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Emily Maynard is a Licensed Marriage and Family Therapist in California. Her clinical work focuses on supporting people who have experiences with religious trauma, harmful faith and family dynamics, high control groups, and dysfunctional Christian workplaces. Emily earned a MA in Clinical Psychology from Pepperdine University, and has 5 years of experience as a therapist. She is certified in EMDR Therapy through EMDRIA. Alright, let's get into it.

Allison Puryear (she/her): Welcome to Not Boring CEs. I'm your host, Alison Puryear. I'm here with Emily Maynard, and we are going to be talking about recognizing and working with people who may need to escape harmful Christian communities and workplaces. I wanna go ahead and say at the jump. We are not saying all Christian communities are needing to be

Allison Puryear (she/her): left and save people from them, and all that. These are just the ones that are. and we'll get into it, but are harmful to our clients and definitely not the kinds of environments we want the people we care about in. So thank you so much for being here, Emily. I'm excited to talk.

Emily Maynard, LMFT: Thanks for having me. Yeah, I'm excited, too. Yeah. So maybe.

Emily Maynard, LMFT: can we start with any sort of like definitions or any laying the groundwork that we may need to do. Can we start there? Yeah, I think definitions are really important. Because, like you said, we're we're really comfortable with the idea that religion can be something that really helps people, or faith can be something that even helps people in their clinical outcomes. It can be a tool

Emily Maynard, LMFT: that if the client wants. It can be really powerful and important to allow in the therapy room. But if it's something where the client has experienced religious harm in some way, they've had a faith transition.

Emily Maynard, LMFT: Bringing that into the room can cause clinical harm, or even slow down a client's progress as as a distraction. So what I'm talking about here are something that's been called adverse religious experiences. There's actually a religious trauma institute that brings together research and training with the clinical perspective on some of these issues.

Emily Maynard, LMFT: so they define adverse religious experiences as any experience of religious belief, practice, or structure that undermines an individual's sense of safety or autonomy

Emily Maynard, LMFT: and or negatively impacts their physical, social, emotional, relational, or psychological well being.

Emily Maynard, LMFT: So, that's a really broad definition. But I think the point to

Emily Maynard, LMFT: to focus in on is that we're talking about things that cause harm, and that can be a lot of different things. And you know, we know with interpersonal neurobiology, and that some things can cause harm to one person and another person could experience them and be totally fine.

Allison Puryear (she/her): right? Right? And I think we should acknowledge this can happen across all faith traditions as well as agnostic and atheist realms or ways like or philosophies. I just wanna I don't want people to be offended that we are picking on Christianity so.

Emily Maynard, LMFT: And that's from the Bible belt over here. So right, that's my clinical focus. So that's why I can speak the best from. But certainly harmful dynamics can happen in any kind of group or organization or relationship. Absolutely

Allison Puryear (she/her): okay, any other definitions or groundwork. We should lay.

Emily Maynard, LMFT: Yeah, another one that, I think, is really important is the understanding of religious trauma, because that's a phrase that I feel like is coming up more in

Emily Maynard, LMFT: clinical conversations. And I'm really excited about that, because I think it's a really important thing to define. And maybe there might be more and more people in your community seeking that sort of care

Emily Maynard, LMFT: for trauma that they experience, or that they're kind of carrying in some way from a religious group. So again, the Religious Trauma Institute says that religious trauma is the physical, emotional, or psychological response to religious beliefs, practices, or structures. That is an experience by an individual as overwhelming, disruptive, and has lasting adverse effects

Emily Maynard, LMFT: on a person's physical, mental, social, emotional, or spiritual well-being.

Emily Maynard, LMFT: Another phrase that I think is really important to know is this idea of religious deconstruction, because, again, there's a lot of content about that out there, and I think some of you might be seeing more and more clients who are bringing those ideas in and wanting to sort of use therapy or clinical spaces to

Emily Maynard, LMFT: deconstruct some of the ways that they grew up, or some of the beliefs that they used to hold, and how those might have had positive or negative effects on their lives. So deconstruction is like the process of re-examining or changing your once held beliefs.

Emily Maynard, LMFT: and this can involve a change into a religious community or practice. It can be a primarily intellectual process, or it can be a primarily social process, something that shifts in your life or family, and that can cause a lot of challenges, particularly for people who are raised in a more tightly controlled group

Emily Maynard, LMFT: or a fundamentalist type of experience at that faith. That's where we see a lot more social impacts, a lot more anxiety and depression, a lot more relationship issues. And now, you know, they've left that faith group or they're still engaging with family or friends who are really invested in a certain set of beliefs or a certain set of community practices.

Allison Puryear (she/her): Yeah

Allison Puryear (she/her): sounds. And I think about how these phrases they get picked up across social media. Often they end up morphing and changing, depending on who's saying them. So I love that you're I'd like. This is what this means, because I can also see clients coming in and thinking it has a different flavor, or it's slightly different in some way. So it is probably also good to have this definition in your head. But to also ask clients, tell me what you mean by deconstruct. Yeah.

Allison Puryear (she/her): awesome. Any other things that we should

Allison Puryear (she/her): define or clear out before we hop in.

I think that's what I have for definitions, the really important things to know, or that the harm is unique to the client.

Allison Puryear (she/her): not necessarily to the group. It might even be really hard to sit across somebody who is harmed by a group that you, as a clinician, are a part of and have found beneficial, and have found helpful in other clinical conversations. But I know that there's

Emily Maynard, LMFT: I hear stories of harm that happens when a clinician brings in a faith practice or a person and really pushes that on a client, even in even in the form of homework. So I'm thinking of somebody I know who said that their clinician, you know, they were

Emily Maynard, LMFT: treating, treating some mental health issues and their clinician told them, oh, you need more positivity, you know, in your life, maybe sign up for this pastor's daily newsletter of encouragement, and my friend was like, no, I'm not gonna do that like religious harm is a part of my background. You know this like, why are you telling me that I need to engage with, like your religion in order to

Emily Maynard, LMFT: to feel better about this issue. So I think it's really important to you know, if you, if you live in an area where you're likely to engage with clients of faith, you can certainly have some knowledge of how to work with those clients well, but make sure you have some secular options or some homework that doesn't involve religious practice or belief at all. Even if you're trying to be helpful. Yeah, absolutely.

Allison Puryear (she/her): So, I'm thinking, like, there are probably 2. I mean multiple groups of people. But I'm putting them into 2 categories right now. That may come into your practice to see you.

Allison Puryear (she/her): And there are clients coming in who are like, I wanna deconstruct. I'm like, I'm realizing I don't believe what I once believed, and I need to kind of sort through that

Allison Puryear (she/her): or the fallout of that. And then the people who may be in these situations that are harmful and they're not recognizing it yet. How do you help clients recognize if they're in like a high control religious environment that is

Allison Puryear (she/her): hurting them.

Emily Maynard, LMFT: Yeah, I think those cases are always a little bit trickier, because you have to move a little bit slower the same way that if somebody was in a dysfunctional relationship, or maybe an abusive relationship. And they weren't

Emily Maynard, LMFT: really recognizing that yet, because it was so normal to them. That's what I see is people who are raised in religious context

Emily Maynard, LMFT: and had that shape, all of their development, all of their early relationships, maybe their family structure, and how they engage with their family, like religion, was everywhere.

Emily Maynard, LMFT: and it was normal to them.

