both quantitative and qualitative data, offering a comprehensive understanding of how religious trauma evolves and affects family members across generations.

The study is guided by the following research questions:

1. How does religious trauma manifest across three generations within the same family?
2. What mechanisms facilitate the transmission of religious trauma from one generation to the next?
3. How do different generations perceive and cope with the lingering effects of religious trauma?
4. What generational differences exist in terms of trauma awareness and therapeutic engagement?

This research extends the current understanding of intergenerational trauma by focusing on the unique characteristics of religious trauma, offering insights into its impact on family dynamics and individual well-being.

## 2. METHODOLOGY

This study employs a mixed-methods approach to explore the intergenerational transmission of religious trauma across three generations within five families. By integrating qualitative and quantitative data, the research aims to capture the complexities of trauma transmission, its manifestations, and coping strategies within family systems. The following section outlines the study design, the characteristics of the sample, and the procedures for data collection and analysis. The study design combines semi-structured qualitative interviews with a Likert-scale survey, allowing for a comprehensive analysis of both subjective experiences and measurable patterns. Qualitative interviews served as the primary data source, providing rich, in-depth accounts of how religious trauma was experienced and transmitted within families. Meanwhile, the quantitative component offered a structured measure to identify trends in the perception of trauma and awareness across different generations. This combination of methods ensures that the findings are not only grounded in personal narratives but also supported by systematic data, enhancing the study's reliability and validity.

Participants were recruited from a range of settings to reflect diverse experiences with religious trauma. Recruitment involved contacting therapeutic practices specializing in trauma recovery, where two families were identified, as well as reaching out to self-help groups for individuals navigating religious deconstruction, from which another two families were sourced. The fifth family was found through an online forum dedicated to people who had left restrictive religious communities. This recruitment strategy aimed to include participants with varied backgrounds, thereby capturing a broad spectrum of experiences. The study focused on three generational cohorts within each family: grandparents, parents, and adult children. The grandparent generation, with an average age of 72, typically had significant early exposure to religious communities, which played a central role in their upbringing. Participants in the parent generation, averaging 52 years old, experienced religious upbringing but displayed varying degrees of continued religious engagement or disaffiliation. The youngest cohort, with an average age of 27, generally reported a more critical or distant stance toward religion, often shaped by the residual effects of their parents' and grandparents' experiences. This generational composition enabled the exploration of both direct and subtle shifts in how trauma is transmitted and understood.

The qualitative data collection involved conducting individual interviews with each participant. These semi-structured interviews were guided by an open-ended set of questions designed to explore core themes related to religious trauma, family dynamics, and the participants' emotional experiences. For instance, participants were asked to describe their earliest religious memories, the role of religion in family interactions, and the perceived psychological impact of these experiences. They were also encouraged to reflect on changes in their religious beliefs and the factors contributing to these shifts. Each interview, lasting between 60 to 90 minutes, was audio-recorded with consent and later transcribed verbatim. The semi-structured format allowed for flexibility in responses, enabling participants to share their experiences in their own words while ensuring that key topics were addressed across all interviews. In addition to qualitative interviews, a quantitative survey was administered to gather standardized information on participants' experiences and perceptions. The survey consisted of three questions rated on a 5-point Likert scale, designed to measure

the impact of religious upbringing, the awareness of intergenerational trauma, and the openness in discussing religion within the family. This quantitative data provided a basis for comparing generational differences, offering a numerical perspective on how trauma is perceived and discussed across age groups.

