1. Who Are We?

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We are everywhere. We are your daughters, sisters, friends, partners, coworkers, lovers, and mothers. We sit next to you on the bus. We’re behind you in the line at the checkout counter. We sit beside you in church. We walk in front of you on a crowded sidewalk. Everywhere. More than one source claims that the majority of rape cases occur during childhood and adolescence,\(^1\) more often by someone we know and trust.\(^2\) One out of three of us faces sexual assault in our lifetimes: 61 percent of all rapes occur when we are seventeen years old or younger; 29 percent when we are less than eleven years old; 6 percent when we are older than twenty-nine.\(^3\) Nearly half of the three thousand women surveyed in one college study said they had experienced some form of pressure to have sex since the age of fourteen.\(^4\) One out of seven women report being raped by a spouse.\(^5\) Marital rape remains legal in two states: North Carolina and Oklahoma.\(^6\)

Anti-“rape-hype” commentators like Katie Roiphe have rallied a chorus: “I don’t know of anyone who’s been raped or molested. Why don’t they come forward?” Over 85 percent of rapes never get reported, 42 percent of victims never tell anyone about their assault.\(^7\) There is good reason for a victim of rape to be reluctant to expose the sexual crimes against her. Coming forward requires a just context. And history tells us that women are responsible for the sexual crimes against them. Fewer than 5 percent of the rapists who are reported go to jail, and 67 percent of them are repeat offenders.\(^8\) If women are not blamed, then they are grossly trivialized. One Pennsylvania judge who “punished” a
Who Are We?

man who raped his date decided that a seven-hundred dollar fine would suffice. The money would allow her “to take a short vacation and get over it.” No wonder victims of rape are nine times more likely than nonvictims to attempt suicide.9

The women interviewed for this study, in a number of ways, could be any woman from the Christian middle class. They are between the ages of twenty-five and fifty-eight. They are college educated and come from East Indian, Native American, African American, and Euro-American backgrounds. Their faith systems are Christian based. Their sexual preferences are diverse. (See Appendix I for more demographic detail.)

Because I am a survivor of incest, a former seminarian, as well as a woman who has struggled with the traumatic symptoms of food, body, and weight preoccupation, I have chosen to include my story as one of the anonymous case studies presented. I felt my story both shapes and reveals the theories I have formulated, and my own example should help sharpen the sense of differences among all the case studies. In keeping with good social-scientific research, I feel it is better to own up to my own hermeneutical perspective rather than make the spurious claim to some unassailable objectivity.

Yet it is not my intention to remain anonymous as an author. When I feel that my own experience challenges or enhances the understanding of a theoretical point, I put it forward directly. The politics of anonymity reflects the way patriarchal cultures have “read” sexual violence as something that victims invite. If I were to report on the religious meaning that survivors of burglaries give to their secondary traumatic symptoms, I could keep the survivor’s narrative together and even add her first and last names—for no one would dare blame the victim of a burglary. But where sex is involved, a woman has carried the blame throughout time. Such a misallocation of blame is why my narratives, and those of others, have been “broken up” and are used to show themes in the psychology and socially gendered nature of the trauma, its symptoms, and the religious meaning a survivor gives to it. And because these survivors know all too well the repercussions of public exposure, their names have been changed to protect them.
Definitions

Patriarchy

Because I use the term *patriarchy* throughout this book, it is important that I first define it. I see patriarchy as a familial-social, ideological, political system in which men—by force, direct pressure, or through ritual, tradition, law, and language, customs, etiquette, education, and the division of labor, determine what part women shall or shall not play, and in which the female is everywhere subsumed under the male. It does not necessarily imply that no woman has power, or that all women in a given culture may not have certain powers. . . . The power of the fathers has been difficult to grasp because it permeates everything, even the language in which we try to describe it.

If we read newspapers or popular magazines, go to the movies, look at how we allocate money for military spending as opposed to social programs and how we treat our natural resources such as earth, air, and water, it becomes clear that our system seeks domination. I believe there is a gendered quality to such destructiveness.

In North America, statistics of murder, rape, and incest are decidedly skewed toward the victimization of females. Over 150,000 females die each year of anorexia, which takes more lives than the AIDS virus. In addition, one cannot help but wonder if the federal government’s cutting of seven billion dollars from food stamp programs is evidence that women are undervalued, since 85 percent of the recipients of food stamps in the United States are women and children. In many parts of the world, cultural and religious tradition dictates that women are second-class citizens, and they should not question their status—men eat first, are educated first, and make decisions for women. As feminist philosopher Mary Daly notes,

All of the so-called religions legitimating patriarchy are mere sects subsumed under its vast umbrella/canopy. They are essentially similar, despite variations. . . . And the symbolic message of the sects of the religion which is patriarchy is this: Women are the dreaded anomic. Consequently, women are the objects of male terror, the projected personifications of “The Enemy,” the real objects under attack in all the wars of patriarchy.