Emily Maynard, LMFT: you know, in the same way that people who experience

Emily Maynard, LMFT: childhood abuse in different ways have to make sense of those processes like biologically to survive. We sort of are prone to make it our fault or to think, maybe if we just do something better. This bad thing wouldn't happen.

Emily Maynard, LMFT: and I see that a lot in people who say, Oh, you know, maybe I have a little bit of, you know.

Emily Maynard, LMFT: religious harm happened to me in this one area. But they're not really thinking about some of the big picture ways they're experiencing the harm they're showing up with symptoms. But they haven't made those connections yet.

Emily Maynard, LMFT: I think it's really important to just sort of

Emily Maynard, LMFT: offer some information and say, Well, you know it's really interesting, because when I see these types of symptoms in some other people, they really trace them back to their religious upbringing. Is that something that feels like it might fit for you, because so many of these people have grown up in environments where they were told what to believe or experience or think

Emily Maynard, LMFT: I think it's extra important to make sure the client is only moving as fast as the client can go, and wants to go at that time.

Allison Puryear (she/her): And I think about like some of the messages, even around questioning things that people grow up in of like don't question, don't ask these questions like, faith is like, that's the definition of faith, basically, which is not accurate. And

Allison Puryear (she/her): there are some environments in which questions are encouraged. But I think particularly those where questions are not encouraged. It also keeps you from asking yourself

Allison Puryear (she/her): and checking in with yourself, like just cutting your own narrative off

Allison Puryear (she/her): in a way that probably links into other areas of life as well.

Emily Maynard, LMFT: Yeah, for these clients, they need

Emily Maynard, LMFT: just a little bit of space at a time. They need just a little bit of psycho education that, hey? That, you know, sounds like that. Environment was really hard to grow up in, you know. And there's these big narratives of like? No, no, no, it was great. It was wonderful, you know, I felt connected to God like this is what my family has always believed. Maybe generations of my family have always believed these things, and

Emily Maynard, LMFT: allowing someone even a breath or a little bit of space away from those ideas, can be really powerful.

Emily Maynard, LMFT: Also gonna bring in a lot of really harmful emotions. There's a lot of grief and loss around these topics that I don't know. People are always clued into.

Emily Maynard, LMFT: because any kind of shift

Emily Maynard, LMFT: does feel like a loss, not just existentially, of a belief. But usually the hardest part is socially. What does this mean for

Emily Maynard, LMFT: all of my loved ones? What does this mean for my family? What does this mean for

Emily Maynard, LMFT: how I relate to all these people, when my whole life I've only related to these people in this way with this thing in common?

Allison Puryear (she/her): and I'm assuming like these folks are probably not showing up to your office when you specialize in like deconstruction. And and these kinds of things are showing up

Allison Puryear (she/her): with burnout or being a stressed out mom, or these other kinds of things and other people's practices who don't necessarily have the experience you have around this.

Allison Puryear (she/her): so I can see, like the curiosity, like always. That's our job, right? Like always coming from curiosity, and also making sure that you have some knowledge, which hopefully this CE will provide, so that you can kind of know it when you see it.

Allison Puryear (she/her): And gently weigh in with folks who may need to explore that a little more than they have

Allison Puryear (she/her): in their lives

Emily Maynard, LMFT: right? I'm always curious how people assess or include information about religious background or religious upbringing in their intakes or in their early conversations. I think, depending on where you are in the country, it might be assumed that

Emily Maynard, LMFT: that's everyone kind of shares, similar faith backgrounds.

Emily Maynard, LMFT: or it might be, I mean, I'm in Southern California. So I would say, the assumption here more is like, Oh, we don't even need to ask about that. It's not

Allison Puryear (she/her): something that feels so important here. But the way we know that the way that our clients grow up has so many impacts on their lives now.

Emily Maynard, LMFT: and that's something that I don't want clinicians to be afraid of asking about whether it was positive or negative or just neutral. You have some more information about maybe, how to help that client

Emily Maynard, LMFT: move forward in their life, get more of what they want.

Allison Puryear (she/her): heal their mental illness, or just learn how to tolerate it a little bit better. Yeah. And I'm thinking about the difference in how therapists

Allison Puryear (she/her): approach and their curiosity. And maybe Southern California versus like

Allison Puryear (she/her): Provo, Utah.

Allison Puryear (she/her): And like just doing everything you can to be safe and curious as humanly possible for somebody to disclose whatever comes up. But how? When you're an environment in an environment where.

Allison Puryear (she/her): like Southern California, where there's

Allison Puryear (she/her): is, you're not amongst a community of people who are all expecting you to continue to believe the same thing. You might have at one time versus

Allison Puryear (she/her): in Provo would be really hard if you

Allison Puryear (she/her): were LDS. And decided you'd no longer believe that when everyone around you is, it feels like everyone around you is expecting that.

Emily Maynard, LMFT: yeah, or in some of the rural areas in the South here where I live. So it's

Allison Puryear (she/her): yeah.

Allison Puryear (she/her): It's interesting. This is the different dynamics, and how important it is to take that context into account, for, like

Allison Puryear (she/her): your clients, experience.

Emily Maynard, LMFT: and how to show up as a clinician.

Emily Maynard, LMFT: I recommend asking early, you know, even if it's even in your intake paperwork. Do you have any experience with religion that feels important for me to know about? Clients who

Emily Maynard, LMFT: don't want to talk about that will just

Emily Maynard, LMFT: say no and move on, or they'll just leave that part of the form blank. But clients who same way with, I think, opening up conversations about sex, right? Religion can be something that is.

Emily Maynard, LMFT: people worry about if they're allowed to talk about in therapy, or if they're maybe even like, if they might say something that would offend you as their clinician.

Allison Puryear (she/her): and giving them that permission early that like, Hey, I can. I can handle these conversations about topics that are hard to talk about in other areas can be really powerful in helping people realize where they are, and that some of the places they've been in might be harmful. There are places in the country where

Emily Maynard, LMFT: religious institutions, or universities, or groups or organizations are one of the main employers in that city or in that area. And I think that's something that's really important as clinicians to to keep an eye on is where somebody works, and what commitments they might have had to make in order to work there or to stay working. There might be one of the pieces

Emily Maynard, LMFT: that gets in people's way, as they try to manage other symptoms right

Allison Puryear (she/her): well, and I think that there is also a possibility of being offended as a clinician, depending on your own perspective, your own biases? Your own issues around religion.

Allison Puryear (she/her): can we talk some about that about how our own belief system can really help or hinder in these conversations with clients.

Emily Maynard, LMFT: Yeah, that's so important. Because I think religion, whether you're it's a part of your life or not have these powerful influences to shape more than just beliefs about.

Emily Maynard, LMFT: You know a deity or an afterlife. Usually religions also come with a lot of social roles like, well, this is how you be a good person. You follow these tenants, you have these gender roles that you follow, you engage with, you know, sex or purity in certain ways. So even when we're talking, maybe even political, right? There's certainly religions that include political action in some way, or political perspectives. So.

Emily Maynard, LMFT: and that's all the stuff that clients are bringing in anyway: relationships, work. So

Emily Maynard, LMFT: I think it's really important to sort of know where you stand, and then be able to

Emily Maynard, LMFT: learn how to really tolerate people expressing something that's very different. I mean, I think that's the counter transference or the reactions that we all have to deal with clinically about

Emily Maynard, LMFT: so many ways that our clients live that we do not support, or that we're actively trying to help them out. but knowing maybe your own triggers, or your own points of like sensitivity as they come up, and then noting those down so that you can do your own reflection or your own therapy around, like

Emily Maynard, LMFT: I had this big reaction when a client talked about leaving their faith.

