

Defining Religious Trauma:

Philosophical Reflections on Religious Trauma, Worship, and Deconversion

Philosophers distinguish between the logical and evidential problems of evil on one hand, and the “pastoral” or “existential” problem of evil on the other. The former arises from putative inconsistencies between certain propositions about the nature of the divine being and facts about the existence and quantity of suffering in our world. The latter arises when, as a result of personal suffering, individuals respond to God in a variety of negative ways, such as anger, hatred, or distrust. Philosophers tend to assume that the logical and evidential problems of evil fall within the domain of analytic philosophy of religion, while the pastoral problem belongs to the sphere of clergy, psychotherapists, and devout friends. This sort of philosophical dismissal of the way that embodied beings experience and respond to evil and suffering strikes me as misguided. Logical consistency, warrant, and evidence from a third-person standpoint are only some of the interesting philosophical aspects of the problem of evil. We might also wonder whether the embodied experience of evil can give the subject good reasons for certain negative moral attitudes and actions with respect to God, constitutes evidence from the first-person perspective, or creates psychologically insurmountable obstacles to appropriate attitudes, actions, and beliefs—and if so, what the normative significance of those obstacles is.

These questions are placed in even sharper relief when the evil experienced is inextricably linked to religious life. It is no secret that religion has been used to justify unspeakable harms throughout history and across cultures.¹ When those harms are spiritual or religious in nature, we might call them *religious traumas*. Little work has been done to address

¹ The examples below are all from the Christian tradition. This is not because I think that Christianity is more likely to inflict harm than other faiths, but because I believe that, when critiquing religion, it is usually best to start with one’s own. Furthermore, I am simply more familiar with the phenomenon and discussions of it within Christianity. Consider, for example, the evidence of widespread sexual abuse and cover-up within the Catholic church; Boz Tchividjian, president of Godly Response to Abuse in Christian Environment, claims that the evangelical church has a more pervasive problem with the sexual abuse of minors than even the Catholic church; the reality of religious child maltreatment [Janet Heimlich, *Breaking Their Wills: Shedding Light on Religious Child Maltreatment* (Amherst: Prometheus Books, 2011)]; the emergence of online survivor communities such as Homeschoolers Anonymous, Recovering Grace, and No Longer Quivering; and the prevalence of abuse of power within churches of all kinds [David Ward, “The Lived Experience of Spiritual Abuse,” *Mental Health, Religion & Culture*, 14 (2011): 899-915].

the philosophical significance of evils perpetuated within or by religious systems.² This paper is a first step in that direction. In it, I suggest a characterization of religious trauma as a kind of transformative experience that diminishes an individual's capacity to engage in religious life. I then argue that in the most severe cases, this diminished capacity constitutes an all-things-considered reason for the survivor³ of religious trauma to deconvert, whether or not she maintains the beliefs associated with her former religion. In the first section I introduce the notion of trauma and describe its causes and effects in order to demonstrate the various ways in which trauma can be incapacitating. In the second section I suggest two plausible criteria for religious trauma and suggest that the concept is unified by family resemblances. In the third section, I offer two paradigmatic case studies of religious trauma that help illustrate how religious trauma may be incapacitating with respect to religious practice even when it is not incapacitating in other respects. In the final section, I argue that the most severe manifestations of the non-cognitive effects of religious trauma can place worship out of reach of some survivors of religious trauma. Depending on how one understands the relationship between obligations and capacities, this incapacity either gives the survivor an all things considered reason to deconvert or renders them non-culpable for doing so. Even if the reader remains unconvinced of this last claim, I believe that this paper will successfully demonstrate that religious trauma is a kind of experience of religion that deserves serious philosophical and theological consideration.

I. Trauma and Its Effects

In this section I describe the causes of trauma, its long-term effect, and the basic neuro-psychological processes that underlie it. Because I will argue that religious trauma can diminish

² Indeed, as far as I can tell, it has been neglected in most disciplines. Journalists have documented particular cases of religious trauma, but few name it as an uniquely identifiable form of experience. Marlene Winell, a psychotherapist, has done some writing on the topic, and, indeed, I borrow the term she coined to capture the phenomenon. However, it is important to note that Winell's work has not been subjected to peer review. She develops her assessment of the issues surrounding religious trauma based on 20 years of private practice. Thus, her account is helpful as anecdotal evidence for the sort of trauma that can be inflicted by harmful religious experiences and teaching, but should not be taken as evidence for the existence of a widely accepted or diagnosable psychological disorder. Her work on religious trauma syndrome, which she compares to complex PTSD, appears in *Cognitive Behavioral Therapy Today*, which is available online: <http://www.babcp.com/Review/RTS-Its-Time-to-Recognize-it.aspx>, accessed June 1, 2016. Theresa Tobin has also been working on the related phenomenon of spiritual violence in recent years, but only has one article in print on the topic to date: "Spiritual Violence, Gender and Sexuality: Implications for Seeking and Dwelling among Some Catholic Women and LGBT Catholics," in *Seekers and Dwellers: Plurality and Wholeness in a Tome of Secularity*, ed. Philip J. Rossi, (Washington D.C.: The Council of Research in Values and Philosophy, 2016), 133-166.

