Faith Born of Seduction

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A Pyrrhic Victory: Contemplating the Physical Cost of Surviving

Eating Disorders and Incest

Anorexia and bulimia are multilayered problems that have no singular cause. Psychological and social factors are generally thought to play key roles in their development. Many psychologists and psychiatrists believe these disorders arise in the context of a process of growing up which has gone awry. A young woman's response to biological maturity and the psychological and social demands of sexual development are widely invoked as being especially relevant.\(^1\) Child sexual abuse is now recognized as a common occurrence\(^2\) with consequences that affect self-esteem, sexual identity, personal competence, and potential for intimacy. A link between such experience and later eating/body-image preoccupations is therefore highly plausible.

As I have said earlier, sporadic accounts\(^3\) in the psychiatric literature of eating disorders reveal that as many as five out of six patients in anorexia nervosa treatment programs\(^4\) and seven out of ten bulimic\(^5\) college women revealed histories of sexual abuse before age twelve. Of the self-selected sample of incest survivors with eating disorders whom I have interviewed, all were initially sexually abused before age eight and all have revealed that this history has set the stage for their distorted relationship to appetite cues (for both sex and food), a sense of autonomy and personal agency, and body-size and shape perception. There are in fact important links of meaning in the survivor's mind between her incest experience and her subsequent eating disorder.\(^6\)
Post-Trauma Manifested along Gender Lines

A persistent problem with eating may disguise a post-trauma response to sexual assault in adolescent girls and women, and as such, can be a gender-specific symptom of Post-Traumatic Stress Disorder (PTSD). PTSD is a relatively recent term first defined in Diagnostic Statistical Manual-III (or DSM-III) (APA, 1980) and redefined in DSM-III-R (APA, 1987) as follows:

1. The person has experienced an event that is outside the range of usual human experience and that would be markedly distressing to almost anyone;
2. the traumatic event is persistently reexperienced in at least one of the following ways: intrusive recollections of the traumatic experience; recurrent distressing dreams of the event; sudden action or feeling as if the traumatic event were recurring (flashbacks); intense psychological distress at exposure to symbolic aspect of traumatic event;
3. persistent avoidance of stimuli associated with the trauma or numbing of general responsiveness;
4. persistent symptoms of increased arousal (i.e., sleep disturbance, hypervigilance, easily startled); and
5. duration of the disturbance at least one month.

More women than men have eating disorders for physiological and socio-emotional reasons. Women are socialized to find value through appearing culturally attractive (“model thin”), a cultural ideal that increasingly demands technological assistance. Two-thirds of adult women report in response to surveys that one of their greatest worries is that they will get fat. Two-thirds have an inaccurate and injurious body image (nearly 95 percent overestimate their body size); 75 percent of adult women within the “ideal” range of weight for their heights still think they need to be thinner. Disorders of eating are so common among women that they could be considered norms rather than disorders.

Cross-culturally, from birth, girls have 10-15 percent more body fat than boys. At puberty, male fat-to-muscle ratio decreases as the female ratio increases. The increased fat ratio in adolescent girls is the medium for sexual maturation and fertility. The average healthy twenty-year-old female has 28.7 percent body fat. By middle age, women cross-culturally
have 38 percent body fat.\textsuperscript{11} Efforts to be thin are so stubbornly resisted by a healthy body that one who desires cultural value/beauty must police her appetite assiduously.