Emily Maynard, LMFT: and how much better they feel now like I don't. I don't really know what to do with. That would be something that I think

Emily Maynard, LMFT: might be really helpful that you're probably gonna have big reactions. Or you know, if your religious upbringing has said, divorce is not an option, and you're working with a client who's

Emily Maynard, LMFT: experienced divorce, or is in the middle of divorce, or contemplating divorce. I wonder what that would feel like

Emily Maynard, LMFT: for you to know in advance, and learn how to tolerate better and how to stay present for the clients needs rather than just your own ideas about

Emily Maynard, LMFT: marriage or family or faith practice.

Allison Puryear (she/her): Yeah. Or if a referral out to a colleague would be a better option for that client, too, depending on your own reflection and like, can you.

Allison Puryear (she/her): from your own value system, support someone through a divorce, or are is you faking that going to ultimately cause harm to your client?

Allison Puryear (she/her): Similarly to? If you're of a faith that doesn't

Allison Puryear (she/her): believe in or approve of. Like the LGBTQ community. For instance.

Allison Puryear (she/her): I would love to examine what comes up for you around that, but for the clients sake I would prefer for you to refer them to somebody who doesn't have to work through the stuff to help them.

Emily Maynard, LMFT: The  
Emily Maynard, LMFT: yeah. Our clients deserve

really good treatment, and if there's anything interfering

Emily Maynard, LMFT: with that that you don't feel like you can get a handle on with within a session or 2, or that you don't have some really good support about working through. I think that that is a great case to refer to one of your like amazing network clinicians.

Emily Maynard, LMFT: OR colleagues like, I think it's really important to have things in. Have people in your network who could provide the services that your clients are looking for. So even if you know, hey, faith is really important to this client, I'm not able to ask the right questions to help them integrate it. Well, like. Seems like it's becoming a barrier. Refer to a clinician who openly includes that in their practice, right? As long as it's part of the informed consent.

Emily Maynard, LMFT: the client knows what they're getting into, and that they believe that would be helpful to their treatment. It is ethical to include in treatment. If a client wants that sort of support. So, knowing that, hey, there's a really good Christian counseling center, I think they might be able to give you more of the treatment you're looking for.

Emily Maynard, LMFT: Let's do that, hey? You know, Lds family services like has great options to support you and to include this, or to say, you know what I think

Emily Maynard, LMFT: there might be a better clinician from a secular perspective that might be a better fit for you.

Emily Maynard, LMFT: since this keeps coming up in therapy. Those are all great ways to hand off a client to a better, a better provider for them. Right? Right?

Allison Puryear (she/her): I'm thinking about the

Allison Puryear (she/her): warning signs, I guess, for the clinicians who don't specialize in this. What are some warning signs that somebody's religion may be causing them harm?

Emily Maynard, LMFT: Some of the biggest warning signs that I see are confusion and then anxiety or fear type responses. So when I think of confusion.

Emily Maynard, LMFT: I think about people who say I'm sort of. I'm doing everything right, like I'm following all the rules.

Emily Maynard, LMFT: but I still don't feel like I'm I never feel like I'm doing the right thing, or I'm not really ever getting better. And I mean any any of those questions like it becomes a little bit of a clinical puzzle like what's going on? Is there something like physical that's impacting? Is there something like what sort of referrals might be helpful?

Emily Maynard, LMFT: And so I think of a question like, well, tell me a little bit about how you grew up and the kinds of experiences that you had

Emily Maynard, LMFT: with. You know the faith community? Was it always something that was a part of your life, or was it something you chose as an adult? Or was it something that you feel like you were born into, and just sort of had to agree with.

Emily Maynard, LMFT: And those kind of questions again, they can be very neutral. You can. You can provide them in a way that gives people options.

Emily Maynard, LMFT: But I wanna try to make fear what's going on in the background that people might not be aware of at all same way or working with trauma, or, you know, interpersonal abuse.

Emily Maynard, LMFT: So many of those things limit us from connecting with our own voices. Our own experiences just becomes this norm that we're surviving all the time.

Emily Maynard, LMFT: So anytime you can provide a little bit of

Emily Maynard, LMFT: like a glimpse of what else is out there, or a glimpse of possibilities for the client. I think that can be really helpful.

Emily Maynard, LMFT: Yeah. And then confusion. Often people come to me and they're talking about people's actions and words that don't line up

Emily Maynard, LMFT: so they're talking a lot about people's intent, or you know, I know they didn't mean this. But or you know I'm really struggling with like this kind of decision, or like I, I'm doing everything right. But these people don't really seem to be happy with me, and I don't really understand it.

Emily Maynard, LMFT: Those kinds of things, I think, show up, especially when somebody's in a mission driven workplace.

Emily Maynard, LMFT: It's kind of how I think of it.

Emily Maynard, LMFT: Where an organization that's like, Hey, we have a positive mission. We're trying to, you know, help those in need, or we're trying to provide clinical services to a population like anything that looks good on paper

Emily Maynard, LMFT: I'm always a little bit suspicious of. I think this is cause my, it's my training and my experience. But I'm always more suspicious of a workplace that's like we're here for you to do good than a workplace that's like we're here for you to make money, and we make money, and you get to just like leave at 5. And we're good, you know anything that's like asking for extra time, or you know, is saying like, Oh, we can't pay you that much like how dare you ask for you know a raise, you know, the good work we're trying to do here.

Emily Maynard, LMFT: Those sort of workplaces

Emily Maynard, LMFT: tend to cause a lot of confusion

Emily Maynard, LMFT: in the people that work for them. So like, Hey, I was promised this, you know, leadership role. I've been doing it all like, why am I not getting my leadership position? And they're told like, Oh, you need to be more humble, or you need to be more patient, or you need to wait, for you know you need to wait for the authority to decide you're really ready. We don't. We don't even think you're ready because you're asking for more. How dare you?

Allison Puryear (she/her): Yeah, all the least healthy parts of of the least healthy nonprofits.

Allison Puryear (she/her): Yeah, yeah. Combined with like some dogma that can often

Allison Puryear (she/her): like tell you. Like, I end up working with some therapists a lot who have a lot of stuff around money that's attached to how they grew up in their

Allison Puryear (she/her): Christian religion about how like kind of like money is for bad people, basically. And they have to work through

Allison Puryear (she/her): charging fees for therapy because they they really truly believe that.

Allison Puryear (she/her): like.

Allison Puryear (she/her): what is it? There's a there's a term they use. I'm not religious. So I don't. Yeah, like money is the root of all evil harder for like a rich man, or it's harder for camel to go through the eye of the needle than a rich man to enter heaven like those are very common phrases. Yeah, teach us something about like absolutely. And like, when you enter, you've had that internalized your whole life. It's really hard to

Allison Puryear (she/her): like set a fee or ask for a raise. Or because then you're basically raising your hand and saying, like, I'm willing to be a bad person for money. And that's I mean, obviously not what's actually happening. But it's the interpretation that you fear others will make. It's the interpretation you may be making on some level.

Emily Maynard, LMFT: demanding.