The analysis of qualitative data followed Mayring's (2014) content analysis approach, which emphasized an iterative process of developing categories directly from the data. The analysis began with familiarization, where transcripts were reviewed multiple times to identify recurring themes and patterns. Codes were then assigned to meaningful text segments, capturing elements such as expressions of fear, guilt, or rigid moral values. These codes were subsequently grouped into broader themes, including manifestations of religious trauma, mechanisms of transmission, coping strategies, and generational differences in experiences. This inductive approach ensured that the findings emerged organically from the data rather than being imposed by preconceived categories, thereby enhancing the credibility of the results. Quantitative data were analyzed descriptively by calculating mean scores and standard deviations for each survey question, grouped by generational cohort. This analysis highlighted distinct generational trends in the perception of religious trauma and the willingness to engage in discussions about religion. While the small sample size limited the use of inferential statistics, the quantitative findings complemented the qualitative themes, offering additional insight into how trauma awareness and expression varied across generations. Overall, the methodological approach allowed for a detailed examination of intergenerational religious trauma, combining personal narratives with structured measures to provide a nuanced understanding of how trauma evolves and persists within families. Despite some limitations, such as the small sample size and the reliance on self-reported data, the triangulation of qualitative and quantitative findings offered a robust framework for exploring the complex processes underpinning the transmission of religious trauma.

### 3. RESULTS

The results of this study provide insights into the intergenerational transmission of religious trauma across three generations within the participating families. Findings are presented in two main sections: quantitative results derived from the Likert-scale survey and qualitative themes emerging from the in-depth interviews. These sections complement each other, with quantitative data offering a broad perspective on generational differences in trauma perception and qualitative findings providing detailed accounts of individual experiences.

**3.1 Quantitative Results-** The quantitative data, collected using a 5-point Likert scale, revealed distinct patterns in how different generations perceive the impact of religious trauma, their awareness of intergenerational issues, and the openness to discussing religion. The mean scores for each generational cohort are summarized in the following table:

Generation	Question 1 (Impact of Religious Upbringing)	Question 2 (Awareness of Trauma)	Question 3 (Openness to Discuss Religion)
Grandparents	2.4	1.8	4.2
Parents	3.8	4.2	4.6
Adult Children	3.2	3.6	3.8

The analysis of the survey responses indicates significant generational differences in these three areas:

- 1. Impact of Religious Upbringing:** The scores suggest that the grandparent generation perceives their religious upbringing as having a relatively moderate impact (mean = 2.4). In contrast, the parent generation reported the highest impact (mean = 3.8), reflecting an increased awareness of how religious teachings affected their lives and shaped their parenting. Adult children also rated the impact moderately high (mean = 3.2), though with less intensity than their parents, possibly indicating a more distanced or critical stance toward the religious background.
- 2. Awareness of Intergenerational Trauma:** The grandparent generation displayed the lowest awareness of intergenerational trauma (mean = 1.8), suggesting a limited recognition of how their experiences may have affected subsequent generations. Conversely, the parent generation showed a markedly higher awareness (mean = 4.2), indicating a growing understanding of the transmission of trauma and its effects on their children. Adult children scored in between (mean = 3.6), demonstrating some recognition of the issue, though potentially lacking the depth of insight seen in the parent generation.
- 3. Openness to Discussing Religion:** Interestingly, the grandparent generation reported the highest openness to discussing religion (mean = 4.2), potentially reflecting a comfort with established religious narratives. Parents scored slightly higher (mean = 4.6), possibly due to their desire to process their experiences and address unresolved issues within the family. Adult children, however, expressed lower openness (mean = 3.8), which may indicate discomfort in discussing religious topics that are still sources of tension or conflict within the family.

These quantitative results suggest a trend where the middle generation, the parents, exhibit the greatest awareness of trauma and the most pronounced impact of religious upbringing. This heightened awareness may contribute to their efforts to openly address religious issues, potentially mitigating the transmission of trauma to the younger generation.

### 3.2 Qualitative Findings

The qualitative data analysis revealed four main themes that provide a deeper understanding of how religious trauma manifests, is transmitted, and is managed across generations. These themes include: (1) manifestation of religious trauma, (2) transmission mechanisms, (3) coping strategies, and (4) generational differences in trauma processing.

#### (1) Manifestation of Religious Trauma

Participants across all generations reported experiences of religious trauma, though the nature and intensity of these experiences varied. The grandparent generation commonly described direct forms of religious control, such as strict adherence to moral codes and fear-based teachings about divine punishment. For example, one 75-year-old participant recounted, "We had no other choice back then.