Social judgment regarding a woman's psychological well-being and essential "goodness" is largely determined by how she looks. Psychologist Ellyn Kaschak maintains, "Becoming a woman involves learning a part, complete with costumes, makeup, and lines."\textsuperscript{12} We learn our gender roles through imitation and validation.\textsuperscript{13} A female's "beauty" and body size are her cultural currency. Learning to behave like a woman involves learning to sit, stand, and talk in the appropriate (non-demanding) ways that do not take up too much space. Paradoxically she must act her part in a way that appears natural.\textsuperscript{14} The ability to diet successfully, as marked by achieving thinness, has been held as a gender-specific key to power, acceptance, and control—a triad that is shattered by sexual assault.\textsuperscript{15}

One symptom of sexual abuse is low self-esteem, which often facilitates a personality that seeks to please, for survival's sake. In combination with female socialization, sexual abuse increases the chance that a woman will attempt to resolve a physical boundary violation by attempting to control her body. Some psychologists specializing in eating disorders believe that the psychological and physiological stress created by overvaluation of norms of thinness (which are not consistent with biological disposition) creates a context for restrictive dieting, fasting, compulsive exercise, and even purging. These behaviors that produce caloric deficits inevitably lead to binge eating and/or compulsive eating; purging sometimes develops as a desperate attempt to reverse the error of the binge eating and the fear of further loss of control over the self, and symbolically the environment.\textsuperscript{16}

Too often helping professionals and the woman with an eating disorder are distracted by the symptom—the behaviors of the eating disorder—and consequently miss the historical roots of incest that set the symptoms in motion. If counselors and the survivor herself remain distracted by the symptoms the behaviors will intensify. Because this post-traumatic response is cloaked in "normal" female behavior (that is, dieting and/or binging), it is often difficult for both survivor and helping professional to see clearly the connections between her history of abuse and her eating disorder.\textsuperscript{17} This connection is vital and must be made if the survivor is to be helped, for a survivor will have a very difficult
time giving up any of these behaviors without finding alternative and functional ways of addressing the intrusions and expressing the pain that is the result of her haunting memories. Moreover, she must find tangible ways to feel power in order to let go of her dieting methods—her only physical symbol of power.

**Shared Traumatic Themes Manifested in Eating Disorders**

*Shame*

Shame is a common experience of all victimization. It consists in a sense of being brought low, being made unworthy or unfit in the eyes of another. There is a profound sense of self-loathing that is a direct result of being sexually violated. A survivor’s attempt to shrink her own body may signal a sense of deeply imbedded shame. At times one is so overwhelmed with the shame feelings that one becomes passive, unable to take action on one’s own behalf to put an end to the real sense of shame.

For the survivor of incest, her body is the site of that first shameful experience of abuse. As a child, she may not understand what is happening to her while she is seduced and invaded by a perpetrator. But as she grows up she tries to comprehend the abuse by believing something must be wrong with her body if it was selected to be violated. Something must be wrong with her if she responded to the perpetrator’s touch, or that something must be wrong with her if she could not defend herself against the offender’s intrusions. A woman may manifest this shame by feeling overconcerned with the size of her body or believing that if she looks a certain way—culturally acceptable—others will not see her core shame. Note Haddock’s belief that if she is thin then she is invulnerable to disapproval and rejection—further shame. In her words, “I come to OA [Overeaters Anonymous] because I need a reality check. I need to weigh myself and know that I’m like somewhere around 125 [she’s 5’8”]. That way I know that’s it. The world has to deal with me as I am and if they run away from me in terror, so be it. It won’t be because I am not normal. It won’t be because I’m fat.”
Guilt

Guilt may be distinguished from shame in terms of its focus. Guilt, according to moral philosopher Paul Ricoeur, is “the subjective awareness of having violated a moral system through having committed a fault or engaged in a wrongful act, and carries with it the anticipation of chastisement.”\textsuperscript{19} There are two basic ways of acquiring guilt. In the first, guilt is earned through wrongful behavior. In the second, guilt is imposed from an external source.\textsuperscript{20} Guilt is imposed on the victim of a sexual crime by the perpetrator and is “taken in” at the level of the perpetrator’s offense.\textsuperscript{21} The victim then attempts to resolve the guilt by resorting to expiation demanded of her within the internalized moral system.