³ Throughout this paper I refer to someone who has experienced religious trauma in the past as a 'survivor.' This should not be read as a stand on the vexed political question of whether the term 'victim' or 'survivor' is more respectful of, or empowering for, such a person. Rather, I mean simply to note the fact that the person physically survived their particular ordeal. I do not mean to suggest that the person who survives is better, stronger, or more resilient than the person who does not. It is descriptive rather than normative.

an individual's capacity for religious practices, the goal of this brief introduction to trauma is to demonstrate how and why trauma can cause legitimately incapacitating symptoms that one cannot simply reason oneself out of.

Traumatic experience is notoriously difficult to define, both because of the broad range of possible human experience and because the level of distress an experience causes depends largely on subjective appraisal.⁴ In a broad sense, trauma is “any event that shatters your safe world so that it is no longer a place of refuge.”⁵ For the purpose of a PTSD diagnosis, the DSM-V defines trauma as “exposure to actual or threatened death, serious injury, or sexual violence” that is directly experienced, witnessed in person, or learned of having occurred to a loved one; or extreme exposure to aversive details of such trauma, such as in the case of emergency first responders and psychotherapists.⁶ Julian Ford and Christin Courtois define *complex trauma* (a form of trauma acknowledged by a large number of psychologists who specialize in childhood trauma, but which has not yet been officially recognized by the American Psychiatric Association) as resulting from exposure to “severe stressors that (1) are repetitive or prolonged, (2) involve harm or abandonment by caregivers or other ostensibly responsible adults, and (3) occur at developmentally vulnerable times in the victims life, such as early childhood or adolescence.”⁷ Furthermore, some feminist psychologists have suggested that the less obviously severe, and much more common, experiences of every day racism, sexism, classism, and heterosexism constitute a unique kind of *chronic trauma* that deserves as much attention as “circumscribed” traumas and which contributes to vulnerability to PTSD.⁸

Exposure to the horrors, ongoing danger, or abuses mentioned above can cause psychological harm that lasts long after the experience itself has ended and any physical trauma has healed. Neuroscience gives us some insight into the mechanism and nature of this harm. The human body has evolved to respond to danger and stress with a fight, flight, or freeze response. Sense perceptions are first processed in the limbic system by the thalamus, and then

⁴ Christine A. Courtois and Julian D. Ford, *Treatment of Complex Trauma: a Sequenced, Relationship-based Approach*, (Guilford Press, 2013), 14. Susan Brison, *Aftermath: Violence and the Remaking of the Self*, (Princeton: Princeton University Press, 2002), 31.

⁵ Norman H. Wright, *The New Guide to Crisis and Trauma Counseling*, (Ventura: Regal Books, 2003), 194.

⁶ *Diagnostic and Statistical Manual of Mental Disorders*, Fifth edition, (Washington, D.C.: American Psychiatric Association, 2013), 271. I should note that the DSM-V has been subject to significant criticism and controversy. For example, the National Institute of Mental Health has refused to support it. So, it should not be assumed that this represents the only or even the authoritative way of thinking about the causes and effects of trauma.

⁷ Courtois and Ford, 13

⁸ Maria Root, “Reconstructing the Impact of Trauma on Personality,” in *Personality and Psychopathology: Feminist Reappraisals*, ed. Laura Brown and Mary Ballou (New York: Guilford Press, 1992), 229-266.

passed on to two parts of the brain: 1) the amygdala, in the unconscious brain, which triggers the release of stress hormones such as cortisol and adrenaline, and 2) the frontal lobe, responsible for consciousness and rational thought. Because it takes several milliseconds longer for the frontal cortex to receive the information than it does the amygdala, we can respond to danger even before we are consciously aware of it. When the system is functioning normally, our medial prefrontal cortex then allows us to consciously process the situation and begin to calm down or develop a rational plan to respond to the danger. Think about the last time you were startled by a sudden noise. You experienced a surge of adrenaline before you realized that whatever startled you was benign. You probably took a couple of deep breaths as your heart-rate returned to normal and perhaps laughed or swore at the situation as you moved on. Trauma specialist, Bessel Van Der Kolk, explains that