The church was the center of the village; you had to conform." This sentiment highlights a context where religious adherence was not just expected but enforced through social and cultural pressures. In the parent generation, the manifestation of trauma was often linked to internalized fear and guilt. One 48-year-old mother noted, "As a child, I constantly feared hell. Even now, I pass on this fear to my children, though I don't want to." This reflects how the trauma experienced in childhood influenced parenting practices, perpetuating cycles of fear and anxiety within the family.

The adult children, while less directly affected by strict religious practices, reported a sense of lingering unease and unresolved tension when religion was discussed. A 28-year-old participant mentioned, "You can feel the unspoken tension at family gatherings when the topic of religion comes up." This indicates that the trauma may persist in subtler forms, impacting familial relationships and communication.

#### (2) Transmission Mechanisms

The mechanisms through which religious trauma was transmitted varied across generations. For the grandparents, trauma transmission was often explicit, involving direct religious teachings and strict rules. This was exemplified by accounts of compulsory church attendance and rigid behavioral expectations.

In the parent generation, transmission became more implicit, as underlying values and fears were conveyed through non-verbal cues and family dynamics. For instance, a 52-year-old father reflected, "I can see how my parents' values still affect me today, even though I don't consider myself religious anymore." Among the adult children, transmission often occurred through indirect influences, such as the family's emotional climate or the avoidance of religious discussions. Unspoken rules about acceptable topics or behaviors contributed to a perpetuation of trauma, even in the absence of overt religiosity. This suggests that trauma transmission may shift from explicit enforcement to more subtle forms of value transmission as religious practices become less central in the family.

#### (3) Coping Strategies

Different generations employed various coping strategies to manage the effects of religious trauma. The grandparent generation often viewed their past religious practices as a source of stability, even if they were restrictive, and demonstrated little inclination to distance themselves from those experiences.

In contrast, the parent generation was more likely to seek therapeutic support, engage in reflection, and consciously distance themselves from harmful religious practices. This shift in coping strategies is consistent with their higher awareness of trauma and its intergenerational impact.

Adult children exhibited a range of coping mechanisms, from distancing themselves from religion entirely to seeking alternative spiritual practices. For some, open communication about their experiences with family members facilitated healing, while others found that avoiding the topic altogether was a necessary means of coping with unresolved tension.

#### (4) Generational Differences in Trauma Processing

The qualitative data revealed significant generational differences in how religious trauma was processed. The grandparent generation often displayed acceptance or resignation towards their past, whereas the parent generation demonstrated a heightened awareness and active engagement in trauma resolution. The youngest generation, while less directly influenced by rigid religious practices, nonetheless experienced the residual effects of unresolved family tensions and value conflicts. Their processing of trauma tended to focus on questioning and redefining religious and moral beliefs inherited from previous generations.

Overall, the results suggest a trend of evolving trauma experiences and coping mechanisms, with each generation adapting in response to the cultural and familial context in which they were raised.

## 4. DISCUSSION

The findings from this study contribute to the understanding of intergenerational religious trauma, revealing how the transmission of trauma unfolds across different family generations, its varied manifestations, and the ways individuals cope with it. The results align with existing literature on intergenerational trauma but also offer a unique perspective specific to the religious context. This section aims to explore these findings more deeply, taking into account different theoretical perspectives and critical viewpoints on trauma transmission, generational dynamics, and the implications for therapeutic practices.