A survivor’s ritual behavior with food may signal how much she has internalized the perpetrator’s guilt. His shame of incest becomes her shame. She now holds herself accountable, it is her fault—a result of her sinful nature. As one survivor claimed, “When I break my diet with a binge I feel like I’m shoving food into a garbage disposal.”

Self-Blame

Self-blame involves post hoc explanations of how choices that were made led to the victimization experience.\textsuperscript{22} The purpose of these explanations is to shift the locus of control of causality from the perpetrator to the victim, thereby giving the illusion of responsibility to oneself for one’s fate.\textsuperscript{23} Self-blame also functions to protect the self from overwhelming depression, and reduce feelings of helplessness and fear. As one survivor stated, “If I’m responsible for making horrible things happen to me, it gives me some sense I have control.” Studies have shown that victims of sex crimes who blame themselves may fare better than those who feel there was no rhyme or reason as to why they were selected. Such findings reveal how psychically powerful the illusion of control is to one’s sense of well-being.

Society-Blames-the-Victim

American society reflects the popular notion that “you get what you deserve.” This comes out in the common belief that victims are responsi-
ble for their plights. Although the public is more sympathetic to victims of sexual abuse and rape than they once were, a female victim's social status is often still lowered—proof of the society's tendency to blame victims for their experience of violation.

Anxiety and depression reflect the survivor's evaluation of her perceived worth to other people. I believe these two emotional states follow a survivor from the first time she was sexually abused. For the core message sent to her is that she has been emotionally abandoned. The accompanying symptoms that reflect her unshakable anxiety and depression are inability to relax, habitual negative self-statements, low self-esteem, psychosomatic complaints (head, back, neck, pelvic, and stomach pain), general passivity, compliance, self-hatred, shame, isolation, and desperate attempts for approval to lift her out of her despair. In Renita's case, issues of self-blame and shame became unavoidable when she first became sexually active. She felt ashamed of her bulimia but also felt it was her only defense against such dreadful and anxious feelings. In her words:

I was really active in my bulimia when [my boyfriend and I] started getting sexually active. There was a definite correlation between having sex and throwing up. I was throwing up every day, even if I ate a normal meal, the whole time that we were going out. And he didn't even know it. I would pretend that I was taking a shower or something and then I would throw up. It was a mess. I am still a mess. I don't really see any—any way out of it. Like this is a lifelong process. Which is scary [whispers].

The woman who binge-eats, self-induces vomiting, abuses laxatives, and fails at dieting uses these behaviors to physically express her feelings of despair—she demonstrates to herself that she deserves lower status in the world. Her inability to stop these behaviors is often used by her to give content to her grief and to make sense of her pervasive sense of shame. She sees it as proof to herself that she in fact did "get what she deserved," according to "just world" distorted thinking. This line of thinking also contributes to further feelings of powerlessness—it's a self-fulfilling prophecy.

For several of the women interviewed, overeating or dieting became their only way to cope with the depression, anxiety, isolation, and self-blame born of their sexual abuse. Renita also illustrates how dieting and appearing thin defend her against sadness and against feeling unacceptable:
Though I was abused from 7 to 13 my anorexia didn’t start until I was 18. I was never really aware of the underlying depression that was always there and the food played a big role ’cause, if I didn’t eat, I would get high . . . on not eating. And therefore I wouldn’t be depressed and I guess if you look good people will think you are fine. But I didn’t start throwing up till I was 21. Before that I was totally anorexic and bulimic in terms of exercise. I am still bulimic. I even threw up the vegetables I binged on before this interview.

When I asked Renita what preceded her throwing up, she said, “I feel so depressed with how slow and difficult the process of recovery is—you know—feeling all these feelings and having to remember all these horrible things.”