Emily Maynard, LMFT: Yeah, yeah. And that's hard for our clients, too like. Sometimes religion gets in the way of your well being now, because some people's interpretation of it is that, hey? Nothing in this life really matters like. The only thing that matters is, you know, the after life, and therefore we're okay with asking you to work

Emily Maynard, LMFT: 12 h, days, 5 days a week, and paying you for, you know, 40 h like it it because we have this greater mission. But so many people who've worked for churches or religious universities, or

Emily Maynard, LMFT: any kind of mission organization. Anything that's sort of centered around faith, it always am like a little bit more on high, alert for workplace abuse or relational dynamics that just get really messy. Even if everybody has good intentions.

Emily Maynard, LMFT: a lack of boundaries, or a lack of a clear job description can cause a lot of mess and emotional manipulation. Some people's religious workplaces provide housing right? And if you're trying to think of like, Hey, if I leave this job. I have to go find a place to live in all of these areas where

Emily Maynard, LMFT: there's not a lot of places live or they're so expensive. Those kinds of barriers keep people from actually assessing what's going on

Emily Maynard, LMFT: and what they could do about it when they don't really feel like they have any

Emily Maynard, LMFT: any other options or the other options would cost them so much more than the price they're paying right now

Emily Maynard, LMFT: the pain and suffering like they're tolerating it. They're coming to you. But they're mostly surviving in this place.

Emily Maynard, LMFT: and part of our work is to help people learn how they can prioritize their needs and maybe start creating a path to an exit plan or start thinking about creating a path to an exit plan like depending on how far back

Emily Maynard, LMFT: you need to stay, or you need to start to stay with the client. It can be a long process.

Emily Maynard, LMFT: or you might have a client that's like.

Emily Maynard, LMFT: Hey, I have one session, and I'm gonna burn my life down, you know. By the next time I see you I changed everything, and then you get to work through some of the hardships of that kind of process, too, when people like.

Emily Maynard, LMFT: you know, get to the place where they're gonna bolt.

Allison Puryear (she/her): Yeah. And can we talk some about that process, for people like starting from the place of. They've decided to leave a religion.

Allison Puryear (she/her): and maybe their entire community is within that religion. Like everybody, their family, their friends, their workplace.

Allison Puryear (she/her): Can we talk some about how you help people rebuild pretty much their entire life

Allison Puryear (she/her): once they've made the very brave decision for themselves to leave.

Emily Maynard, LMFT: Yeah, cause I and I even the way you phrased it.

Emily Maynard, LMFT: I don't think people often decide to leave their religion. I think sometimes they find it happening to them.

Allison Puryear (she/her): They're like, I took these beliefs so seriously.

Emily Maynard, LMFT: and they led me out the door because I saw that you know what we were

Emily Maynard, LMFT: saying. We were practicing is not always what we're actually practicing. So I think there's a lot of grief in feeling like this is happening to me. It's not something where I woke up, and I was like, I think my life would be better outside of religion. It's like

Emily Maynard, LMFT: I can't stay in this anymore. It's causing me so much pain, so much physical distress that I physically can't

Emily Maynard, LMFT: keep going. But I know that it's gonna cost me. You know what feels like at the moment

Emily Maynard, LMFT: so much more. And I know that people are. Gonna tell me once I leave. Oh, you never really were a believer, anyway.

Emily Maynard, LMFT: and that is such a painful and and

Emily Maynard, LMFT: terrifying thing to know your community is, gonna say to you when often the people that I work with were the most committed. They dedicated their lives to, you know, service to faith, to leading in these communities.

Emily Maynard, LMFT: and they don't feel like they ever chose to leave, or would have chosen to leave.

Allison Puryear (she/her): So it's more like

Allison Puryear (she/her): there isn't maybe an announcement at some point, but it's like way down the line from when

Allison Puryear (she/her): they had been kind of internally leaving or internally pushed out even

Emily Maynard, LMFT: right. And usually that takes a long time. Usually that's a sign of healing. I think when people are willing to be a little bit more open about their experience, or tell their story, or to, you know, even like

Emily Maynard, LMFT: unfriend some people, or like even mute them on Instagram from their old life. I'm like, Okay, we're taking some steps to like the life after a rebuilding. But when people, when you meet people who are at that really early stage where

Emily Maynard, LMFT: all of the like, the stained glass is just cracking. So I think of it, like all these little pieces, are.

Emily Maynard, LMFT: you know, once made up this whole like picture of faith and life and beliefs, and you know, personal practices or personal beliefs.

Emily Maynard, LMFT: And then, all of a sudden, there's all these like pieces missing. It might take a while before the whole thing finally shatters, or before people even notice. But there's so much anxiety and fear baked into that early part of the process. I feel like a lot of what

Emily Maynard, LMFT: you're doing in those really early clinical stages is just helping people learn how to cope. Because for a lot of people religion is a coping skill, right? It's a way to make sense of the hard parts of the world. It's a way to like find goodness and to know you're a good person, or to like, have some ideas of how to be a good person in the world.

Emily Maynard, LMFT: and so losing that can feel like you just lost anything that regulates you.

Emily Maynard, LMFT: So some of that work is just helping people find what what else they can do to regulate their bodies, to learn to befriend themselves, to be kind to themselves.

Emily Maynard, LMFT: So anything that you can do along that process

Emily Maynard, LMFT: personally is really helpful. And then the second thing I think of is like giving people some connection to a community of other people that have left.

Emily Maynard, LMFT: Sometimes those communities are really messy. I mean, obviously, often, they're really messy. I assume any community of people who like have had a hard time in life, or are struggling like. Sometimes people have really dysfunctional behaviors that they bring with them, so I don't. I don't always push people into, you know, groups, but even something as simple as a Facebook group. Or

Emily Maynard, LMFT: you know, maybe somebody doesn't want to engage personally yet. But there are some creators that they can follow, or there's something where they can start getting new information that a life after this religious group is possible. Yes.

Allison Puryear (she/her): yeah. Makes them feel so much less alone

Emily Maynard, LMFT: in a time when they probably feel very alone.

Emily Maynard, LMFT: Trauma is isolating deconstruction is isolating

Emily Maynard, LMFT: any kind of grief is so isolating.

Emily Maynard, LMFT: So anytime we can get people a little connected with the idea of other people or other people

Emily Maynard, LMFT: can sometimes start to make a difference in those like really early stages of like just complete chaos.

Emily Maynard, LMFT: And I think sometimes, like clinicians, minimize how?

Emily Maynard, LMFT: How intense this experience is like, Oh, you're just leaving church, or you know, you just left a job.

Emily Maynard, LMFT: but especially for people who are raised in these religious groups. I was raised in one of them and it impacted, you know, not only my social life, but also my education. I was home schooled, really separated from, you know. A lot of other experiences was raised like without much access to pop culture. Right? So there's so many things that are incredibly disorienting about stepping afoot in

Emily Maynard, LMFT: the broader world or the world outside your tiny little bubble of a high control group or high control religion or a very totalizing space.

Emily Maynard, LMFT: but also think, like in some ways.

Emily Maynard, LMFT: our clients at this stage are like.

Emily Maynard, LMFT: they're like little kids, and sometimes they rebel and go all in and start like doing things. You're like Whoa! Whoa! Whoa! That's probably not good for you either. The answer to purity culture is not like

Emily Maynard, LMFT: promiscuity, right? Because that's probably not going to be mutually satisfying

Emily Maynard, LMFT: kind of interactions that you have. The answer to purity culture is to figure out, what do you want your sexual expression and experience and identity to be? What values do you wanna bring forward? You know, how and what feels good for you when?

