

RELIGIOUS TRAUMA SYNDROME (RTS): EXAMINING THE ORIGINS OF TRAUMA IN RELIGIOUS PRACTICE AND PATHWAYS TO RECOVERY

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Abstract

Religious Trauma Syndrome (RTS) has gained increasing scholarly and clinical attention as reports of psychological and spiritual distress linked to religious environments emerge across diverse contexts worldwide. Introduced by Marlene Winell, RTS refers to symptoms such as guilt, shame, fear of divine punishment, anxiety, and depression that persist beyond the individual's departure from a religious community. This study seeks to examine the root causes of RTS through a qualitative library research approach, drawing on Winell's work and recent studies within the past five years. Findings suggest that trauma is more often generated by the interpretation and enforcement of doctrine rather than by religious teachings themselves. Four major contributing factors were identified: pathological altruism, spiritual abuse, fear-inducing dogmatism, and exclusive community pressure. By distinguishing religion as a value system from harmful practices, this study contributes theoretically to the conceptual understanding of RTS and practically to therapeutic, educational, and communal strategies for creating spiritually safe environments.

Keywords: *Religious Trauma Syndrome, Altruism, Spiritual, Dogma.*

Abstrak

Religious Trauma Syndrome (RTS) semakin mendapat perhatian akademik dan klinis seiring banyaknya laporan mengenai tekanan psikologis dan spiritual akibat pengalaman keagamaan di berbagai belahan dunia. Istilah ini pertama kali diperkenalkan oleh Marlene Winell untuk menggambarkan gejala seperti rasa bersalah, malu, takut hukuman ilahi, kecemasan, hingga depresi yang sering tetap bertahan meski individu telah meninggalkan komunitas religius. Penelitian ini bertujuan menelaah akar penyebab RTS melalui pendekatan kualitatif berbasis studi kepustakaan, dengan mengacu pada karya Winell serta penelitian lima tahun terakhir. Temuan menunjukkan bahwa trauma lebih banyak dipicu oleh interpretasi dan penerapan ajaran, bukan oleh dogma agama itu sendiri. Empat faktor utama teridentifikasi: altruisme patologis, pelecehan spiritual, dogmatisme yang menakutkan, dan tekanan eksklusivitas komunitas. Dengan membedakan agama sebagai sistem nilai dari praktik religius yang melukai, penelitian ini memberikan kontribusi teoretis dalam pemahaman konsep RTS serta kontribusi praktis bagi pengembangan strategi terapeutik, edukatif, dan komunitas yang lebih aman secara spiritual.

Kata Kunci: *Religius Trauma Sindrom, Altruisme, Spiritual Dogma*

A. Introduction

In recent years, discussions about trauma rooted in religious experience have gained increasing academic and clinical attention, particularly within the fields of psychology, counseling, and religious studies. Religious Trauma Syndrome (RTS), a concept introduced by Marlene Winell, has emerged to describe a cluster of psychological and emotional symptoms experienced by individuals who have suffered from coercive or spiritually abusive religious environments. These symptoms include anxiety, guilt, shame, fear of divine punishment, identity confusion, and depression often persisting even after the individual has exited the religious community (Winell, 2011). Studies suggest that up to one-third of former members of high-control religious groups report symptoms consistent with complex trauma, underscoring the urgency of this phenomenon (Selbie, 2023).

Interestingly, many individuals who claim to suffer from RTS emphasize that the trauma is not merely the result of interpersonal mistreatment, but is fundamentally linked to religious teachings or doctrines themselves. These individuals report that the content of religious dogma such as eternal damnation, sin-based purity codes, or divine surveillance contributes to their psychological distress. This raises a critical scholarly question: are religious doctrines inherently traumatizing, or does the trauma primarily stem from the way such teachings are interpreted, enforced, and embodied by individuals and religious communities (Downie, 2022).

Recent studies support the latter hypothesis. Some scholars emphasize that the interpretation and enforcement of doctrine, particularly in fundamentalist or authoritarian religious groups, play a more significant role in the development of RTS than the doctrines themselves. Traumatic religious experiences often occur through direct interaction with religious authorities, caregivers, or community members who misuse moral authority, exert control, or enact punitive systems of shame and exclusion (Gubi & Jacobs, 2009).