In PTSD the critical balance between the amygdala...and the MPFC [the Medial Prefrontal Cortex]...shifts radically, which makes it much harder to control emotions and impulses. Neuroimaging studies of human beings in highly emotional states reveal that intense fear, sadness, and anger all increase the activation of subcortical brain regions involved in emotions and significantly reduce the activity in various areas in the frontal lobe, particularly the MPFC. When that occurs, the inhibitory capacities of the frontal lobe break down, and people “take leave of their sense”: They may startle in response to any loud sound, become enraged by small frustrations or freeze when somebody touches them.⁹

Trauma specialists believe that this imbalance occurs most commonly when outside forces prevent the usual execution of the fight or flight response—that is, when the individual is trapped or helpless in the face of the deeply painful, horrifying, or threatening events, and especially when those events is ongoing or repetitive. In these cases the limbic system continues to secrete higher levels of stress hormones even once the threat is removed, causing a range of negative physiological and psychological symptoms.¹⁰ Thus, there is a correlation between the combination of the loss of agency and the loss of sense of ownership over one’s body during a traumatic experience and the severity of the post-traumatic effects on the subject.¹¹ This is one of the reasons why not everyone who endures a traumatic experience develops a post-traumatic stress disorder. Only 10-20% of those who experience a single-event trauma are likely to develop

⁹ *The Body Keeps the Score: Brain, Mind and Body in the Healing of Trauma* (New York: Penguin Books, 2015), 62-63

¹⁰ Judith Herman, *Trauma and Recovery*, 34 (New York: Basic Books, 1992), 34, qtd. in Brison, 40; Van Der Kolk, 30, 45-47.

¹¹ Yochai Ataria, “Sense of Ownership and Sense of Agency during Trauma,” *Phenomenology and the Cognitive Sciences* 14 (2015): 199-212.

PTSD as defined by the DSM-V, while for those who experience ongoing or repetitive trauma (including the complex trauma mentioned above) the risk is between 33 and 75+%.¹² Those who can respond in some way to the threat (even if only through imaginative modeling after the fact) are more likely to establish a healthy equilibrium moving forward.¹³ However, even those lucky enough to return to equilibrium may experience short and long-term effects related to, but less severe than, those described below.

Trauma theorists often divided the effects of trauma into two categories: the shattered self (the not-merely-cognitive: physiological and affective results) and the shattered worldview (the epistemic effects).¹⁴ From a clinical perspective, the non-cognitive effects¹⁵ of trauma include things like intrusive memories, hyperarousal, hypervigilance, anxiety, depression, numbness, dissociation, compulsion to reenact, restriction of range of affect, and sleep disturbances, while the epistemic includes things like believing oneself at fault for the trauma, thinking oneself to be unsafe, believing certain kinds of people to pose a risk to oneself or others. Almost any subset of these symptoms has the potential to be incapacitating in various ways. Consider, for example, intrusive memories which are “not narrative, [but] experience[s] that reoccu[r], either as full sensory replay of traumatic events in dreams or flashbacks with all things seen heard, smelled, and felt intact, or as disconnected fragments. These fragments may be inexplicable rage, terror, uncontrollable crying, or disconnected body states and sensations.”¹⁶ Such unwelcome emotions, sensations, and images which intrude on one’s consciousness unexpectedly may motivate the survivor to obsessively avoid scenarios most likely to trigger them, to avoid social situations where intrusive memories might cause them to behave in embarrassing ways, or to live in constant fear of the next episode.

This web of physical sensations, emotional states, and cognitive attitudes together form the phenomenal experience of post-traumatic distress. Many describe this experience as a fragmentation of the self—an inability to integrate past and present into a coherent narrative, to cope with world, or to imagine a future that includes oneself.¹⁷ Susin Brison describes her phenomenal experience in the wake of a brutal rape and attempted murder:

¹² Courtois and Ford, 15.

¹³ This may be one reason why assault survivors often find self-defense classes helpful in the healing process. Even though it provides no guarantee against future assaults, it is a way of *doing* something.

¹⁴ Karyn Freedman, "The Epistemological Significance of Psychic Trauma," *Hypatia*, 21 (2006): 104-125.

¹⁵ I use ‘non-cognitive’ for the sake of readability, but this should be understood as meaning ‘not-merely-cognitive’ insofar as many affective states involve intentional attitudes.

¹⁶ Herman, 172, qtd. in Brison, 44.

¹⁷ Brison, 68.