Stephanie shows how compulsive overeating buries her sadness and feelings of emptiness: “Eating still is a way to escape loneliness and a feeling of isolation, being different.” Both women’s behavior with food illustrate the emotional fallout of trauma. Because most of the survivors interviewed were sexually abused by primary caretakers it makes sense that they developed a primary relationship with an inanimate object, substance, or activity rather than with another person. They found something (food and/or ritual behavior with food) that they could project their needs onto and fantasize having those needs being met. This inner world of the survivor must be kept a secret, however, just like the abuse itself, for she would surely be blamed and disgraced if anyone knew what she did with food, what she did with her father (or other “trusted” offending relative).

Legacy of Repression—The False Self

Many survivors believe they have to keep up a false front regarding the sexual abuse, not only to protect the perpetrator (whose attention they often fear losing), but to defend themselves against blame for the sexual offenses and against the pain of remembering the depth of the betrayal.

When a young girl is sexually abused in her family—objectified and humiliated emotionally and physically—she has two choices: (1) to expose the perpetrator who has betrayed her trust and abandoned the role as protective and nurturing parent, or (2) to “forget,” thus silently burying the offender’s shameful secret in her body. Unless she is fortunate enough to have a safe person to talk to, she is often forced to make the choice of burying the family member’s secret and thus preserving the illusion of a happy family.
To expect a child to tell a family member of another family member's abuse is to expect that same child to risk losing parental love and potentially losing the relationship altogether. Often the perpetrator who is pedophilic may be the only relative who gives attention to the child—thus this incestuous relation, in many cases, is fraught with ambiguity. Often, upon naming the incest, the child may incur the wrath of other family members. More likely, the child will carry the perpetrator's shame inside her body/self—slowly suffocating her spontaneous self. Her pain along with her authentic self are buried in maintaining the offender's secret.26

Psychoanalyst Alice Miller claims that most early childhood punishment is tied to bodily deprivation or pain. Children deny the hurtful feelings that they have received through their bodies, especially feelings that are now associated with their earliest suffering. As the child grows she learns to hide the past pain by ignoring the signals given by her body. Eating disorders, a most extreme denial of the body, reveal the power of the defensive self. This part of the self (what Miller calls the "false self") will use physically destructive means to damage or destroy the body because the body cries out to be acknowledged as an aspect of the "true self."27

The truth about our childhood is stored up in our body, and although we can repress it, we can never alter it. Our intellect can be deceived, our feelings manipulated, our perceptions confused, and our body tricked with medication. But someday the body will present a bill, for it will accept no compromises or excuses, and it will not stop tormenting us until we stop evading the truth.28

I believe the legacy of repressing the incest memory and its accompanying bodily feelings is a form of Post-Traumatic Stress Disorder. Eating disorders are a defensive response that result from the powerful coping mechanisms that many girls who cannot speak about what happened to them employ in order to survive the trauma. Whether one binges, starves, or obsesses about food and weight, all these behaviors and mental activities work to enable the survivor to dissociate29 from the traumatic events of her past. Her eating disorder works to protect her, detaching herself from feeling and, oftentimes, from remembering the event or events. Although this strategy enables her to survive psychologically as a child, it later produces symptoms that block the woman's ability to lead a full and productive life. For as long as she buries the
offender's guilt in her body, the perpetrator remains free to re-offend. A therapist needs to remember that the impulse to escape the trauma is what enabled her client to survive as a child. This method of coping that served her once is now most likely serving society and the offender, as long as she remains silent. Such a method of coping is what must be replaced by the survivor—on her terms and in her time—with more functional methods of expressing her emotional pain and outrage.

Damaged Goods

Another sign of post-traumatic stress in relation to sexual violence is the feeling of being filthy and disgusting and in need of ridding oneself of this contamination. The survivor of incest often feels at war with her appetite, as if her appetite revealed some deep evil within. As she diets and deprives herself, her physiology fights back to maintain its level of comfort. She grows to dread and fear this cycle of eating and avenging the calories through dieting. Her feelings of vulnerability with food and fat can be a result of her powerless feelings over the perpetrator's (or memories of) invasion. Note Janine's sense of vulnerability:

When I couldn't deprive myself any longer [diet] I would binge on melon or berries or grocery bags full of air popped popcorn. I saw myself as out of control, of course. I saw myself as a mess, chaotic. I was afraid of the power of this out-of-control feeling, of this passionate binge, this indulgence, and this fervor to get what I want and not deprive myself anymore. It was just like, it felt like an elevator dropping—completely out of my hands.