Despite this growing body of research, a significant gap remains in analyzing the socio-cultural mechanisms underlying RTS. Much of the existing literature focuses either on clinical symptoms or on theological debates, leaving insufficient attention to how trauma is produced, sustained, and normalized within cultural and communal religious practices. This study seeks to fill that gap by highlighting how religious trauma arises not only from doctrine but from social interactions, cultural narratives, and patterns of authority embedded within religious life.

This research is crucial to avoid erroneous generalizations about religion itself and to identify the specific mechanisms that produce religious trauma. A clear understanding of RTS and its causes enables more accurate and effective therapeutic interventions. Moreover, by recognizing that the trauma stems from socially mediated religious environments rather than sacred texts per se, clinicians, pastoral counselors, and religious reformers can develop more compassionate and context-sensitive responses (Pargament et al., 2013). Such insight is particularly important as increasing numbers of individuals

report spiritual distress while simultaneously seeking alternative or reconstructed forms of belief and identity.

Furthermore, most RTS research has been situated within Christian majority contexts, especially in the United States. Yet reports of similar trauma exist across diverse traditions, for example in Buddhist monastic communities where rigid ascetic discipline has produced psychological harm and abuse scandals (Shupe, 2007), then in Hindu settings where caste based exclusion and ritual hierarchy deepen trauma (Mosse, 2012) and in Islamic contexts where fear driven interpretations of sin and divine wrath instill lasting guilt and anxiety (Haqqani, 2018). Cross-cultural comparisons suggest that RTS is not confined to one tradition but reflects broader patterns of how religious authority and communal structures can generate harm when misapplied.

Finally, the findings of this study are expected to bridge the gap between individuals subjective experiences and a more objective understanding of religion as a value system. Recognizing the distinction between doctrine and its application may help preserve the spiritual potential of religion while safeguarding psychological well-being. Ultimately, this research calls for a deeper dialogue between mental health professionals, theologians, and religious communities to create spiritually safe environments that honor freedom of conscience, personal growth, and emotional health (Koenig, 2009).

B. Method

This study adopts a qualitative library research approach aimed at understanding Religious Trauma Syndrome (RTS) through an in depth exploration of its meanings, socio-cultural contexts, and psychological implications (Creswell & Poth, 2018). The primary source is the work of Marlene Winell (2011) as the originator of the concept of RTS, complemented by academic journal articles, books, and theoretical works published predominantly in the last five years (2018–2023), with earlier seminal studies (e.g., Gubi & Jacobs, 2009; Pargament et al., 2013) included to provide theoretical grounding. The inclusion criteria for literature were peer reviewed academic sources directly addressing religious trauma, spiritual abuse, or related psychological phenomena, and discussing the intersection of religion, psychology, and trauma, while the exclusion criteria eliminated non-academic materials, works unrelated to trauma in religious contexts, and theological debates without psychological or social dimensions.

Data were analyzed using a combination of thematic analysis and content analysis, thematic analysis was employed to identify recurring concepts such as pathological altruism, spiritual abuse, fear-based dogma, and community exclusion, while content analysis was applied to systematically code socio-cultural mechanisms (authority structures, communal practices, cultural norms) that shape trauma. Through this dual analytic strategy, the study ensures a transparent and rigorous synthesis of current research, enabling the identification of four interconnected causes of RTS and the formulation of context-sensitive solutions.

C. Results and Discussion

1. Definition of Religious Trauma Syndrome (RTS)

Religious Trauma Syndrome (RTS) is a term introduced by psychologist Marlene Winell to describe a range of psychological, cognitive, and spiritual symptoms that emerge as a result of religious experiences that are controlling, fear-inducing, or psychologically destructive. Although RTS is not formally recognized in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), it has gained broad acknowledgment in psychological and clinical communities as a form of complex trauma with real and lasting impacts on individual well-being (Winell, 2011).

According to Winell, RTS is typically experienced by individuals who have lived within rigid, authoritarian religious systems particularly when they begin to question or leave those belief structures. The trauma is not always rooted in the doctrines themselves, but rather in the accompanying moral judgment, threats of eternal punishment, social exclusion, and spiritual or emotional abuse enacted by religious leaders or communities. These experiences may deeply disrupt the individual's psychological framework, often producing symptoms such as anxiety, shame, and identity fragmentation (Winell, 2011).

Contemporary research continues to validate RTS as a legitimate and widespread phenomenon. There are qualitative study of former religious adherents, identified common symptoms of RTS including chronic guilt, intrusive thoughts, sleep disturbances, derealization, and difficulty establishing a new spiritual identity after leaving a religious environment. The symptomatology of RTS often overlaps with characteristics of complex post-traumatic stress disorder (C-PTSD), further supporting the clinical relevance of the syndrome (Selbie, 2023).