I was no longer the same person I had been before the assault, and one of the ways in which I seemed changed was that I had a different relationship to my body. My body was now perceived as the enemy...but...body and mind had become nearly indistinguishable. My mental state (typically depression) felt physiological, like lead in my veins, while my physical state (frequently, incapacitation by fear and anxiety) was the incarnation of a cognitive and emotional paralysis resulting from shattered assumptions about my safety in the world. The symptoms of PTSD gave the lie to the latent dualism that still informs society's most prevalent attitude to trauma, namely, that victims should buck up, put the past behind them, and get on with their lives. My hypervigilance, heightened startle response, insomnia, and the other PTSD symptoms were no more psychological, if that is taken to mean under my conscious control, than were my heart rate and blood pressure.¹⁸

Brisson's description shows that it is impossible to maintain a clean distinction between the two categories of traumatic effects, especially in the phenomenal experience of the survivor. Nonetheless, it is crucial to maintain a theoretical distinction between the feelings a survivor experiences, on the one hand, and the beliefs that she consciously endorses, on the other. To see why, consider Van Der Kolk's example of a client who immediately became terrified and thought that he would rape her as soon as she heard his Dutch accent.¹⁹ Despite her intense fear, if Van Der Kolk had talked her through the situation, asking if she actually believed that all Dutchman are rapists, she probably would have acknowledge that she didn't. This points to the important difference between *feeling like* something is the case, and *believing that* it is.²⁰ Ideally, the two coincide, but they often come radically apart in the cognitive dissonance of trauma survivors.

We must distinguish the two because one is a-rational and at times contrary the conscious beliefs of the subject, while the other is something that she consciously endorses and will attempt to fit into a coherent system of beliefs. The first is unlikely to be affected by rational inquiry, education, or reasons, while the latter is subject to rational reflection. This is why we do trauma survivors a disservice when we fail to distinguish between the two categories. To try to reason a person out of their response to triggering situations is not only ineffective, but also insulting, because it suggests that they are simply ignorant of basic facts about the world. On the other hand, patronizingly telling a person that they simply "feel this way" when they actually hold a

¹⁸ Ibid., 44.

¹⁹ *The Body Keeps the Score: Brain, Mind and Body in the Healing of Trauma* (New York: Penguin Books, 2015).

²⁰ Feeling like something is the case may be relevantly similar to what epistemologists call an alief. Tamar Szabo Gendler, "Alief and Belief," *The Journal of Philosophy* 150 (2008):634-663, and "Alief in Action (and Reaction)," *Mind and Language* 23 (2008): 552-585.

particular belief fails to take seriously the ways in which first-person experiences can justify changes in belief.²¹ Brison's description also reminds us that while popular culture paints the person who "bounces back" or is especially resilient in the wake of trauma is somehow morally superior to those who do not, research has shown that personal choice and merit have very little to do with one's vulnerability to the long-term effects of trauma. Thus, we should question any simplistic attribution of spiritual or moral blame in the cases of religious trauma that we will consider below.

II. Religious Trauma Defined

In light of this information, we might be tempted to define religious trauma as a traumatic event that happens in a religious context, but this would be too broad. For instance, one could be trapped in a religious structure that collapses during an earthquake and be traumatized by the experience without that trauma having any religious significance. On the other hand, one might be traumatized in a non-religious context while experiencing effects that have some religious import. For our present purposes, I will suggest that at least two conditions must be met for an event to count as *religiously* traumatic. First, the trauma must be caused or inflicted by something that the individual perceives as closely connected to the religion.²² For example, when harm is inflicted by someone whom the subject perceives as representative of the divine (e.g., clergy, religious parents),²³ justified on religious grounds (e.g., citing religious texts, traditions, or doctrines), inflicted for religious reasons (e.g., as part of religious rituals), or arises from a negatively-valenced putative experience of the divine being itself. Second, at least some of the effects (either the epistemic or the non-cognitive) must have a religious object. It might be that the survivor comes to believe that God is untrustworthy or that religious communities are unsafe. They might experience intrusive memories triggered by religious practices, or feel extreme fear, distrust, or revulsion toward the divine being, or internalize a deep sense of self-hatred as the result of religious doctrines.

²¹ Freedman has a helpful discussion of the disservice we do survivors when we conflate these two kinds of response (108-111). Though she doesn't mention it, it is clear from her claims that this conflation amounts to a form of epistemic injustice.

²² What is significant both in the traumatic cause and in the object of the post-traumatic effects is the individual's first-person perceptions. If an individual dressed in clerical garb, but who is not actually a priest, rapes an individual, the fact that the rapist was not in fact a priest is largely irrelevant to the survivor's subsequent fear of priests (as the case of the Dutchman in the previous section).

²³ For an example of this, consider how a survivor describes Father Shanley (a Catholic priest in Massachusetts convicted of sexually abusing dozens of young boys in his various parishes): "Father Shanley was the closest thing to God in my neighborhood." (Van Der Kolk, 176).