The survivor's use of food-restriction behavior often feels atoning and restorative. She temporarily, psychologically "repairs" her sense of being vulnerable and damaged and expiates her temporary lapse in control over her body. Dieting and purging serve her insofar as they symbolize her control, goodness, and power. What she does with food reveals who she is, her character, her value.

The binge behavior is an appropriate counterbalancing behavior to such rigidity. Her body "presents a bill" to her for the physiological and psychological debt she has accrued in overriding her emotional and physical needs. It is a Pyrrhic victory, a battle that as she fights to win, she loses.\textsuperscript{30}
Powerlessness

Powerlessness—complete vulnerability and lack of control over the self or the environment—is designated as the core experience that challenges one's perception of one's world. Powerlessness is a reality for one whose identity, rights, and control over one's body are stripped away by sexual abuse. Psychological impotence surfaces through several symptoms: anxiety, apathy, depression, fear, and passivity. Frequent intrusions, nightmares, or daytime recollections of the trauma heighten feelings of powerlessness over the self. Flashbacks reinforce powerlessness over certain environmental factors and cues.\textsuperscript{31}

Incest is a bodily violation that deeply damages one's psychological sense of one's self. Because being a victim often feels as if one has little control over what happens to one's body, an eating disorder may signal a desperate attempt to have control over one's own body—as if control of the physical could shield the psyche/self from further harm. For a survivor of incest ardent attempts to control her body through dieting, fasting, and exercise are efforts to restore the sense of invincibility and omnipotence that is lost in an abusive or assaultive experience, particularly if lost at an early age. Many psychological claims have been made about the double bind of restoring power through weight control for the survivor of incest:

Although dieting, fasting, and exercise can temporarily give rise to feelings of discipline and narrowing control over the environment to her physical self, it is inevitably followed by binge-eating. The brittle rigidity of rules that a victim can construe in an attempt to restore order to her world also contributes to repeated feelings of failure and powerlessness when she cannot conform to these rules.\textsuperscript{32}

Melinda reveals how she talks to herself whenever she eats more than she has allotted herself: "I would say, 'You're going to be a pig if you don't watch it.' I'd say, 'You're going to gain weight if you don't watch it.' I'd say, 'No one's going to like you. You're going to be made fun of. You're going to be a target for criticism. People are going to think you can't control yourself.' That kind of thing." For the survivor of incest with an eating disorder, to feel powerless over food is to feel powerless over her self, her perpetrator, and her surroundings. For the nonabused woman to feel powerless over her eating patterns is to feel a threat to her key to power, acceptance, and control. Both groups of women
have been conditioned to measure their present value by their culturally
defined beauty and thinness; for the survivor of incest, however, this
measure of her value is compounded by her belief that her safety in the
world depends on her control of her body. Recall Cherise’s belief that
because she was fat—“I did not have ownership of my body”—she
was raped.

Quite often when the survivor feels in control of her food and level of
fat she feels secure. Margery recalls how confident she felt in graduate
school: “I was on this really strict plan where I exercised an hour a day
and ate virtually no fat for three years. When I couldn’t maintain the
diet anymore I would binge and then vomit. [Six years later] I weigh
thirty pounds more than I did then and I don’t even overeat that much. I
think being bulimic really threw off my metabolism.” Janine also reveals
how she feels “good” when she has maintained her severe dieting
regime.