Recent studies have also highlighted that RTS frequently emerges in religious contexts characterized by strict control over thoughts, emotions, and behaviors. Downie noted that religious environments that emphasize sin, shame, and divine punishment can instill maladaptive internal frameworks that persist long after individuals have exited such communities. RTS, therefore, should not be understood as a rejection of religion per se, but as a psychological response to the coercive and absolutist enforcement of religious norms by institutional or interpersonal agents (Downie, 2022).

Research within LGBTQ+ religious populations further demonstrates the damaging effects of unresolved spiritual conflict. Jones, Power, and Jones showed that queer individuals often experience deep spiritual trauma when navigating religious teachings that condemn their identity. Even after formally disaffiliating from their religious background, many continued to suffer from internalized fear, guilt, and spiritual disorientation (Jones et al., 2022). Moreover, Exline, Wilt, and Pargament stress that religious and spiritual struggles when unresolved or invalidated can trigger serious psychological distress and identity crises, especially among those raised in dogmatic or high-control religious systems. These struggles may involve anger at God, doubt, existential anxiety, and a sense of abandonment, all of which resonate with the profile of RTS (Exline et al., 2023).

2. Causes of Religious Trauma Syndrome (RTS)

Although Religious Trauma Syndrome (RTS) is often interpreted as a consequence of strict or exclusive religious doctrines, current research highlights that the root causes of RTS are better understood as the result of social practices and dysfunctional interpersonal dynamics within religious settings. A synthesis of recent literature identifies four primary, interconnected causes of RTS: pathological altruism, spiritual abuse, fear-based dogmatic interpretation, and social pressure or exclusion from religious communities.

1) Pathological Altruism

Pathological altruism refers to extreme forms of giving or helping, where the individual sacrifices personal well-being, boundaries, or identity, even when such sacrifice is harmful or unrequested (B. Oakley et al., 2011). Within religious environments, this often manifests as enforced “holiness”, where one’s worth is measured by their ability to deny self-interest, embrace suffering, or perform acts of service beyond healthy limits. Oakley, Kinmond, and Blundell note that many individuals with RTS have a history of serving under coercive religious expectations that demand absolute obedience and self-denial (L. Oakley et al., 2024). Exline, Wilt, and Pargament add that such patterns often emerge when compassion and altruism are distorted by fear of divine punishment or social condemnation (Exline et al., 2023). Recent studies show that religious teachings emphasizing total sacrifice can create a cycle of self-neglect, where the believer’s personal boundaries are eroded. For instance, Oakley argue that pathological altruism is linked with chronic stress, burnout, and emotional dysregulation, all of which can intensify the trauma response (B. Oakley et al., 2011).

2) Spiritual Abuse by Religious Authority

Spiritual abuse involves the misuse of religious authority by leaders or institutions to control, manipulate, or emotionally harm individuals. This form of abuse can include public shaming, threats of divine retribution, and coercion masked as spiritual guidance (Gubi & Jacobs, 2009). Recent research emphasizes that religious trauma often emerges within religious contexts marked by authoritarianism, chronic shame, and control over beliefs and behaviors. It is not the religious doctrines per se, but the authoritarian enforcement of them especially in environments characterized by fear, sin-based messaging, and shame that cultivates maladaptive internal belief systems leading to trauma. These belief systems can result in long-term effects such as anxiety, identity loss, emotional dysregulation, and dissociation (Downie, 2022). Jones, Power, and Jones further emphasize that spiritual abuse often results in long-term psychological scars, especially when theological authority is weaponized to justify marginalization or discrimination (Jones et al., 2022). Recent research indicates that spiritual abuse is often subtle, such as controlling a member’s personal relationships or career choices under the guise of religious “purity.” These behaviors not only create emotional trauma but also

undermine personal autonomy, leading to feelings of helplessness and spiritual disorientation.

3) Dogmatic Interpretation and Religious Fear

Dogmatic and fear-based interpretations of religion are another key cause of RTS. Teachings about eternal damnation, unforgivable sins, or divine wrath when presented without historical or critical context can be deeply traumatizing, especially when imposed during early childhood (Winell, 2011). Such interpretations can foster existential fear and toxic shame, creating long-lasting psychological harm. Jones, Power, and Jones found that individuals, particularly those from LGBTQ+ backgrounds, frequently experience spiritual trauma when internalizing doctrines that label their identity as sinful or cursed. Symptoms such as recurring nightmares, fear of hell, and dissociation often persist even after leaving the religious community (Jones et al., 2022). Recent findings by Exline and friends confirm that rigid theological interpretations are strongly associated with religious struggles and identity crises (Exline et al., 2023).