My motivation for considering trauma that has both a religious cause and a religious effect is two-fold. First, we know that many aspects of post-traumatic distress are associated with and triggered by situations and objects that the survivor associates with the original trauma. So, we have reason to expect consistent and long-term connections between the traumatic response and the religious world in cases where the first criterion is met. In a similar vein, I hypothesize that the degree to which the victim internalizes that religious perspective used to justify the trauma may impact the degree to which the trauma is religiously significant for the survivor. The victim who believes in God and accepts that God endorses the harm inflicted may struggle more with her concept of the divine or the practice of religion afterward than the person who rejects this perspective. Theresa Tobin, who works on spiritual violence, shares my intuition on this point. She argues that while individuals whose spiritual selves are closely tied to a particular religious institution are less likely to be aware of the systemic spiritual violence against themselves or others, they are also most likely to internalize the spiritually violent perspective that does them long term spiritual harm.²⁴

Second, one's traumatic experiences of religion itself can justify beliefs about, and responses to, religion in a way that experiences unrelated to religion cannot. A (putative) experience of God as a malevolent being might justify beliefs about the character of God that other traumatic experiences cannot, in the same way that a (putative) experience of any person can justify beliefs about that person. Similarly, distrust, fear, or avoidance of religious communities might be rational for a survivor of religious trauma, but not for a survivor of another form of trauma who experiences religiously significant post-traumatic distress. The Israelites had good reason to be afraid of touching the ark after seeing someone struck dead upon touching it.²⁵ Nonetheless, many of the conclusions we draw about religious trauma may also be relevant for evaluating cases that fail to satisfy the first criterion.

The fact that only a portion of the individuals who experience trauma develop a post-traumatic stress disorder suggests that only a portion of those who endure a religiously traumatic event will develop some form of religiously significant post-traumatic distress.²⁶ While anecdotal evidence suggests that religious trauma may be more common than we would like to believe, there simply isn't enough peer-reviewed research to conclusively substantiate or refute

²⁴ "Spiritual Violence, Gender and Sexuality: Implications for Seeking and Dwelling among Some Catholic Women and LGBT Catholics," in *Seekers and Dwellers: Plurality and Wholeness in a Time of Secularity*, ed. Philip J. Rossi, (Washington D.C.: The Council of Research in Values and Philosophy, 2016), 153f.

²⁵ My thanks to Michael Rea for suggesting this example.

²⁶ It is important to note here that I say 'distress,' not a 'stress disorder.' It is possible both in religious and non-religious cases to experience post-traumatic stress that does not rise to the level of a disorder but which is still psychologically and philosophically significant.

this claim. One small study found statistically significant worse mental health in adults who had been abused as children in a religious context than those abused in non-religious contexts, without finding any difference in rates of religiosity as adults.²⁷ This might suggest that people do not tend to experience religiously significant post-traumatic distress as a result of childhood physical abuse. However, this conclusion would be too hasty. In addition to the dangers of making any inference from such a small sample, the study did not distinguish between religiously motivated abuse and abuse by someone who simply happened to be religious, which might make a difference for rates of post-traumatic distress. Furthermore, it provided no analysis of the impact of the abuse on the subjects' attitudes toward the faith, nor did it consider whether the subjects had changed faith traditions in response to the abuse. A person might continue to identify as a Christian for a number of personal and social reasons while still experiencing distress related to various aspects of her faith.²⁸ Other studies have found a correlation between childhood sexual abuse and more negative conceptions of God in adulthood, but these studies do not distinguish between religious and non-religious contexts of the sexual abuse.²⁹ Thus, it would be unwise to speculate about the frequency of religious trauma in general or its frequency relative to traumatic experiences associated with religion. However, information about frequency would only serve to make the problem of religious trauma more or less pressing. It has little bearing on my conclusion that if there are cases of severe religious trauma, then they can at times justify deconversion.

In light of the above considerations, I suggest the following characterization of religious trauma. Religious trauma is any traumatic experience of the divine being, religious community, religious teaching, religious symbols, or religious practice that transforms the individual, either epistemically or non-cognitively, in such a way that her ability to participate in religious life is significantly diminished.³⁰ This is not intended as a strict philosophical definition, including necessary and sufficient conditions. Rather, it suggests a family of relevantly similar experiences that cause similar negative effects on religious capacities. The reader will note that this

²⁷ Bottoms, et. Al., "Religion-Related Child Physical Abuse: Characteristics and Psychological Outcomes," in *The Victimization of Children: Emerging Issues*, ed. Janet L. Mulings, et. Al, (The Haworth Maltreatment & Trauma Press, 2003) 87-114

²⁸ Tobin's work suggests that this sort of response is quite common, 152-162.

²⁹ Terese A. Hall, "Spiritual Effects of Childhood Sexual Abuse in Adult Christian Women," *Journal of Psychology and Theology*, 23 (1995) 129-134; Donna Kane, Sharon E. Cheston, and Joanne Greer, "Perceptions of God by Survivors of Childhood Sexual Abuse: An Exploratory Study in an Underresearched Area," *Journal of Psychology and Theology*, 21 (1995) 228-237.

