Faith Born of Seduction

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Summary of Key Findings

I have come to recognize sexual trauma as a common theme among women who have eating disorders. My results reveal that the particular form of the eating disorder not only expresses the particular conflicts born of the sexual trauma but reveals the religious (cultural) and social context of women’s trivialization and objectification (as bodies that exist to arouse the male subject). Most importantly, I found, through examining the literature, that among the general population, sexually traumatized women suffer from eating disorders more often than not.

It is not surprising that “recovery” in a patriarchal context is unlikely to feel stable—such a woman will find little support for reclaiming her power and an affirming relationship to her body; she remains one among the sexually colonized. Survivors are usually complimented for their ability to restrict their food intake, especially if they are “thin.” “Fitting in” a size that’s too small is the patriarchal key to belonging to which women who do not want to be ostracized must aspire.

Symbolic enactment of the sexual trauma manifests itself in a woman’s relationship to food and her sexuality. Although my study did not include analyzing the sexuality of survivors, I explore the gendered, traumatic, and religious meanings a survivor (along with her culture) gives to her appetite and body. How sexual trauma and its psychosocial conflicts manifest themselves in one’s sexual expression and experience of one’s self are subjects I would like to explore in my future work.

Sexual abuse comes in many varieties: seductive, sadistic, and under the guise of experimentation, education, or “innocent play.”¹ I have found that sexual abuse is socially and religiously sanctioned insofar as
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it is minimalized and "overlooked." This “averting of the eyes” is a gender-specific lesson for all females from an early age. Females in particular (like children in general) are taught not to see clearly the violations done to them in the name of male/parental authority and entitlement.

The survivors in this study reported haunting dreams around the time of the onset of trauma memory. Most did not remember having positive dreams until at least two years after the onset of flashbacks—until the worst of the post-traumatic stress symptoms were worked through and they developed functional techniques to manage these troubling memories. Women who remembered some form of resistance to sexual violence and memories of the same were better able to imagine themselves standing up for themselves in the present. This may also point to society’s condemnation of those victims who respond in fear by freezing and are thus considered to have wanted the abuse.

My findings have helped me understand the psychology of victimization and how vulnerability and shame follow a survivor throughout her lifetime. Her relationship to food reveals a complex social psychology that appears to have religious overlay. Her eating behavior can function as an atoning device through which she purifies herself from guilt and shame that grew out of not resisting, possible bodily reactions that confused her, or degrading and blaming messages sent by her perpetrator and by her culture. Food and eating behavior can also be a two-pronged tool that soothes her as well as helps her keep her focus off her traumatic symptoms of self-hatred, body-dread, flashbacks, distrust, hypervigilance, and fear of death. But ultimately, in using food and a body focus to avoid working through the traumatic memories, she weakens herself, making herself a more likely target of violence and shame. For an escape or a defense through an “addictive” habit locks a survivor into a cycle of shame, isolation, and even more self-blame—both the culture and the perpetrator are let off the hook.

A survivor’s impulse to psychologically escape (through an eating disorder) is initially a healthy one, especially as a child. As a child she could not physically leave nor tolerate the reality that there was no one “out there” for her. As she introjects the “sin” of incest, her offenders remain protected. The illusion that they care for her is preserved insofar as she keeps their secret and shame. As she carries the perpetrator’s guilt, she lives in a chronic state of needing redemption. Until she has support
and help in learning new tools of coping with the real trauma of her past and meaninglessness in her present, she will not be able to let go of her atoning and coping habits with food—be they compulsive overeating, binge-purging, fasting, or, more commonly, chronic dieting. In order for a survivor to reclaim her power she must come to see the dynamics of the incest—to let the crime fall upon the offenders and the offending culture that aids her in seeing her value through her sexual (physical) currency. My belief is that those who know they are innocent (or that their involvement was the product of the psychology of seduction) will probably not manifest “atonning” or escaping symptoms like eating disorders.