Emily Maynard, LMFT: And that's very different, and that might still involve somebody choosing their own like guidelines, or, you know, preferences around sexual behavior or dating or relationships.

Emily Maynard, LMFT: But it's not gonna be just like like the world like diving in. There's not always better for clients. But no, if they do like that, that's a part of the process. And that's a normal thing that can happen. And again, your job is to just be that steady force,

Emily Maynard, LMFT: curiosity, support for your clients, helping them ground

Emily Maynard, LMFT: and really letting them know? Like, yeah, that's that's normal. Or that's like, yeah, that's that's the way a lot of people experience like life outside of the box for the first time. And it can also be a little bit overwhelming. Yeah.

Allison Puryear (she/her): yeah, in a way that like, maybe somebody not raised in a high control group, or religion might have experimented with some of those things in adolescence, and they're the early twenties, or something like that versus like, I got it again. Now.

Allison Puryear (she/her): yeah. And like, I can understand why you make up for some lost time there. But also, like you said, it's not necessarily.

Allison Puryear (she/her): It's not necessarily the the most mutually beneficial way to go about it, and certainly not going to be the most mutually pleasurable cause. Right?

Emily Maynard, LMFT: Same thing with substances like, you know, if people are like these substances, but has been off limit for my religion, like they're more prone to overuse because they haven't learned some of the other ways. Why, here's some other reasons why substances can be harmful

Emily Maynard, LMFT: rather than just like religious beliefs, like, I think about alcohol, especially like a lot of people grew up in environments where alcohol is not allowed at all, or just like, you know, only in like ritual kind of ways, and then they enter the world of freedom, and there are plenty of other reasons why alcohol is not good for you and not good for you. A lot of ways that people use it a lot of the time.

Emily Maynard, LMFT: and I think that can be hard for some people if they're like. Wait! I thought you know, I was told everything in the world was bad. But

Emily Maynard, LMFT: now you're here telling me, like also some of the things that the world could still be harmful, even if they're all like available to you as a you know, adult free for this room.

Allison Puryear (she/her): Yeah. And I wonder, too, some of that pendulum swing like with promiscuity. For instance.

Allison Puryear (she/her): there's kind of an embracing of like I'm being bad like, I'm just gonna be bad and see what it feels like versus the scary intimacy of being in a relationship for the first time, maybe with a sexual component.

Allison Puryear (she/her): and the vulnerability therein, and and the battling of like. I always

Allison Puryear (she/her): was told this was wrong before marriage, for instance. But like I want to do this. And we're here together like.

Allison Puryear (she/her): it's a different. It's a it's a much riskier, emotional behavior, really. Ultimately, then, every guy in the bar, you know, like there's that one's risky, too, but like it feels far more vulnerable.

Emily Maynard, LMFT: And you have to grapple with the the guilt that might still live inside you instead of just like throwing it in the wall, like, I'm gonna be bad, you know. So yeah, that brings up this idea for me of like relationships. And then high control groups or religions. There's all these relationship structures that are built in, you know, from everything to, you know.

Emily Maynard, LMFT: dating or courtship or marriage to friendship. So that's something that I think a lot of people struggle with

Emily Maynard, LMFT: when I first see them is they're like we used to. Just. I used to be able to just like, go to church, and I would make friends like if you move somewhere and you join the branch of your church there, like people are gonna be welcoming. They're gonna be excited. They're gonna be like, oh, have you seen this place, you know? Have you taken your kids to this playground like, do you know that like on Tuesday like this store always has these things on sale, like the really important parts of being in a community, and it can feel like you have all these instant friendships.

Emily Maynard, LMFT: And then when you get into a context where that's not happening, it can feel like you're inadequate.

Emily Maynard, LMFT: So a lot of people that I talked to have struggles with friendship. And they're like, why is friendship so hard like I really miss, so like

Emily Maynard, LMFT: super intense bonding that I used to get from, you know, just going to church, like. yeah, there were places where I couldn't show up fully, but like I knew I could show up, and people would care for me if I had a need in these really practical ways that's really hard to lose. And that's hard to rebuild, when you're used to it.

Allison Puryear (she/her): yeah, yeah.

Emily Maynard, LMFT: hmm, so I guess there's some like how to make friends as an adult kind of training that ends up needing to happen in therapy absolutely. Yeah. And to normalize, that takes time and that it can feel a little clunky, and that you can get through some of those early disconnects of

Emily Maynard, LMFT: you know.

Emily Maynard, LMFT: misunderstandings or miscommunications, or somebody having to cancel right those like early relational

Emily Maynard, LMFT: withdrawals that can happen, that those are normal and those don't mean there's anything wrong with you or anything wrong with the other person.

Emily Maynard, LMFT: Often they get overblown really early. And then one other thing that I always make explicit is like your relationships used to be based on sameness. They they used to only happen around like

Emily Maynard, LMFT: religious beliefs, all being the same, like lifestyle being the same, values being the same.

Emily Maynard, LMFT: And now, out in the world that you're gonna have to contend with people having different values or preferences, and start recognizing that those are just as valid as yours. There might be ways where you're like, hey? I can't really stay friends with this person, because, you know, they don't have as much availability to hang out as I do.

Emily Maynard, LMFT: That's a normal and fine thing that don't doesn't mean anybody's broken or wrong or doesn't like you. That's just sort of a part of life in a world where people have a lot of different priorities and preferences.

Allison Puryear (she/her): And I'm thinking about worlds not gonna match you the way that you used to be match right.

Allison Puryear (she/her): And before, when friendship was so easy to come by. It's easy to feel a desperation which is naturally fairly repulsive to people

Emily Maynard, LMFT: when you're like trying to build those relationships.

Allison Puryear (she/her): And that's probably part of why it hurts so much. If somebody cancels last minute or something, it's easier to take it personally. Because you really had to work hard to build this to get this one thing on the books, you know, and you have all this other time, because you're no longer like engaging in in the hours and hours of religious practice, or or, you know, family closeness that maybe you used to have, or all these, like

Emily Maynard, LMFT: like Christian workplaces or mission driven workplaces like that will take up all your time right? Like you'll work till 7, and then there'll be

Emily Maynard, LMFT: family quote unquote dinner after, or you know you'll show up early, or your your lunch breaks will be with your coworkers, and when you leave some of those places you have all this time, and that's very disorienting when you used to have maybe a lot more structure in your life

Emily Maynard, LMFT: or a lot more planned activities. So I always encourage people that, you know don't over fill their schedules, cause it's easy to just sort of jump into a new community of like. Now I'm doing yoga 6 days a week, and all of my friends are in the same like Yoga community. And like, we're gonna go do this training in like Tulum

Emily Maynard, LMFT: like, if that's working for you, that's fine. But it's also like, make sure that that people are also like giving some space to work through some of their hard feelings that they're actually building practices that will sustain their well being in their life, they they really might not have had any opportunity to develop tolerance

Emily Maynard, LMFT: for relationships or vulnerability or

Emily Maynard, LMFT: change. because their community didn't give them that when they were growing up.

Allison Puryear (she/her): Yeah, I'm thinking we have a CE, that's all about the overlap between Purity Culture and Diet Culture and just thinking about these high control religions and how they really do exert control over basically everything.