³⁰ This definition is solely for use in considering what *reasons* a person who has undergone such an experience might have. It is not meant as a diagnosis or even a description of a unique psychological disorder or category, though it bears some similarities to the so-called Religious Trauma Syndrome proposed by Winell.

characterization is also significantly broader than the DSM-V definition of trauma. Thus, it permits the inclusion of individuals whose trauma fits alternate definitions, like those we saw in the first section, and those whose post-traumatic stress falls short of a diagnosable disorder, but is nonetheless significant for their practice of religion.

Perhaps the most significant, and controversial aspect of the above characterization is the claim that religious trauma diminishes the individual's *capacity* for participation in religious life. While the reader is already acquainted with the ways in which trauma more generally can be incapacitating, it may still be counterintuitive to think of one's capacity for relationship with God as so radically dependent on the actions of others. In what follows, I will use two case studies that, together with the information from the first section, will help to illustrate that 1) the claim is plausible, 2) that religious capacities can be diminished to the point of complete incapacitation, and 3) that such complete incapacitation gives the survivor a reason to deconvert. For our present purposes, I will set aside the interesting philosophical questions about the shattered worldview and the justification of beliefs formed on the basis of religiously traumatic experiences and focus primarily on the non-epistemic effects of trauma.

III. Case Studies

Both of the case studies that we consider in this section are of religiously traumatic experiences within Christianity. This is not because I want to restrict my conclusion about deconversion to Christianity or because I think Christianity is especially likely to inflict trauma; rather, as I am coming from the Christian tradition, I am more acquainted with such cases. Furthermore, it should not be difficult to generalize from the Christian context to other contexts. These cases are also on the severe end of the spectrum trauma, meeting the criteria for the DSM-V definition, complex trauma, and religious trauma. Not all the philosophically interesting cases are this severe, but, if any cases of religious trauma provide an all-things-considered reason for deconversion, as I claim they can, these will be the strongest candidates.³¹

A young child is repeatedly and brutally beaten by her religious parents. She is told that since God commanded the Israelites to stone their rebellious children, anything they do to her short of that is divinely approved and morally deserved. And she believes them. One night, they lock her out of the house as punishment for some misdeed. Sitting alone, bruised and bleeding, gazing at the stars, the girl has an overwhelming sense of the

³¹ I do not include an example of spiritual violence without physical violence only because those cases are much less tractable. Religious people will disagree on what sorts of religious doctrine are actually degrading or otherwise harmful and on when the teaching is actually causally linked to the putative negative effects. I think those cases are incredibly important and philosophically interesting, but I leave them aside for now, focusing on those cases that will be easier for philosophers to agree on.

presence of God—a presence utterly terrifying because she perceives it to be of a being who delights in her suffering. This experience fundamentally shapes her feelings about the divine. Whatever she may come to believe about her parents’ behavior and about God, she cannot shake the deep sense of fear, guilt, shame, and revulsion she has at any attempt to address herself to God.^{32 33}

A young boy is raped by a clergy member in his church and sworn to secrecy in the name of God. The clergy member tells him that disclosing the abuse to anyone will hurt the reputation of the church and undermined the work of God in the world. Whatever this child may come to believe about the church, the sight of a priest or even a church building continues to make him physically ill.

In the wake of such religious trauma, these survivors may experience a range of changes in their values, preferences, and non-cognitive responses to religious life. Both are likely to experience an array of the post-traumatic symptoms described in the first section, including anxiety, depression, numbing, intrusive memories etc. This might mean that the girl feels terror, revulsion, or shame when attempting to address herself to God. The boy may re-live his victimization upon walking into a church, seeing a clerical collar, or smelling incense. They may have trouble making sense of their own spiritual self-narratives. Just as trauma more generally can shatter one’s self-concept, religious trauma may undermine one’s spiritual self-understanding. If the girl previously made sense of her identity as a loved child of God (however malformed her concept of love may have been), this experience may leave her with no resources to make sense of who she is, absent that framework. If the boy understood his priest as someone who helped him understand God’s revelation and commands, he may think that the priest’s violation is somehow a reflection of his own standing before God. If he cannot trust the priest who stands for God, he may wonder if he can trust God, or anyone else.

It should not be difficult to imagine that the effects of religious trauma might hinder religious devotion in tangible ways. In order to make this more explicit, I now consider the non-epistemic aspects of religious life and the degree to which the survivors described above have the capacity to engage in these practices and attitudes.

³² If this scenario sounds too extreme to be credible, I encourage the reader to consider the following anonymous account of religiously motivated abuse. The reader should note that it includes disturbing and graphic details of sadistic physical, emotional, and sexual abuse: <https://homeschoolersanonymous.org/2013/04/05/home-is-where-the-hurt-is-marys-story-part-three/>.