The survivors’ theological discourse did surprise me. I was expecting to find more identification with Jesus as role-model/martyr. But Jesus Christ was not a key figure in these interviews. What emerged instead was an enchanted and paternalistic theology. As I listened closely I heard some conflict over the women’s wish to be rescued and made valuable through an external God or power, but the desire seemed to emerge in almost every case. In Renita’s words, “What I look for in God is what I used to look for in men: protection, love, a sense of myself.” The incest survivors interviewed for this study differed from the battered women I interviewed several years ago. At that time, I found that Christian women who could not leave batterers more often than not had internalized a “Christlike” self-sacrificial identity. They believed their battering spouse/partner could be redeemed by their love and self-sacrificial behavior. They would often quote Scripture regarding Jesus’ model. One woman said, “God has put my husband in my life for a reason. I am leading him to Christ by my example.” The cross of Christ was a vehicle through which she justified, even divinized, her own suffering.

Survivors whom I interviewed for this study relayed a different theme to me. They seemed to want to be redeemed rather than to redeem. There was a greater religious passivity (almost childlike in tone) in their theological discourse. Surrendering their will to a Higher Power seemed to be their key to redemption. Though many felt ambivalent about such a gesture, all seemed to feel it was what would free them from the shame of their past and the tyranny of food and thinness. Waiting for an external power/redeemer seemed to be a core theme. My point is that incest can do that. Sexually violating a child who needs your love, as all children do, by promising her more love if she surrenders her power
often is the dynamic of the crime. Incest is a powerful betrayal that affects the child’s entire worldview and sense of meaning in relationship and will taint all bonds she will make in her future. The core betrayal follows her throughout her life and will emerge most insidiously in her God language and body suffering. Relationships with humans will always be fraught with distrust and conflict. Dependence on fantasy or fantasy objects will often feel safer. It is as if her vulnerability and hunger for love, soothing, and meaning are better spent waiting for a miracle. Who wants to face working through the grief of the reality that no one was there and no one will ever be able to fill up the cavity at the core of her self?

Too often survivors are fed hollow spiritualities that promise external redemption. When one’s spirituality or recovery program includes surrendering one’s will to a Higher Power, one repeats the model one knew as a child victim of incest. Such a model is ultimately disempowering.

Surrender, like spirituality, is a slippery term. After all, needing to “let go” is quite human and certainly a key feature in most mystic traditions. Christian mystics and especially female saints have emphasized surrender because of the inadequacy of reason to achieve their aim—oneness with God or Christ. Zen koans and Sufi stories are often deliberately cryptic. They defy rational or intellectual analysis, and that may well be their function: to challenge the mind in ways that force it to abandon its normal habits of thinking. These mystical exercises do enable one to escape the self temporarily—which can be an empowering outlet—to give the rational mind and self-preoccupations a rest. Yet such “rest,” when done to avoid emotional memories and pain, can keep one feeling sleepy-eyed regarding the social and psychological context that is benefited by their slumber.

The use of addictive substances or habits is often about a need to surrender. In my study, food, unlike offending parents who are psychologically unavailable, is a right and ready object that one can invest with magical qualities. By orally ingesting the symbolically laden food, one surrenders to whatever has been projected onto it. Drugs and alcohol have a history of religious use as providing vehicles of transcendence from the self. Food behavior—whether fasting or feasting—provides its own mood-altering, religiously laden effects. The need to “let go” or escape is primary, especially for one plagued with grief, anxiety, despair.
But how one “lets go,” and who benefits by the “letting go,” are important questions to consider.

Finally, I noted a flatness in the theological discourse regarding hope and redemption as it is located in Christian theology and in Twelve-Step groups. This theological vapidity also has its roots in sexual trauma. The child who was betrayed by a caretaker has felt ultimate desertion. This caretaker betrayal feels like a God betrayal; thus, faith will never be easy and will always be shrouded by the dark cloud of those early experiences. Such a betrayal leaves a child in a chronic state of grief. It is a loss of her experience of bodily integrity and ability to trust. This inability to trust affects her future relationships, her connection to her own impulses, and her judgment regarding “trustworthy” others. Such a loss can never be returned to her in a patriarchal culture. Spinning out theologies of hope from abused or violated bodies is not the solution.3

Working toward naming not just the unnamed but the unnamable, speaking not just the unspoken but the unspeakable, have been part of moving toward a feminist political spirituality and psychology. Change involves replacing the arrogance and insecurity of the scrutinizing male gaze found in Western religious and secular society with the sharpness of inner vision. Seeing from the reference point of the “I” can be a new vehicle of empowerment for most survivors. Such a vision may enable the survivor to resist future dominance of her flesh by others and by herself. She can start by catching herself in the act of collusion by refusing to turn her aggression inward and refusing to avert her eyes as her culture has taught her to do.