When I was good I saw myself as in control and powerful and uncriticizable,
invulnerable, admirable, and like someone not to be messed with. I also felt like
I have to watch it all the time—no fats, no sugar, no starch—to get that feeling
and sometimes be even harder on myself—a little bit harder on myself—no
liquids, even water, between meals—to sustain that feeling. I kept thinking that
if I do the right food and exercise rituals I’ll stave off that feeling of being bad—
you know—out of control.

Rarely do survivors or their therapists make the connection that the
“out of control” feeling has less to do with food and more to do with
overwhelming emotions. The survivor feels unsafe, unbearable pain,
anger, and shame—all sensations exacerbated by a history of abuse and
a victim-blaming culture.

Solitary Source of Nurture

For Stephanie, food still serves as her primary source of nurture: “About
6th grade, I can remember the first time I ate compulsively . . . and it
just made me feel so good and nurtured and—and better. It still has that
effect.” It makes sense that food would become the object that a survivor
imbued with unconscious narcissistic meaning—it was readily available
to her as a child, in Cherise’s words, “It was my drug of choice, it still is
a legal drug.” Such objects of escape become habit forming; they provide
self-calming effects: "The object of an addiction is to perform an important psychological function ordinarily performed by oneself [learned from one's relation to one's caretakers] . . . a self-soothing, self-esteem maintaining function that ordinarily in the course of development is internalized as part of one's own psychic structure."  

Psychological nuances can be found between compulsive overeaters (or nonpurging bulimics) to purging bulimics. Both symptoms reveal a deep hunger that cannot be met with food. The literature offers support of the theory that binge eating among obese overeaters may be serving a somewhat different self-regulating function than binge vomiting serves for purging bulimics. The overeater seems to be trying to fill a depleted "empty" self, or interpersonally lonely self, via taking food in, while the purging bulimic seems to be trying to reorganize a fragmenting sense of self by manipulating food intake and expulsion.

For the survivor of incest, self-care is not taught or modeled for her by her caretakers. It has frequently been the case that the mother in incestuous families is ill, incapacitated, or for some reason emotionally unavailable to her husband and children. The daughter commonly switches place with the mother and not only fulfills the gender-coded "female" roles of doing housework and child care but provides emotional and physical comfort to the entire family. Sexually obliging the father in the family is one among several of the roles she plays as "the little woman" of the family. In so doing, she not only sets aside the "normal" course of her own sexual maturation, she also suffers narcissistic wounding as the result of losing the experience of proper attachment to and affection from either parent. Through such a role reversal, her emotional needs and experience of power are thwarted.

The narcissistic experience of appropriate parental touch, mirroring, echoing, and affection normally set the example for a child to later meet her own needs in adult life. For the sexually abused child, however, food becomes the sole tool for her to meet her narcissistic needs and the body itself becomes a vehicle for this nurture. Natalie attempts physically to experience safety and comfort through food:

"After the abuse I became really shy and really afraid of other people. I think what I did for the most part was avoid them. I really just tried to avoid them. As I look back on it, I think that the main thing that I did was just eat. I've been a binge eater and a compulsive overeater since real early childhood. Whenever I"
A survivor, in her food behavior, manifests a particular cultural bind. If she wants to be valued in her social environment, she knows she must not threaten her only viable asset—her bodily appeal. But if she wants to avoid being used as a sexual object, she may try to desexualize her body through changing its shape, becoming over- or underweight.

Through violence women are made to fear and distrust their own bodies and feel ambivalent about physically expressing, in dress, movement, or adornment, their own sexuality. Her appearance and her preoccupation with preserving her security then is fraught with conflict. The binge-starve or binge-purge pattern becomes a dance that she feels forced into, much like the incest experience, yet compelled to collude in, for affection's sake. Fellenberg writes, "We see from analytic work with adults who binge with food that the safety of this knowledge that what begins will end and is in their control, is sadly lacking." Too often a binger has very little confidence that her cravings have an ending. The cues of food cravings get wrapped up in all kinds of complex cravings—for love, autonomy, self-esteem, power, and self-expression. Had the woman with appetite and body distortion received consistent respect for her needs and wishes as a child she would have internalized self-soothing memories and thus would not have to go to such self-violent extremes to create and feel these sensations. Had her physical boundaries been honored as a young girl, she might have been able to trust her own ability to maintain them as an adult. One theory about what's going on in a binge is that