³³ Popular blogger and religious trauma survivor, Micah J. Murray, first drew my attention to the significance of shame and guilt in these experiences, in a personal, unpublished interview, 6/24/2016.

IV. Worship and Deconversion

Although philosophers of religion have devoted a disproportionate amount of their writing to epistemological considerations within religion, such as evidence, faith, defeaters, justification, warrant, and so forth, in most religious traditions having the right propositional attitudes is only a small portion of what it means to be a practitioner of the religion. Consider, for example, the point made in the Christian scriptures that the demons believe in God and shudder.³⁴ James, at least, doesn't think that a propositional attitude is sufficient to make one a Christian. Religious rituals (e.g., praying five times a day, receiving the Eucharist, meditation), fulfilling the moral norms prescribed by the religion (e.g., following the Ten Commandments, living according to the five pillars, eschewing the consumption of meat), and having the proper attitudes, emotions, and desires toward the divine being or ultimate reality (reverence, love, trust, desire for union) are all at least as central to religious life as belief. Many of these things involve or are closely related to one's beliefs (e.g., one cannot appropriately participate in the Eucharist in the Catholic tradition if one does not believe that the host is the body and the wine the blood of Christ, and it may not be possible to feel adoration for a being whom one does not believe worthy of it), but none of them is *merely* epistemic. I will follow other philosophers and many religious traditions in calling the aspects of religious life that are not epistemic or not merely epistemic 'worship,' in a broad sense.³⁵ However, there is another sense of 'worship' that is much more narrow, referring only to the attitudinal aspects of worship, so we can distinguish between the *practice* of worship and the *attitude* of worship, for the sake of simplicity. I will not attempt to give a complete analysis of the attitude of worship, but it at least involves a complex of beliefs, emotions, and desires. The beliefs are generally directed toward the nature of the worshippee that makes them (or 'it') an appropriate object of worship, but I will set those aside at present. There is significant disagreement in the literature over exactly what sorts of emotions and desires are involved in the attitude of worship. Awe, adoration, admiration, respect, fear, love, trust, desire for unity, and desire for communion, are all mentioned.³⁶ Part of the difficulty arises from the opacity of the attitude of worship itself, even within a particular religious tradition. Another issue is the broad range of beings and things that world religions have taken themselves to be worshipping. Tibetan

³⁴ James 2:19.

³⁵ Rev. Philip J. Rossi, S.J., "Narrative, Worship, and Ethics: Empowering Images for the shape of Christian Moral Life," *Journal of Religious Ethics*, 7 (1979): 239-248; Jeroen de Ridder and Rene van Woudenberg, "Referring to, Believing in, and Worshipping the Same God: A Reformed View," *Faith and Philosophy* 31, (2014): 51-52; Aaron Smuts, "The Power to Make Others Worship," *Religious Studies*, 48 (2012): 222.

³⁶ See Ridder and Woudenberg, 51-52, Smuts, 222; Tim Bayne and Yujin Nagasawa, "The Grounds of Worship," *Religious Studies* 42 (2006): 300-301;

Buddhists worship the Dalai Lama; the ancient Greeks worshiped a pantheon of often petty and morally despicable deities; the Japanese worshiped their emperors; Satanists worship a malevolent being; David Blumenthal thinks one should worship even an abusive God³⁷; some neopagans worship the divine in and through nature; and most monotheists worship a transcendent, omniscient, omnipotent, and omnibenevolent being. It is hard to imagine any one set of emotions and desires that one could appropriately maintain toward all of the members of such a diverse group. Some of these worries can be assuaged by our distinction between the practice of worship and the attitude of worship, since it may be the case that some of the religions mentioned only worship in the sense of fulfilling a set of ritual practices that are demanded by the god(s), but this is unlikely to relieve all of the relevant tensions. For our current purposes, I will assume a concept of worship appropriate within the Christian tradition, in order to ask whether or not the individuals from our case studies are in a position to worship, as they understand worship, either in the narrow or the broad senses. I will assume that the attitude of Christian worship at least involves awe, love, trust, and desire for communion with God—that is, orienting the affections towards God as the highest good—and that the practice of worship at least involves attending religious services, taking the Eucharist/Communion, corporate and personal prayer, corporate or personal reading of the Christian Scriptures, and living by the Ten Commandments and the two greatest commandments—to love God and to love one’s neighbor. However, it should not be difficult to imagine how a similar question could be asked about individuals traumatized in religions where worship takes significantly different forms.