The beginning of overcoming paralysis of power is action. This may mean participation in a discussion group or a consciousness-raising group, standing up to challenge a speaker who has expressed a biased opinion, or writing a letter to an editor, a politician, or even a friend. It may mean working against discrimination in laws, media, organized religion and/or educational institutions. Whatever the action chosen, it can engender a more authentic hope than waiting on transcendent miracles. Channeling aggressive energy outward rather than inward is a radical step that may be part of mending our divided selves. It may also connect us to the world—a move away from self-destructive isolation.

My project of interviewing nine eating-disordered survivors of incest has helped me discover the traumatic effects of incest in relation to faith.
My desire is that this work will help raise the consciousness of scholars of religion and society as well as secular and religious therapeutic helping professionals. I extend an invitation to all who are concerned to consider more closely the traumatic roots of eating problems and the complex meanings given by survivors to their trauma and eating problems as manifested in religious discourse. Taking such enculturated symptoms seriously is paramount.

By making these troublesome connections we realize that “treatment” for survivors with eating disorders must include psychologically empowering theory that takes seriously the sociopolitical role of spirituality in the survivor’s journey to herself and to her community. Understanding a politically empowering spirituality can lead us to perceive food problems and self-abusive behavior in a new way—not as masochism, not as a defect or sin, nor even as an addiction/disease, or something to fear, but rather as an imbalance in individuals that signifies a tremendous gendered power imbalance in one’s social system at large. Too often “eating disorders” have been approached as individual addictions or diseases to be cured. This acontextual analysis creates a duality and keeps the focus off culture and fixed on the individual. I believe that self and culture cannot be separated in a sound “recovery” model.

We need to go beyond the question of how we control addiction and ask, What is missing in our lives? Where is the sweetness and connectedness that can fill our spirits? What perpetuates the violence, greed, abuse, and prejudice that weaken our links to each other? What in our social system blocks so many people from feeling security and joy in their lives?4

As long as women are seen as less than fully human and conditioned as sex objects for fathers, bosses, brothers, and lovers, then women will somatize symptoms that both reveal and resist this dehumanization. They will literally wear their conflict in their relationship to their body and food. These secondary symptoms—an obsessive relation to her body, food, and weight—reveal how difficult it is to be embodied female in a patriarchal culture where sexual violence is acceptable. A woman who embodies patriarchal values through an eating disorder reveals a deep desire to be seen and yet to remain unseen, to be safe but not so safe as to sacrifice love, to have meaning at any price, and to be of value no matter what the cost. Being engendered female means overvaluing acceptance by others and knowing that it is through appearance and
sexual compliance that one gains such acceptance. If a woman is a survivor of sexual abuse in her family, these empty female lessons are embedded even more deeply into her experience. Her relationship to her body is naturally fraught with conflict because she wants full subjectivity—to be recognized—as much as she wants to experience affection.

If the price for affection is the surrendering of her bodily (soul) integrity, then a body conflict will result. However, this is never a price she can live with. Something deep within each of the nine survivors resisted and still resists her objectification. Resistance for the eating-disordered survivor usually remains individual, silent, and something she only experiences when she feels control over her own body—a false victory. Until such bodily integrity is experienced in her present social context, this bodily hypervigilance will seem necessary to her. Facing this reality requires that we embrace our despair over living in a patriarchally skewed culture. We can no longer embrace a patriarchal theology that promises us an enchanted future if we only surrender our wills to “Him”—or any powerful other.

Resisting Christian misogyny includes exposing the politics behind the burdensome religious rhetoric that portrays women as dangerously appetitive and virtuous only insofar as they are self-depriving. When external salvation achieved through appeasing a magical masculine parental rescuer is recognized as a cultural, albeit seductive, myth, we see that the psychosocial gender arrangements which that myth supports need to be radically altered. Despair underlies the Christian theology of redemption—a despair masked as hope through a miracle man. When one is dependent on a transcendent miracle for “redemption,” one is in crisis.