Because patriarchy assigns a secondary position to women, it creates a hierarchy, in which human value is determined by gender, race, class,
position, religion, age, appearance, ethnic background, and physical ability. Thus it promotes the death of *jouissance* (where the pleasure of one is the pleasure of the other), because diversity is lost and people are rendered as objects. And an object is easier to abuse. Most of all, patriarchy has maintained the subordination of women for five thousand years, through manipulation, violence, exclusion from decision-making groups, and economic deprivation. Patriarchy is an ideology and a practice that is invested in keeping women and minorities immersed in self-hatred and apathy. As great numbers of women have bonded together to assume self-determination and equal rights in the past three decades, there has been a terrible backlash—a virtual guerrilla war on women, including higher incidents than ever of rape, incest, battering, control of reproductive rights, pornography, and the feminization of poverty.

*Paternalism*

*Paternalism* is a benign mask worn to keep patriarchal powers in place. When I use this term I mean the patriarchal (religious, psychological, and social) forces that in their micropractices condition women to doubt, distrust, even fear their own and other women’s power. Such conditioning seduces women (and even some men) to be reliant on the direction, support, and authority of men deemed “in charge.”

*Incest*

Almost without realizing what I was doing, I began to use my particular creativity to explore the incest of which (some would say) I was victim, from which (some would say) I survived. . . . At this point on my journey, I would say we are much more than victims. Survivors, yes, but always damaged, always scarred, most often with wounds forever raw.

*Incest* is the sexual seduction, molestation, and/or rape of a child by any relative (blood, step, adoptive), trusted care-giver, or friend of the family. The term *victim* is used to identify the one who was sexually abused. The term *survivor* is used by those who prefer to see themselves as having survived sexual victimization. The term I use for parents who were conscious of the abuse but remained silent witnesses is *co-offenders*. 
Eating Disorders

I use the term eating disorder to describe what seems to be a universal preoccupation among the nine survivors of incest whom I interviewed—whether they are affected by anorexia, bulimia, extensive dieting, or chronic overeating. When I use the term I am referring to the process whereby a woman develops a distorted relationship to food, her body consciousness, and her weight because of living in a sex-exploitative family and culture where her power and worth are defined along a bodily plane. I see these behaviors as gendered tools used to manage and express the trauma of sexual abuse. I do not use the term eating disorder in the traditional sense (referring to an individual disease) because it categorizes food and weight problems as individual pathologies and deflects attention away from social and traumatic contexts that underlie them.

I use the term relentless pursuit of thinness interchangeably with eating disorder. When I do so I do not wish to imply that the survivor's emphasis on slenderness reflects a vain "obsession" with appearance. In fact, throughout I argue that the eating strategies that women develop begin as adaptive solutions to, as well as disguised expressions of, sexual trauma.

Trauma

By trauma, I mean a violating experience that has long-term emotional, physical, and/or spiritual consequences that may have immediate or delayed effects. One reason the term trauma is useful conceptually is its association with the diagnostic label Post Traumatic Stress Disorder (PTSD). PTSD is one of the few clinical diagnostic categories that recognizes social problems (such as war or the Holocaust) as partially responsible for the symptoms identified. One perspective on PTSD is that it "adapts well to the feminist assertion that a woman's symptoms cannot be understood as solely individual, considered outside of her social context, or prevented without significant changes in social conditions." For any woman who develops a distorted relationship to food, to her body, and to weight, introjecting cultural expectations and gender-degrading experiences (including the plethora of media images of
women as sexual objects) set the tone for how she relates to her self. Sexual abuse in the family further imprints these cultural messages.

Psychohistorian Robert Lifton has delineated five key characteristics of trauma:

1. Trauma leaves an indelible imprint in the form of intense, sometimes repressed, memories that are often death-related. There is no time limit on trauma, and its pain can endure with fresh intensity for a lifetime. There are always residual feelings around the trauma, including anxiety. Sometimes, paradoxically, the behavioral and emotional response to trauma is a mask of invulnerability.

2. Trauma can generate death guilt or other forms of self-condemnation. The victim tends to blame himself or herself for not having done enough to prevent the trauma or the events leading up to the trauma. There is a sense of failed enactment.

3. Trauma creates psychic numbing, the diminished capacity to feel, in its victims. Numbing begins as a necessary form of adaptation. Feelings must be closed out as a way to survive the traumatic experience. Later, however, the numbing itself tends to continue and endure as an inappropriate and self-constricting defensive posture.

4. Trauma profoundly affects human relationships which can become infused with suspicion and vulnerable to disruption. Help or friendship may be perceived as counterfeit nurturance, as insincere and unreliable. Trust in people and one's general community can be impaired and difficult to recover.