soothing is what the compulsive binger "gains" from the binge. A binge is a substitute for an internal representation which provides self-soothing or other self-regulations. The binger lacks adequate frustration-tolerance and becomes addicted to making an external agent or act do the work that a missing symbolic dimension would do. In short, when the binger feels stress, chances are she will
binge or at least overeat. She has no internal structure which allows for self-soothing. The food becomes the consistent object. It never rejects her, turns its back on her or walks away.\textsuperscript{41}

Alongside these self-soothing qualities, disordered eating can also work to suppress, redirect, or dissociate the survivor from traumatic intrusions, and insofar as the behavior does so it is reinforced. However, because all of the disordered eating behaviors only temporarily work toward the above ends, an “addiction” or compulsion to repeat this method of coping to fend off intrusions quickly develops; disordered eating becomes more frequent and severe.\textsuperscript{42}

By using food to soothe herself from her distress, over time the survivor becomes more distanced from the original trauma; the disordered eating may assume an autonomous function of its own as a generalized coping response to aversive or even slightly negative experiences and feelings. Sometimes intrusions are confined to dreams or nightmares, which explain intense urges to binge eat or purge upon waking.\textsuperscript{43}

One of the differences between incest survivors with and without disordered eating is their perception of the origin of their distress. Persons with disordered eating often will perceive disordered eating as the primary origin of their distress rather than the intrusions or flashbacks.\textsuperscript{44} Both Haddock and Samantha, self-described “Twelve-Steppers,” illustrate how easy it is to see their eating behavior as a sign of their “addiction” or “disease” rather than as a symptom of their trauma. According to Samantha,

I fought back, I thought, by going into isolation and addiction. I was addicted to anything that gave me comfort. I wasn’t allowed to have stuffed animals or a blanket or any of the comfort stuff . . . it was considered germy. I got addicted to reading to escape and sugar to nurture myself. I would do both from a very early age. To this day, sugar still makes me crazy. I know when I got a little older, I’d even steal sugar from the pantry.

Samantha’s father, a doctor, would often punish Samantha from “out of the blue” for being “dirty.” The punishment entailed withholding food from her. She learned very early to seek revenge through sneaking food. She told me that she ate very little as a child and was “a really skinny kid.” She says the only foods she really cared for were chocolate, cookies, and candies and that she “could eat the whole bag and nothing else
in the course of a day." She claims sweets got her through her childhood and still comfort her through her present depression: "If I can't eat I might as well kill myself."

Haddock claims food was a tool that her perpetrator used to silence and reward her. In her words:

My Aunt Maude would give me pastries—sugary and creamy foods—after I would be abused and I think that was her way of rewarding me for being compliant—this, I think, set the stage for my compulsive addiction to sugar. I go to Overeaters Anonymous because I am a sugar binger and nothing else. I could eat a half gallon of Cookies-and-Cream ice cream and call that dinner. I did it to give me energy and to comfort me when I was feeling too desperate to reach out for help any other way. I don't do this today but I still struggle to not see myself as obese, fat, huge, obscene.

Compulsive eating, exercise, chronic dieting, and vomiting or abusing laxatives leave a survivor exhausted and relieved of stress—effectively numbing fear, rage, and pain. These behaviors are commonly engaged in to release muscle tension due to the anxiety and irritability associated with hypervigilance. As the survivor binges, her muscle tension is relaxed, and for a while she may feel exhausted and able to sleep, a boon for one plagued by night sweats and flashbacks. Binge eating and compulsive eating may also be used to restore energy for vigilance—Haddock shows this when she says, "I did it [binged] to give me energy."