Allison Puryear (she/her): And so there's a lot that folks aren't exposed to about the outside world that can feel scary exciting both like can. Just. I'm imagining.

Allison Puryear (she/her): going out into a world that I thought was one way, and I'm realizing now is a different way

Allison Puryear (she/her): and feeling unprepared and feeling.

Allison Puryear (she/her): It's kind of like I'm thinking about like a newborn deer learning to walk, you know, like there's a there's a real vulnerability there

Allison Puryear (she/her): to end up separating from the people in your life that

Allison Puryear (she/her): want to keep you in in one box that no longer fits you.

Allison Puryear (she/her): I mean, how we're thinking about families, particularly. How do you help people maintain relationships with their families? If their families feel very strongly that they're doing the wrong thing by leaving

Emily Maynard, LMFT: that one is so tricky and so depends on the family and how much

Emily Maynard, LMFT: room they have to grow. I mean, we know that families can change the family systems can change. We also know the power of homeostasis. And you know.

Emily Maynard, LMFT: relationships kind of like wanna stay locked in in a certain way. And often one person leaving the faith they're treated like you're leaving family. And that can be really tricky. So

Emily Maynard, LMFT: I do a lot with people trying to build practices of safety when they engage with their family.

Emily Maynard, LMFT: Most people want to stay in relationship with their family, and most families can tolerate some relational connection or interaction. You know, some people choose to go fully, no contact with certain family members or with their entire family, and always respect that because that's a valid choice for people to make

Emily Maynard, LMFT: you know I'll guide people if that in that direction, if that's where they feel like they ultimately need to go. But most people want to stay connected with their family.

Emily Maynard, LMFT: So some of the work we do is around

Emily Maynard, LMFT: recognizing that your family might not ever understand or get you, and that if you're seeking validation or like, you would be okay if your parents finally said, like, we understand you and we support you

Emily Maynard, LMFT: like. That's too much power to put in their hands like your well being has to stay in your hands. But if there are some places where you can go and share

Emily Maynard, LMFT: a meal together, or if you can go, if you can have a conversation

Emily Maynard, LMFT: where you know you say like, well, I don't wanna pray. But I'm okay sitting here. If you wanna pray those can be really powerful like little nuggets to figure out like, how much can your family tolerate about your difference? And my hope is always that families can expand and renegotiate and change and grow.

Emily Maynard, LMFT: But sometimes it really is on the client to hold the limits and to leave situations, you know, as soon as possible, if they feel

Emily Maynard, LMFT: like on. Well, so at the beginning, I'm like, yeah, you might need to figure out a different place to stay than your family's home. If you're gonna go for

Emily Maynard, LMFT: you know, a holiday, let's start saving up now, or figure out like what is in your capacity. Can you stay with anybody else just so that your body isn't in a place where you feel like you can't escape from, even if that's not true, like nobody's holding you hostage, but your body can feel like

Emily Maynard, LMFT: it gets locked up into those same patterns of power and control that were present earlier in your life.

Emily Maynard, LMFT: and then I work a lot with people on tolerating difference and recognizing like their family might not ever change. And how do you learn to live in a world where they're not in charge of you. But also you're not in charge of them. Yeah.

Allison Puryear (she/her): yeah. But there doesn't have to be any convincing on either side. Yeah.

Emily Maynard, LMFT: there might be other practices that are more helpful. So sometimes, people are like, what do I do when my family members start saying like anti LGBTQ things right at the dinner table. So I talk through options like I don't know. One of the first one is like, stand up and walk away like.

Emily Maynard, LMFT: remind your body that you don't have to sit there in a harmful situation, or where people are talking casually about harm towards you or people you love, or people that you really care about and want to flourish in the world

Emily Maynard, LMFT: so like, excuse yourself, go to the bathroom

Emily Maynard, LMFT: like, go get a drink of water like, do something to move your body physically out of that space, and then you're immediately more likely to sort of know what you want to do next. Sometimes I encourage people to make a game out of it. Dr. Marlene Winell, who really developed this idea of religious trauma syndrome.

She talks about sort of observing your family as an anthropologist.

Emily Maynard, LMFT: if you can make it playful like. Wow! I'm here with the you know, the leprechaun people, and they're all believing in the leprechaun, and they're all praying to leprechaun. And here I am, just an observer of that like that also can create enough distance and playfulness that sometimes that regulates you even to the point where you can say like, Hey, I'm no longer part of this. But I see this is really

Emily Maynard, LMFT: good, or it's it's even if it's not good. It's it's what these people have chosen. And I'm gonna just allow. Allow them to live this way and not try to control or change it.

Emily Maynard, LMFT: You can also do a secret game where you're like, hey? Every time Uncle so and so says something racist like that's more money that I'm gonna donate to, you know my local like Mutual Aid group, or I'm gonna you know. Make sure that Trans Life gets some extra money when I have to hear all these like anti trans sentiments around the table like there's ways that you can take action in your life and be empowered.

Emily Maynard, LMFT: That don't involve

Emily Maynard, LMFT: like changing the person in front of you and their views like, maybe you have to sort of reinforce your own views, or you know we encourage our clients to like, be active participants in their lives and communities. There might be other ways that they can

Emily Maynard, LMFT: contribute to the well-being of other people even. Well, maybe they're not changing some of these harmful views or votes, or you know, perspectives on

Emily Maynard, LMFT: people outside that religious group.

Allison Puryear (she/her): Yeah.

Allison Puryear (she/her): And I think like for some people, for some clients, it probably might be like throwing the baby out with the bathwater might be the knee-jerk reaction. Because that's that's a lot to manage.

Emily Maynard, LMFT: Yeah, everything you just described like

Allison Puryear (she/her): it's doable. But I would imagine, like, especially right after announcing that you're leaving, or right after, like people have found out that you've like, you're not going back

to church.

Allison Puryear (she/her): that

Allison Puryear (she/her): having that level of maturity and strength and

Allison Puryear (she/her): resolve in yourself. And your new beliefs.

Allison Puryear (she/her): it would take a lot to like go to thanksgiving with the fam if that's what it looks like.

Emily Maynard, LMFT: yeah, so creating contingency plans can be a part of therapy or helping clients, work through the grief of

Emily Maynard, LMFT: choosing to set a boundary and not go this year, and the you know, the the panic, and that can instill the guilt that can show up if somebody's, you know, really taking a step away from the family group, or expectations

Emily Maynard, LMFT: like those things are really hard to sit with, but our offices might be some of the only places that clients really can sit with that. They don't have a new community yet, and their old community is like, Hey, you could resolve this by just, you know, going to church with your family when you visit like. Why can't you just go through with it, or like, why can't you just deal with it?

Emily Maynard, LMFT: Then our offices might be really like important places of relief and space to process and ways to start like imagining and building

Emily Maynard, LMFT: a better life for themselves.

Allison Puryear (she/her): Yeah. And I'm imagining like any of us. What's the name of the effect?

Allison Puryear (she/her): The Kruger Dunning-Kruger Effect? I could be naming this wrong, but

Allison Puryear (she/her): when you know you get a red car. Now, all you see is red cars right? It might be that as you as you recognize that there these other places to meet people like it could be the positive effect of it within your new

Allison Puryear (she/her): community or area, or awakening space, or whatever post

Allison Puryear (she/her): oppressive religion that you can start realizing that there are things out there you didn't even see before that could be really great fits for you.

Emily Maynard, LMFT: And I'm imagining that.