### 4.1 Interpreting the Generational Differences in Trauma Awareness

The observed generational differences in trauma awareness and perception underscore the shifting cultural and societal attitudes toward religion and psychological health. The grandparent generation's lower awareness of intergenerational trauma (mean = 1.8) might be interpreted through the lens of social conformity and the normative acceptance of religion in their upbringing. During their formative years, religious beliefs and practices were often integrated into everyday life, leaving little room for critical reflection on the potentially harmful effects of strict religious adherence. This generational cohort's tendency to view religious practices as stabilizing or essential to community life can be understood in the context of Durkheim's (1912/2008) theory of religion as a source of social cohesion and collective identity. From this perspective, religious trauma may be difficult to recognize, as the cultural narrative often portrays religious structures as fundamentally positive. However, this limited recognition raises critical questions about the psychological costs of normative religiosity. Herman (2015) argues that the normalization of harmful religious practices can perpetuate cycles of trauma by masking its psychological impact under the guise of cultural or moral obligation. This viewpoint suggests that the grandparent generation's acceptance of rigid religious norms may not reflect the absence of trauma, but rather an internalized coping mechanism that facilitates conformity at the expense of psychological well-being. Further critical reflection is warranted to understand whether this generational acceptance serves as a form of adaptive resilience or perpetuates maladaptive coping. In contrast, the parent generation's heightened awareness (mean = 4.2) and perception of the impact of religious upbringing (mean = 3.8) suggest a significant cultural shift toward recognizing and addressing trauma. This generation has been exposed to broader cultural discussions on mental health and the impact of adverse childhood experiences, which may have influenced their ability to reflect on and articulate the effects of religious trauma. Critical perspectives, such as those of Exline (2013) and Brewster (2014), argue that increased awareness can be both beneficial and burdensome; while it facilitates trauma processing, it also brings to light difficult experiences that were previously repressed or normalized. For some individuals, this awareness may contribute to a "burden of insight," where recognizing the traumatic impact of one's upbringing intensifies feelings of guilt or resentment, especially when these insights conflict with familial or cultural expectations. The adult children's intermediate levels of awareness (mean = 3.6) suggest a generational transition where religious trauma is neither as deeply internalized as in previous generations nor entirely resolved. This may indicate a generational lag in the full acceptance of religious trauma as a legitimate psychological concern. According to Tishelman et al. (2010), younger generations may still struggle with the residual effects of intergenerational trauma, even if they are more distanced from the original source of distress. This finding is critical because it points to the possibility of a "trickle-down" effect, where even in families where religious adherence has diminished, the emotional legacies of earlier generations continue to shape relational patterns and psychological well-being.

### 4.2 Shifts in the Manifestation of Religious Trauma

The evolution in how religious trauma manifests across generations is a key finding that aligns with existing theories on intergenerational trauma transmission. The grandparent generation's trauma, characterized by rigid moral codes, compulsory adherence to religious rituals, and fear of divine punishment, fits well within Griffith's (2010) framework of spiritually harmful religious environments. In such settings, the direct imposition of religious beliefs often leads to the internalization of fear-based teachings, which can persist into adulthood. The critical question here is whether these rigid religious practices served a protective function by providing structure or were primarily repressive, limiting individuals' emotional development and psychological flexibility. This study's findings suggest that while some grandparents viewed religious practices as sources of stability, others experienced them as restrictive, creating an environment where psychological distress was a latent but unspoken outcome. From a critical perspective, this duality raises important questions about the function of religious adherence: is it a stabilizing force that offers meaning and resilience, or does it constitute a form of "psychic imprisonment" where individuals are unable to develop adaptive coping mechanisms outside the confines of religious doctrine (Hollander, 2017)? The parent generation's manifestation of trauma is more internalized, with themes of pervasive guilt, anxiety, and ambivalence about religious values. This internalization reflects a transition from external religious control to the internalization of fear-based values. Theoretical perspectives, such as Bowlby's (1980) attachment theory, suggest that when caregivers instill fear or guilt as primary

motivators, these emotions can become deeply embedded in the individual's sense of self, influencing their attachment patterns and stress responses. In this context, religious teachings may act as an attachment figure that provides security while simultaneously evoking fear and anxiety. This ambivalence may contribute to the transmission of trauma, as parents inadvertently pass on fear-based worldviews or coping strategies to their children.