5. Trauma brings on a struggle with meaning at various levels of existence. One seeks to give inner form to one's experience. One's sense of personal continuity—indeed one's lifeline—has been interrupted, and there is an effort to find new grounding and connectedness for the self.25

Most survivors feel pursued by a chronic sense of loss, what Lifton calls the survivor's life of grief.26 A survivor mourns for lost family, lost faith, lost hope, and her former self—who she was prior to the violations. What has been "taken" from her cannot be returned and will not be acknowledged in a culture that refuses to recognize the atrocity. The concept of PTSD has helped bring the inner reality and the outer reality of the survivor together. It is my intention to draw out the gendered nature of PTSD as it manifests itself in the form of food, body, and
weight preoccupations for the survivor of incest. I will also expose the religious roots that often give meaning to such traumatic experiences and symptoms among the women interviewed.

Recovery

Usually when the term recovery is employed, it is done so in reference to a chemical-addiction therapy based on a disease (medical) model. One who is “recovering” or “in recovery” is thought to be refraining from using her former addictive substance or habit. Such concepts have been psycho-spiritualized and popularized by the human potential movement and, in particular, by Twelve-Step groups of Alcoholics Anonymous and their offspring—Overeaters Anonymous, Gamblers Anonymous, Incest Survivors Anonymous, Sex and Love Addicts Anonymous, and the like. By actively using such spirituality groups and “working” the steps, one is said to be “on her way to recovery.” Since incest is not a disease or an addiction one might wonder why the term “recovery” would be used at all. The women interviewed frequently referred to their “healing journey” as their “recovery.” For the sake of this project then, I refer to recovery as a self-oriented vocabulary that reveals the wish to move from victim to survivor. Many sexually violated women prefer to see themselves as no longer victimizable, with esteem reclaimed and bodily confidence reaffirmed, or affirmed for the first time. This language of recovery gives them a sense of hope, a sense of self-empowerment. In later chapters, I will explore to what degree such language is pragmatically helpful.

Sexual Abuse, Faith, and Eating Problems Matched

Below I will briefly describe the respondents and their abuse history, their present faith, their coping techniques with food, and the nature of their present involvement with their families-of-origin. This is to better aid readers in keeping core themes together. In the following chapters, I will go into greater detail regarding each of their narratives.

Cherise calls herself an evangelical Christian. She is a sufferer of compulsive overeating (with bouts of self-starvation in between) and alcoholism. She was physically and sexually abused by her father from
Who Are We?

age seven until age twelve. She is the only one in her family that has chosen not to kill herself.

*Natalie* calls herself a Christian who imagines God to be female. She is a sufferer of bulimia who was physically and sexually abused by her father from age two to age five. She has intermittent contact with her family of origin.

*Margery* considers herself to be a Christian. She is a chronic dieter who breaks her diet with a binge. She was sexually abused by her maternal grandfather throughout her childhood. She lives within a few miles of her family of origin.

*Haddock* grew up in a cult and now considers herself a Twelve-Stepper. Her faith is in a Higher Power. She suffers from anorexia, bulimia, and compulsive overeating. She also considers herself an alcoholic. She was sexually and physically abused by her father, uncle, aunt, and mother from infancy until early adolescence. She has chosen to cut off all contact from her nuclear and extended families.

*Melinda* is a former Christian and now considers herself a non-denominationally affiliated “spiritual person.” She is a sufferer of compulsive overeating. She has an early history of fasting. She was sexually and physically abused by her father and gang-raped by her older brother and his friends. She remembers the abuse occurring from age four until her early teens. She has attempted to confront her father with his abuse; because he denies the incidents, she has severed all contact with him and her brother.

*Janine* is a former Christian who now considers herself an agnostic. She has been diagnosed as anorexic with bulimic episodes. She was sadistically tortured and sexually abused by her father, and sexually molested by her step-uncle and a male babysitter. Her first memory of sexual abuse was at age four. She has yearly contact with her family of origin.

*Stephanie* considers herself a “practicing Christian.” She suffers from chronic dieting which she “breaks” by compulsive overeating. She was sexually abused by her maternal grandfather from age four until age eight. She has intermittent contact with her family of origin.

*Samantha* calls herself a Twelve-Stepper who believes in a Higher Power. She is a self-starver who rarely eats and when she does it’s something sweet. She considers herself “a sugar addict” in addition to being an alcoholic and former valium addict. She recalls being sexually
abused by her nanny in early childhood and by her father in adolescence. She has yearly contact with her siblings and extended family.

Renita describes herself as a Twelve-Stepper who believes in God as her Higher Power. She is a sufferer of bulimia and anorexia. Her paternal grandfather, her father, and her two older brothers sexually abused her. She periodically lives with her family of origin, in between jobs.