4) Social Pressure and Community Exclusion

The final major cause of RTS is social pressure and exclusion, where individuals face rejection, stigma, or ostracism upon questioning doctrines or leaving their faith communities. RTS emerges not only from the content of beliefs but from collective emotional and social sanctions. There are report that many individuals experience profound trauma after being shunned by their spiritual groups, families, and friends. Such social exclusion often leads to loss of belonging, identity disintegration, and intense loneliness, which exacerbate the trauma response. Recent studies emphasize that rebuilding a sense of community and connection is one of the hardest challenges for RTS survivors (Zamperini et al., 2020).

In summary, the main causes of Religious Trauma Syndrome can be seen in the following table.

Tabel 1 Causes of Religious Trauma Syndrome

No	Causes	Explanation	Key Psychological & Social Impacts
1	Pathological Altruism	Excessive self-sacrifice and loss of personal boundaries, often enforced as “holiness” through self-denial and over-service.	Chronic stress, burnout, emotional instability, neglect of self.
2	Spiritual Abuse	Misuse of religious authority to control or manipulate members, such as shaming,	Chronic shame, anxiety, identity loss, dissociation, helplessness.

		threats of divine punishment, or coercive guidance.	
3	Dogmatic Interpretation & Religious Fear	Rigid, fear-based teachings (hell, divine wrath, unforgivable sins) often presented without critical or historical context.	Existential fear, toxic shame, nightmares, identity trauma, crisis of faith.
4	Social Pressure & Exclusion	Rejection, stigma, or ostracism for questioning doctrines or leaving the faith community.	Loss of belonging, loneliness, identity disintegration, deep trauma.

3. Solutions to Religious Trauma Syndrome (RTS)

After identifying the four primary causes of Religious Trauma Syndrome (RTS), the next step involves formulating both preventive and curative strategies to mitigate its effects. Addressing RTS cannot rely solely on conventional medical or psychological approaches. Instead, it demands a multidisciplinary engagement encompassing theological, cultural, and communal dimensions. The following are several proposed strategies based on findings from recent literature.

Tabel 2 Solutions to Religious Trauma Syndrome

Category	Strategy	Description
Preventive	Accommodative & Humanistic Religious Approaches	Teachings are delivered with empathy and contextual reflection, avoiding fear, guilt, or punishment. Faith is framed as liberation and growth. Trauma-informed pastoral care plays a central role.
	Comprehensive Religious Literacy	Encourages critical engagement with texts beyond literalism. Emphasizes historical context, diverse interpretations, and hermeneutics to build resilience, especially among youth.

Treatment	Integrated Spiritual & Psychological Therapy	Combines narrative therapy, logotherapy, and trauma-based psychotherapy with supportive, non-dogmatic spiritual care. Focuses on reconstructing meaning and spiritual identity, involving collaboration between mental health professionals, religious leaders, and survivors.
	Reforming Religious Communities & Culture	Addresses authoritarian and exclusionary cultures by reducing stigma, dismantling exclusivism, fostering dialogue, and decentralizing authority. Ensures faith becomes a safe, inclusive space rather than a tool of control.

a. Preventive Strategies

1. Promoting Accommodative and Humanistic Religious Approaches

A crucial preventive measure is to foster a more accommodative, reflective, and humanistic approach to religious practice. Religious teachings should be conveyed through empathetic and contextual frameworks, rather than by instilling fear, guilt, or threats of punishment. Spirituality should function as a path to liberation and personal growth not as a source of existential anxiety. Interpretive frameworks must remain open to doubt and questioning, offering space for dialogue between faith and the realities of modern life. Trauma informed pastoral care or spiritual guidance is essential so that faith narratives serve as sources of healing rather than harm (Perry, 2024).