The crisis that incest survivors experience is both personal and cultural. They need support in working through the facts of their history: no one was there to protect them, no one is there to heal their grief and rage, and not even the best therapy or spirituality group can totally repair the emotional, physical, and social damage that they have suffered. There is no grand cure because incest is not a disease, it is a crime that too often has the sanction of cultural myths. Only in the context of supportive and politically conscious advocacy can a survivor begin to accept that recovery is always partial in a patriarchal culture. With support, one can begin to work through the aftermath of trauma, focusing on constructively resisting and preventing abuse. As survivors take
small steps toward their own partial wholeness, they often find connections that lead them to work for social change.

One necessary step in effecting broad cultural change is to expose the false theological underpinnings of “thin” myths, the messages our culture circulates about women’s bodies. Both individually and socially, acknowledging the realities of our past and present circumstances forms a basis for making practical decisions as to where we want to go. Metahistorical solutions, saviors who love us so much they will die for us, paternal gods (or any powerful others) who promise to protect and heal us if we loyally surrender our wills are all patriarchally engendered false hopes. They may be seductive to those of us who have felt consistently hopeless, but they impede our authentic empowerment.

What Do You Want the Readers to Know?

I end with the survivors’ last answers. I asked them, “What would you want people who are ignorant about incest to know?” This is what they said:

Natalie: I want those who haven’t experienced incest to know it’s much more common and more devastating than anyone could ever tell you or even imagine. The best thing that you could do for another person is to believe them.

Haddock: I want them to know child incest destroys adult lives. I want them to look for characteristics in children to spot incest early. You know, does the kid torture animals, is she seductive, does she isolate, is she daddy’s little princess, are her drawings desperate? I also want people to explore who’s abusing all the men who abuse children. I want insurance that would pay for rehabilitation and therapy—it has to stop. And there are even more of us walking wounded abusing ourselves and their children. I was lucky to get help. But what about those wounded who don’t have the money?

Melinda: I want them to listen. Listen. Listen to the children. You know, pain isn’t created in a vacuum. I want them to stop accusing the victim. To stop victimizing the victim.

Cherise: I want people to know that sexual abuse may take anywhere from five minutes to three hours, but it lasts a lifetime, it takes its toll. I also want people to begin focusing on the perpetrator, like we’ve begun focusing on children and adult victims. Perpetrators need help too.

Janine: I send the message that it’s not okay to man-handle children or touch women without their permission in any way. It’s never legitimate to sexually molest or abuse a child nor is it ever redeemable—in my mom’s words, “Well at least you’ve drawn nearer to God as a result.” It is a life damaging act.
That person who is compelled to do this needs help and should get it or lock themselves in a room and not allow themselves to go near children. Our legal system should mandate ongoing treatment for perpetrators because they’re never cured. The damage they inflict takes a lifetime to undo—scratch that—there is no ultimate recovery from it. It wreaks havoc on one’s spirituality, one’s mentality, and one’s capacity for connection. It needs to be stopped yesterday.

**Stephanie:** Don’t trust anyone. Wait a minute, that’s my pathology. I just want kids to know that sexual abuse happens. It happens a lot, it happens everywhere, it is devastating. You’ve got to protect yourselves and parents must protect those who cannot protect themselves.

**Margery:** I want people to believe it’s more common than they know. I want the law to work in protecting victims and treating perpetrators alongside their jail sentences.

**Samantha:** I want them to believe this happens and it happened to me. Too often people numb out and say, “It’s too horrible, I can’t deal with it. I can’t believe it.” I know that’s what my mother did. She didn’t want to believe anything could be wrong in our family. She’s not alone. So many people just put their heads in the sand. You can’t raise the consciousness of someone who refuses to see. But I want mothers to realize that some of the fault belongs to them for not protecting us.

**Renita:** I want survivors to know that incest affects every aspect of your life, and don’t kid yourself that it doesn’t. Denial of this reality is what keeps me turning to food. I have to acknowledge that this really happened and it affects the way I work, the way I study, the way I move, the way I don’t move, what I believe, and what I don’t believe.