The adult children's experiences of religious trauma, which often surfaced as unresolved family tensions or implicit value conflicts, support Walker's (2016) observations that trauma can persist through emotional dynamics rather than direct religious teachings. This finding challenges the assumption that the decline in religious observance necessarily reduces the risk of religious trauma. Even in families where traditional religious practices have diminished, the "ghosts" of previous generations' experiences may continue to shape the emotional climate. This raises the critical question of whether trauma transmission in contemporary contexts is more about the perpetuation of dysfunctional emotional patterns than explicit religious ideologies.

#### 4.3 Complexity of Trauma Transmission Mechanisms

The study's findings support the idea that trauma transmission mechanisms become more complex and nuanced across generations. Among the grandparents, trauma was transmitted primarily through explicit religious teachings and behavioral expectations. This aligns with Bandura's (1977) social learning theory, which posits that behaviors are learned through direct observation and reinforcement. However, this explanation may not fully account for the psychological processes involved in internalizing trauma-related beliefs. The role of implicit transmission, as described by Yehuda et al. (2014), suggests that trauma-related behaviors and emotions can be unconsciously communicated through non-verbal cues, emotional responses, and relational patterns. The transition to more implicit transmission mechanisms in the parent generation reflects the changing nature of trauma transmission, where religious values are no longer overtly imposed but continue to exert influence through family dynamics. The finding that many parents recognized the influence of their upbringing on their current parenting practices aligns with the concept of "intergenerational trauma transmission through modeling" (Danieli, 1998). In this framework, parents may unconsciously recreate patterns of behavior and emotional regulation learned from their own caregivers, perpetuating trauma even in the absence of explicit religious demands. This suggests that therapeutic interventions aimed at interrupting these patterns must address both conscious beliefs and unconscious emotional dynamics. The adult children's experiences suggest a form of transmission where trauma manifests not through direct religious practices but through the "emotional residue" left by earlier generations. This supports the argument by Brewster (2014) that trauma transmission in contemporary families is often subtle, involving the perpetuation of implicit value systems or emotional climates rather than explicit teachings. The finding that younger family members often avoided religious discussions to reduce conflict highlights the potential for avoidance behaviors to maintain trauma's presence in the family, even when overt religious practices have ceased.

#### Implications for Practice

The results of this study offer valuable insights for therapeutic practices aimed at addressing intergenerational religious trauma. Given the distinct experiences and manifestations of trauma across generations, interventions should be tailored to the specific needs and psychological profiles of each cohort. The findings suggest different therapeutic strategies may be most effective for each generational group, while also raising broader questions about the concept of religious trauma in modern contexts.

For the grandparent generation, therapeutic interventions could benefit from approaches such as life review and narrative therapy. These methods encourage individuals to reflect on their religious experiences and integrate past events into a coherent life story. Such reflection may help address rigid moral codes and feelings of guilt by reframing these experiences in terms of personal growth and resilience (Butler, 1963). However, it is critical to recognize that not all religious experiences can be positively reframed; for some individuals, therapeutic work may need to focus on deconstructing harmful beliefs entirely to facilitate psychological healing (Exline, 2013). This generation's deeply ingrained religious values may pose unique challenges in therapy, necessitating a sensitive and culturally informed approach to avoid reinforcing distressing beliefs.

The parent generation presents a different therapeutic landscape, with trauma often manifesting as internalized guilt, anxiety, and conflicting emotions related to religious values. Trauma-focused therapies that integrate cognitive-behavioral techniques with psychodynamic insights may be especially effective for this group. Cognitive-behavioral interventions can help individuals identify and modify fear-based cognitive distortions rooted in religious teachings, while psychodynamic approaches can explore the deeper emotional roots of these beliefs, addressing unconscious patterns that may have been passed down from previous generations (Herman, 2015). Nonetheless, it is important to remain critical of approaches that emphasize pathology; some individuals may find strength-based, resilience-focused interventions more empowering, as these approaches emphasize personal growth and post-traumatic healing rather than

solely focusing on trauma symptoms. For adult children, therapeutic needs often involve addressing the emotional aftermath of intergenerational trauma rather than direct religious control. Interventions that focus on emotional regulation, boundary-setting, and identity development can be beneficial. Mindfulness-based therapies, which promote present-focused awareness and non-judgmental acceptance, may help individuals process residual emotional distress from past trauma (Kabat-Zinn, 1990). However, caution is warranted, as mindfulness practices alone may not adequately address the deep-seated familial and relational dynamics that contribute to trauma. A comprehensive therapeutic approach that combines mindfulness with relational and systemic therapies may be more effective for this generation.