Extreme eating behavior can be a safe way to express anger. Many of the survivors in my study grew up in homes where expressing anger (or other difficult emotions—sadness, pain, and fear) was not permitted or was violently punished. For the child-victim to express anger directly was tantamount to her provoking an attack. Most people with eating disorders (and victims in particular) are prone to turning anger against themselves rather than toward the people who have harmed them. As they focus on food and self-blame, albeit unwittingly, they join the culture in protecting the offenders.

Undesirability as Vehicle of Protection

According to Cherise,

I didn't feel anything. I mean, if—if I felt something, I wouldn't have had an eating disorder. My body didn't belong to me, my father had the right to touch my body whenever and however he wanted to. I mean, I never had a sense of
ownership. I was literally trying to survive. I was in a war. I was in a battlefield, so I didn’t have the luxury of sitting and thinking about my body. I guess the only times I did think about my body was when I had outgrown the chubby clothes from Sears, when I was about to turn 8, and had to move to Lane Bryant [clothes for women size 14 and up]. That was a humiliating day because when I turned 8 years old I was wearing a 22-and-a-half dress size.

For some child-victims, starving to maintain a low weight or binging to maintain a sense of shapelessness are both ways of reversing or diminishing secondary sex characteristics and adult status, an important goal if these characteristics have been misguided linked with responsibility of “inciting” the abuser. Subsequently, survivors are able to relax defenses against sexual advances, which they imagine will decrease in frequency because they are no longer sexually desirable.

Although weight gain runs counter to female socialization, it can represent a retreat into safety because fatness is associated with sexual undesirability; therefore, the woman is less likely to need to protect herself against unwanted sexual advances. However, in the case of Cher-ise, she felt her “fat” provoked an attack because the offender assumed she had “no control” over her body.

Psychologist Elaine Westerlund believes more women retreat into shapelessness (extreme thinness/fatness) to fend off sexual arousal—possible invasion. One woman whom she interviewed gained thirty pounds in one month in the process of remembering her incest experiences. The survivor said,

As my body got bigger, my bones and even my features started disappearing. I was literally burying myself in flesh. And it was a way to cover up, to cover up this incredibly horrible thing that I had participated in, that I must have caused. I wanted to hide my body. I consciously decided, “I don’t want a body.” And so I made it into a blob. And it was nonsexual. I didn’t have a gender.46

Remaining obese may also represent a way to establish power to fend off an attack. Ironically, the result of disordered eating is an increase in preoccupation with food and thus a decrease in the survivor’s overall alertness. As a woman succeeds in repelling possible perpetrators through obesity or extreme thinness she fails in finding an internal sense of her own power, strength, and beauty. Such feelings will feel elusive if they are dependent upon the kindness of powerful others—more often exploiters of such women.

For the survivor of incest, eating and not eating are infused with her
desire to be seen and yet not seen. Her pain over not being recognized as a human being worthy of respect is assuaged through her coping patterns with food, which simultaneously work to self-soothe and block her traumatic memories. Because behaviors with food “work” to aid the survivor’s escape from her traumatic past, her anxiety-filled and emotionally deprived present, giving up these behaviors can only be done when more effective coping and soothing techniques are experienced in exchange. Too, when she has a sense that she will be recognized as a person—a full subject and not a sexual object—she may relinquish the only key to power she has ever known.

The women interviewed for this study, out of their despair, have all gone on a spiritual quest to find faith and community that would satisfy their needs in a way that the food behaviors are only partially addressing. All nine survivors experience deep shame and betrayal—symptoms of rape trauma—somatically. As they try to resolve their psychological and social symptoms physically, through controlling their bodies and appetites, they are like hamsters caught on a treadmill—they go nowhere. Christian traditions regarding the female, her body, her appetite, and her nature do not mitigate but may even drive her deeper into her symptoms of post-traumatic stress—shame, anxiety, guilt, and a sense of mistrust of herself.