Allison Puryear (she/her): like therapists helping people find that as a part of that plan you're talking about could be really important cause we all, you know, we get our blinders on sometimes about what's available in life and what's available around us in a way that probably isn't helpful to any of us in any context.

Emily Maynard, LMFT: right? And growing up like

Emily Maynard, LMFT: in these high controlled groups, or in really isolated kinds of experiences in childhood. Like.

Emily Maynard, LMFT: I think it's really hard to even imagine a client who has so little exposure to the world and to the possibilities and to the other places, that you can like work and serve, and the other ways that you can be a good person and find meaningful life and community involvement outside of religion, and a lot of it might just be researching options for your client, hey? Let's sit here and let's look up some other non religious groups that meet, you know, for other activities that you might enjoy doing. That can be something that happens in the therapy room

Emily Maynard, LMFT: because it's too overwhelming for the client to do on their own. There can be a lot of attachment and developmental

Emily Maynard, LMFT: issues or or challenges around people who have. Maybe, you know, maybe their second or third generation and their religion. Maybe they were, you know, born into it, and their parents chose it

Emily Maynard, LMFT: or maybe they got sucked into a high control group as an adult trying to find meaning or connection. And each of those experiences can have challenges that show up in the lifespan or the ways that people have can do developmentally engage in the world as adults.

Allison Puryear (she/her): Yeah.

Allison Puryear (she/her): do you find that it's like a harder

Allison Puryear (she/her): job to help people kind of find themselves?

Allison Puryear (she/her): If and this is an assumption I'm making, that it would be harder if it's you know, their whole entire life like if we're raised in this religion versus. I can also see the difficulty of like. At 23 you found something that made the world make sense.

and now it no longer fits like. Is is one group

Allison Puryear (she/her): harder

Allison Puryear (she/her): to kind of find themselves and assert themselves than another.

Emily Maynard, LMFT: I think, for people who are raised in a high control religion or in a harmful religious environment that's always harder because it's have so many more developmental impacts or early attachment impacts.

Emily Maynard, LMFT: you know, there, there's challenges with being in a high control group or leaving a kind of quote like group organization or business as an adult. But if you have some other context for life before, that's an anchor, that's something that people can draw from where, when it has been pervasive in your entire experience of the world, I think that is a little bit. Usually it's a little bit longer

Emily Maynard, LMFT: of a process, just because there's more to learn and there's less to draw.

Emily Maynard, LMFT: I mean, there's always places where people, I believe, have like stood for their beliefs or values along the way that they get to take with them, even when they leave religion. You know I think of, like my my passion for like truth, justice, love, like those are all things that I could say I got from my religious upbringing, but they're also things that I live out in a very different way the expectations of the people who kind of shaped my early religious experience. And it seems true, for probably a lot of your clients. It's like you

Emily Maynard, LMFT: they there will be themes where they've always been the person who asked questions, or they've always been somebody who protected something or believed something

Emily Maynard, LMFT: a little bit different. And we can

Emily Maynard, LMFT: use those stories to help boost, like their ability to have courage to go make new relationships now, or their ability to sort of think through something, or or even just stop thinking and enjoy a little bit of life, because there's like so much thinking, and

Emily Maynard, LMFT: so many of these people and so many of the groups that they come from like they really have a lot of control over their mind. And there can be a lot of like trying to figure out what's new or or what's good now, rather than like letting it unfold or treating it as like probably a lifelong process of, you know, developing our values and learning how to apply them in the situations that happen.

Emily Maynard, LMFT: so sometimes we can tell our clients like there's not just like one new belief that you need to just like figure out. And then you'll have like a new system.

Emily Maynard, LMFT: If they're doing that, they're probably like it's called cult hopping and it's something that there's some research on. Where, if people have been in one high control group, they might be more likely to end up in another one, because they're still looking for some of the things that feel the same

Emily Maynard, LMFT: as that structure and that authority and that surety of belief and practice.

Allison Puryear (she/her): Yeah. And so I'm curious, like excluding the cult hoppers.

Allison Puryear (she/her): Do you find that most of your clients kind of reject religion altogether for a while, or do they tend to go to a religion that is less controlling, that still has some of the tenants of their original religion? But without some of the high control.

Emily Maynard, LMFT: It's a mix. So that's why I think it's really tricky as a clinician is.

Emily Maynard, LMFT: You're you might be engaging with people who still want to find some new

Emily Maynard, LMFT: evolution or some new practice that feels kind of similar, and that can be a little bit

Emily Maynard, LMFT: scary or unnerving for a clinician, if it's sort of like, hey, are you getting into another harmful place? Or you know, usually we have to manage our own anxieties around that. But there's also a lot of possibility for people to make all sorts of new meaning after harm. And

Emily Maynard, LMFT: you know, I think it's really important as a clinician to stay neutral on that, or to be very explicit about your bias like, if you are doing work that helps people get from one place to another. Please be open about that, because if you have a hidden agenda that's gonna interfere with the clients

Emily Maynard, LMFT: ability to choose their own I'm very clear like, I help people find a secular or religious path forward, like

Emily Maynard, LMFT: there are so many options for you, and I think it's really important that we let clients explore those options, and then know that they might choose one that we wouldn't, or know that they might.

Emily Maynard, LMFT: you know, do something new that feels right for them like our job is to help them, you know. Stay on top of their symptoms, make sure we're managing all the clinical issues and then help them find that new meaning, and trust themselves

Emily Maynard, LMFT: to explore and believe and relate in healthier ways.

Allison Puryear (she/her): Yeah.

Allison Puryear (she/her): And the the folks who do cult hop, do they? Usually, if it's pointed out by a clinician like. like, you know, I'm curious how this feels similar and different from where you just left are they? Is it a quicker, easier extraction because they haven't been in it super long? Or is it? Is there like another big loss cause they really thought this was gonna be deliverance. Essentially.

Emily Maynard, LMFT: Yeah, I can. I can see both things happening. for like, just as frequently, I don't think they lean one or the other again, once you start building some ideas of like.

Emily Maynard, LMFT: you know, other coping skills, and like some sense of safety in your life and some sense of like your values and where they're actually taking you, that can feel easier

Emily Maynard, LMFT: to leave a harmful group again to be like. Oh, wait! I thought, this is it. Nope, not it. I'm gonna you know. I'm gonna pivot or it can feel like it's that compounding sense of grief and loss that like oh, not even this place like I had such high hopes for this one.

Allison Puryear (she/her): I almost see that more in

Emily Maynard, LMFT: in organizations or workplaces like. Oh, I thought this workplace would be different, like, I had a bad experience there, but I thought it was just, you know that org, or you know that leader.

Emily Maynard, LMFT: But the same patterns can repeat in different workplaces across, you know, different perspectives.

Emily Maynard, LMFT: so so I see people like leaving organizations. And then because they're maybe their training or their work. History keeps them in ministry. Or keeps them in, you know, religious higher. Ed.

Emily Maynard, LMFT: And those kind of pivots are harder to make like out of those industries. It's easier to just find a new church and say like, Oh, maybe if I work at this one, this thing won't happen.

Emily Maynard, LMFT: I hope it doesn't. But like, if it does, you know, we'll we'll know how to deal with it. You've already gotten out of one bad situation like you've already done the hardest part, which is like leaving that first group or making a big change

Emily Maynard, LMFT: at some point in your life like that should give people some of the power or courage or resources when they need to do that again.