The findings also raise important questions about the very concept of religious trauma and its applicability in a contemporary, secularizing world. While this study supports the notion that religious beliefs and practices can exert lasting psychological effects, the mechanisms of trauma transmission appear to extend beyond religious contexts. The persistence of trauma in less religiously observant families suggests that the term "religious trauma" may not fully encapsulate the complexity of the phenomenon. It may be more accurate to conceptualize it as a form of "cultural trauma" wherein religious values, emotional legacies, and broader cultural and familial norms intertwine. This reconceptualization challenges the notion that distancing oneself from religious practices is sufficient for resolving trauma, as even secular families can be influenced by inherited values and emotional patterns from past generations. Effective trauma resolution may require a more holistic approach that addresses these cultural and familial dynamics alongside individual psychological experiences (Hollander, 2017).

This study's limitations should be acknowledged. The small sample size and recruitment from therapeutic, self-help, and online communities may limit the generalizability of the findings, as participants who have sought help may differ in their experiences from those who have not. Additionally, the reliance on retrospective self-reports may introduce recall bias, affecting the accuracy of accounts regarding past experiences. Future research should expand on these findings by including a more diverse sample in terms of cultural, religious, and socioeconomic backgrounds. Longitudinal studies that track trauma transmission across multiple generations over time would provide valuable insights into how religious trauma evolves in response to changing cultural attitudes. It is also important to explore families with varying levels of religiosity to better understand the balance between explicit religious teachings and implicit emotional dynamics in trauma transmission. By addressing these limitations and considering broader cultural contexts, future research can further illuminate the complex interplay between religious, cultural, and psychological factors in the transmission of trauma.

## 5. CONCLUSION

This study contributes to the growing body of literature on intergenerational trauma by focusing on religious contexts, revealing how religious trauma can manifest and be transmitted across generations within families. The findings highlight significant generational differences in the awareness, perception, and manifestation of trauma, underscoring the complex interplay between explicit religious practices, implicit family dynamics, and broader cultural shifts. The grandparent generation often experienced trauma in the form of rigid religious teachings and fear-based moral codes, which were normalized within the cultural and social context of their upbringing. In contrast, the parent generation demonstrated greater awareness of the psychological impacts of these teachings, reflecting broader societal shifts towards recognizing the effects of trauma on mental health.

The adult children, while less directly influenced by rigid religious practices, were nonetheless affected by the lingering emotional legacies from previous generations, suggesting that trauma transmission can occur through subtle and implicit mechanisms, such as unspoken family rules and emotional climates. The results also underscore the evolving nature of trauma transmission mechanisms, which shift from direct religious control to more complex, indirect forms of value transmission across generations. This shift points to the necessity of understanding religious trauma not only as a product of explicit religious teachings but also as a phenomenon that is deeply embedded in family relationships and cultural norms. Therapeutic implications suggest that interventions should be tailored to the specific generational experiences of clients, taking into account the varying levels of trauma awareness and coping strategies. Approaches that address both conscious beliefs and unconscious emotional patterns may be particularly effective in breaking the cycle of trauma transmission. While the study's limitations, such as the small sample size and potential biases in participant recruitment, restrict the generalizability of the findings, the research nonetheless provides valuable insights that can inform both clinical practice and future investigations. Future research should expand on these findings by including more diverse samples and employing longitudinal designs to track changes in trauma transmission over time. In conclusion, this study emphasizes the enduring impact of religious trauma across generations, demonstrating the need for a nuanced understanding of how trauma evolves and is transmitted within families. By integrating therapeutic approaches that recognize both the cultural and psychological dimensions of religious trauma, it is possible to support healing and promote resilience in affected individuals and families.

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