2. Comprehensive Religious Literacy

RTS often stems from shallow, literal, or narrow understandings of religious doctrine. Therefore, promoting comprehensive and critical engagement with religious texts is vital. This includes exploring historical interpretations, social contexts, and hermeneutic approaches. Research by Jones, Power, and Jones indicates that individuals who successfully reconstruct the meaning of religious teachings through reflective practices are better able to recover from spiritual wounds and develop new, liberating forms of spirituality. Educational programs that encourage exploration rather than indoctrination especially among youth can be powerful tools for RTS prevention (Jones et al., 2022).

b. Curative (Treatment) Strategies**1) Integrated Spiritual and Psychological Therapy**

Treating RTS requires therapeutic models that acknowledge the complexity of spiritual, psychological, and social trauma. Narrative therapy, logotherapy, and trauma-based psychotherapy may be effectively combined with non-dogmatic and supportive spiritual approaches. Healing often involves rebuilding spiritual identity and meaning-making following a crisis of faith. It is important to provide mental health services that are inclusive of religious and spiritual dimensions, while remaining critical of the misuse of religious symbols and authority. Collaboration among psychologists, religious leaders, and RTS survivors is crucial in fostering healing communities (Exline et al., 2023).

2) Reforming Religious Communities and Culture

Since RTS often emerges in repressive religious communities, reforming religious culture is a long term and essential strategy. This includes dismantling exclusivism, reducing stigmatization of dissenters, fostering a culture of dialogue, love, and acceptance, and ensuring that spiritual life does not depend on authoritarian figures, but on healthy, mutual spiritual relationships. A healthy community offers faith as a safe space, not as a tool for control. Such reform efforts represent a structural safeguard against the recurrence of RTS (Zamperini et al., 2020).

Thus, through a comprehensive understanding of Religious Trauma Syndrome (RTS), including its conceptual framework, four primary causes, and proposed solutions, it becomes evident that the root of RTS does not lie in religious doctrines or dogma per se. Rather, RTS arises from relational and structural dysfunctions within religious environments. Individuals do not develop trauma solely from theological teachings, but from the oppressive, exclusionary, and dehumanizing ways those teachings are enacted by religious authorities or communities.

Therefore, RTS should not be interpreted as a wholesale rejection of religion, but as a psychological response to religious practices that violate personal autonomy, suppress emotional expression, and stigmatize doubt and diversity. RTS reflects a deeper need for spirituality to be grounded in spaces of critical reflection, subjective experience, and acceptance of the non-linear journey of faith.

At the same time, the existence of RTS reminds us that religious experience does not automatically equate to healing or inner salvation. In certain contexts, religion though not due to its doctrines can become a source of psychological harm when practiced without empathy, openness, and respect for individual spiritual freedom. Consequently, a vital task for contemporary faith

communities is to cultivate a religious climate that is more humane, psychologically nurturing, and spiritually inclusive.

D. Conclusion

Religious Trauma Syndrome (RTS) is a psychological and spiritual phenomenon that is real, complex, and highly contextual. Although it is often perceived as trauma caused by religious doctrines or teachings themselves, this study emphasizes that the roots of RTS more frequently lie in how those teachings are applied, interpreted, and socialized in dysfunctional ways by individuals or religious communities. RTS arises when religious experiences are accompanied by psychological pressure, excessive moral control, spiritual abuse, and painful social exclusion.

Through a literature review using a qualitative approach grounded in the works of Dr. Marlene Winell and supported by academic studies from the past five years, this study finds that the causes of RTS can be grouped into four major factors: pathological altruism, spiritual abuse by religious authorities, fear based dogmatic interpretation, and exclusive pressure from religious communities. These four factors do not operate separately but instead form complex and interconnected traumatic patterns often unnoticed by both social and religious environments from which they emerge.

The implications of these findings are significant. First, it is essential to draw a clear distinction between religion as a transcendent system of values and its historically sociological expressions. RTS does not prove that religion is inherently harmful, but rather reveals how the misuse of religious symbols and authority can become tools of oppression that wound human dignity. Second, pastoral approaches, religious education, and community practices must be reframed to become more empathetic, reflective, and grounded in integrated mental and spiritual health.

Third, broader collaboration is needed among psychologists, theologians, and religious leaders to fully understand the dimensions of religious trauma in a holistic manner. Mental and spiritual health services must be designed to accompany individuals who have experienced religious harm without forcing reconciliation with institutions or beliefs that caused the pain. Healing from RTS is a long and deeply personal process that can only be achieved through approaches that respect the uniqueness of each individual's journey. Ultimately, awareness of RTS invites us to be wiser in how we engage with religious experiences. Religion should be a path toward inner liberation and meaningful living, not a source of existential fear. Therefore, this study calls upon faith communities and broader society to take on the shared task of fostering a spiritually safe, inclusive, and healing environment.

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