Allison Puryear (she/her): Yeah.

Allison Puryear (she/her): I'm curious about

Allison Puryear (she/her): things that I wouldn't think of, because I haven't worked with a lot of clients who've been through this like what are what? Some of the fallout that I might not have on my radar as a therapist or

Allison Puryear (she/her): or some things I might miss in asking about their experience.

Emily Maynard, LMFT: Yeah, one of the things that comes up sometimes is that often we have this idea that, like religious harm involves, like sexual abuse by a a ministry leader, or a pastor, or a priest.

Emily Maynard, LMFT: So sometimes there's comparison where people will say like, Well, that didn't happen to me. So how could I have had religious harm like these? Worst things didn't happen to me like I didn't go through a church

Emily Maynard, LMFT: split. That was really painful, or you know I didn't. I didn't experience like all the worst that can happen, and especially since we have so much content about this area. There's a lot of people talking about the worst stuff, and so it can creep in like. Well, I must not really have had a bad experience. If, like these things didn't happen to me, or we might bring that bias in as clinicians like, hey, you wouldn't believe the stories I've heard. Like you're here having a hard time about this

Emily Maynard, LMFT: like that can happen we? We hear really hard stuff.

Emily Maynard, LMFT: but remembering that each person's experience is valid to them, and that we can believe them, and that sometimes ideas

Emily Maynard, LMFT: are just as harmful as like specific instances of like abuse or harm. There can be pervasive ideas or beliefs that are part of that religion. I think a lot about like identity related. So like. If you're a woman, you don't have a voice in this religious community like you can't be a leader. You have to be, you know, protected or or under some sort of authority, or LGBTQ identity like you have to hide this.

Emily Maynard, LMFT: And if this ever came out like, maybe some people would accept you, or we'd accept you to a point where we wouldn't like fully accept you. And you're flourishing in the world in your relationships like those things

Emily Maynard, LMFT: can cause just as much harm as overt acts of abuse. So it's really easy for clients to minimize what they've experienced. And I'm like you're sitting here with all of the symptoms. Let's go through the list like.

Emily Maynard, LMFT: how does it feel that these experiences match up with complex PTSD, or they match up with an anxiety Disorder.

Emily Maynard, LMFT: How you know, how do these kind of diagnoses feel even as some of your experience has made you think like, Oh, I'm I'm okay, all the worst things didn't happen to me like there can be a lot of harm. That's not

Emily Maynard, LMFT: some of the worst or most trauma inducing things that we hear about. So it's easy to miss, because clients are like, Oh, yeah, I went to church, but it was like fine.

Emily Maynard, LMFT: And and maybe that's true, I think, for a lot of people, that's true. But that might be sort of a defense mechanism, because that part of their story feels too tender or too vulnerable, or too dismissed

Emily Maynard, LMFT: to even bring up with the clinician. So I wonder if there's things that you like

Emily Maynard, LMFT: might miss because you take clients at their word. even while they're showing symptoms

Emily Maynard, LMFT: of religious harm or of you know something about their upbringing.

Emily Maynard, LMFT: like so many people, are like my family was great, you know, they weren't that bad. And then, like on the sixth session with them, they're like, Oh, and all of these things happen like the real story

Allison Puryear (she/her): I and I think about kind of the tender balance I'm thinking about a client I had who was in and wanted to remain in a high control religion, and as an eating disorder therapist like we were working on her

Allison Puryear (she/her): eating disorder behaviors which were also rooted in purity, culture, and

wearing pantyhose, 24/7, and always keeping your arms covered even on a hot day, and like trying to

Allison Puryear (she/her): trying to balance the part of me that knows how desperately uncomfortable panty hoses all day, even when you're by yourself at your house, and like really wanting to free her from that, but also knowing like that was not

Allison Puryear (she/her): that was not her interest based on her religion?

And not wanting to

Allison Puryear (she/her): assume that my thought pattern was the right thought pattern around it, and being

Allison Puryear (she/her): delicate with it, because she really did strongly identify as a member of her religion, and it was extremely important to her, and honoring that as a therapist.

Allison Puryear (she/her): Well, also wanting to be like, wear a T-shirt, you know, your arms are okay to be seen. And it's like, so hot outside. So.

Emily Maynard, LMFT: yeah, that's so hard. I think that some of the like hardest part of this work that we didn't get trained in super well is like how to just sit there and tolerate someone being so different from us. We're having such different values or practices

Emily Maynard, LMFT: that we

Allison Puryear (she/her): it's like it can be really hard to even tolerate absolutely. And like, I love this one like I really loved working with her. I just thought she was an amazing woman, and just wanting freedom for her so desperately and acknowledging internally that, like my version of freedom, was a different version of freedom than what she was looking for.

Emily Maynard, LMFT: Yeah. And

Allison Puryear (she/her): you know that part of me the hoping that she would that she would find that

Allison Puryear (she/her): after our work together. But

Allison Puryear (she/her): wasn't happening during our time together. So accepting that.

Allison Puryear (she/her): yeah.

Allison Puryear (she/her):

absolutely well, anything else you want to tell therapists who are probably encountering some of these clients in their practice, even though it's not their specialty.

Emily Maynard, LMFT: Yeah. The last thing I'll say is, beware of becoming a new guru yourself, especially for those of us who have like educational platforms or creating content around these specialties. Or, you know, our own ideas of like how to support people outside of just one on one clinical work.

it can really be easy and exciting to have somebody who shows up like so willing

Emily Maynard, LMFT: to hear your opinions and to, you know, find out about how you did things.

Emily Maynard, LMFT: and that can feel really like exciting in a way that I want us to be a little suspicious of, because people who leave high control religions, or who grew up in like structures where they were told what to do. They are the best client like they take things so seriously. They're delightful to work with. But it's really easy when you have good rapport with somebody. And you know, if your, you know, clinical training or theory allows you to be more

Emily Maynard, LMFT: open, or to self disclose in an ethical way more, it can be really easy to slip into some of those patterns where the client takes your view of things rather than you creating space for them to listen to their own voice about things.

Allison Puryear (she/her): That's a yeah good point.

Allison Puryear (she/her): Yeah.

Emily Maynard, LMFT: Cause we want to be leaders. We like wanna share our knowledge we're excited about, you know all the things that we have to offer as clinically trained people in the world and it can really easily create a challenging dynamic or something that ends up getting in the clients way. And your own way. Probably long term. If there's some sort of fracture, or some sort of thing that gets missed or unsaid, or you start having

Allison Puryear (she/her): you start becoming the new person that's influencing the clients life and their choices more than they are. Right. Yeah, our job's to put ourselves out of a job with each client, not to have them

Allison Puryear (she/her): continually reliant upon us, and and not learning to listen to themselves. That's a great point. Awesome. Well, Emily, thank you so much for this conversation. I really hope that people feel better prepared going into conversations with clients about their religious upbringing, about how it impacts them now about

Allison Puryear (she/her): like how they're managing their you know.

Allison Puryear (she/her): finding of themselves and listening to their own voices. It's really important to thank you.

Emily Maynard, LMFT: Thanks for having me.

I hope that broadened your clinical horizons! Head over to [notboringces.com](http://notboringces.com) to get your CE credit. Wanna have a Not Boring conversation with me about your clinical area of expertise? You can apply there, too. If you like this conversation, leave us a five star review, tell a friend, and be sure to subscribe for future conversations.