The question relevant to my project is whether and to what degree the non-cognitive effects of religious trauma can diminish the survivors’ capacity for engaging in worship, as described above. Given the effects that trauma can have, it would not be difficult to imagine any trauma survivor facing barriers to normal engagement in religious worship. Consider the reaction a trauma survivor recounts in Serene Jones’s *Trauma and Grace*:

I’m listening to the Pastor, thinking about God and love, when suddenly I hear or see something, and it’s as if a button gets pushed inside of me. In an instant, I’m terrified; I feel like I’m going to die or get hurt very badly. My body tells me to run away, but instead, I just freeze. Last week it was the part about Jesus’ blood and body. There was a flash in my head, and I couldn’t tell the difference between Jesus and me, and I saw blood everywhere, and broken body parts, and I got so afraid I just disappeared. I thought the bathroom might feel safe, but even it scared and confused me. I forgot my name.³⁸

³⁷ Julie Shoshana Pfau, and David R. Blumenthal, “The Violence of God: Dialogic Fragments,” *CrossCurrents*, 51, no. 2 “A Hell in Heaven’s Despite: Collusions of Religion and Violence,” (2001): 179.

³⁸ Jones, 7.

In this case, it is the ritual of the Eucharist that triggers extreme panic and dissociation. Such a reaction is a significant obstacle to at least one aspect of worship, but we can imagine similar reactions to other aspects of worship accumulating until engaging in the practice of worship at all becomes nearly impossible. Jennifer Beste makes the even stronger claim that some survivors of incest have been so deeply harmed by their experience that they lack the fundamental capacities for attachment in relationships of love and trust that are necessary for making what Karl Rahner calls a “yes” to God.³⁹ Both Jones and Beste describe survivors of non-religious, sexual trauma, but it isn’t unreasonable to think that the religious source of trauma would serve to increase both the likelihood and the intensity of such post-traumatic responses. Indeed, in the cases that Jones and Beste address, it seems that trauma becomes an impediment to religious engagement only when its effects are so severe that they undermine the individual’s fundamental capacities for inter-personal relationship and for agency itself. Certainly, cases of religious trauma that are equally severe would pose the same problem. What I argue is unique about cases of religious trauma is that because the post-traumatic effects are partially focused on some aspect of the religion, the survivor may be religiously incapacitated even without being incapacitated in the broader sense that Beste describes. That is, a religious trauma survivor may still enjoy a robust sense of agency and emotional capacities in other areas of life, while lacking those capacities in religious contexts.

Let’s imagine that the individuals from our case studies do experience strong post-traumatic responses to several aspects of religious life: the girl (now a woman, let’s assume) feels revulsion when she tries to pray and experiences extreme panic when she reads texts from the Bible that were used to justify the abuse her parents inflicted; she also has trouble blocking out the reel of physically and emotionally painful scenarios that begins to play when these verses were quoted to her; the boy (now a man) has flashbacks any time he walks into a church that reminds him of the one in which he was victimized. What do these reactions give them reason to do, and what forms of religious life are still viable options for them? For the sake of clarity, I will divide the possible responses into four categories: normal religiosity, nonconventional religiosity, protest, and deconversion. However, it would be a mistake to assume that these fall on a neat continuum, as there may be significant overlap between categories.

Theresa Tobin describes something like what I am calling normal and non-conventional spirituality in her accounts of the dweller/seeker and a seeker/dweller responses to Catholic spiritual violence. The dweller/seekers are those who, after experiencing spiritual violence, “still

³⁹ “Receiving and Responding to God’s Grace: A Re-examination in Light of Trauma Theory,” *Journal of the Society of Christians Ethics*, 23 (2003): 3-20.

encounter God in the sacred places and holy rituals designated by the official Church,⁴⁰ but with a new appreciation for the fallibility of religious traditions and authorities. This is what I am calling *normal* spirituality. The Seeker/Dwellers, on the other hand, if they are able to maintain their faith at all (we will consider those who cannot below), are more likely to seek radical institutional change or find completely new structures for spirituality—what I am calling non-conventional spirituality.⁴¹ To see how these two categories might play out, consider the man described above. If he is only triggered by religious clergy and religious spaces like those in which he was victimized, he might quit attending religious services but continue to pray, give to the poor, and do other things that he believes to be the will of God. This could be an empowering experience. It might restore a sense of agency by allowing him to develop new spiritual practices apart from of the religious authority that formerly robbed him of agency. We might also see this as a way for him to develop his own narrative of the abuse, as he comes to see that the priest’s narrative was false.⁴² Alternately, he might join a religious community different from the one in which he was victimized. If he was Catholic, he might begin attending an evangelical church. If he was victimized by an evangelical pastor, he might explore Eastern Orthodoxy. Both of these responses, independent spirituality or change of religious affiliation are forms of nonconventional religiosity. Finally, he might pursue avenues to recovery, such as psychotherapy, that would allow him to return to his former practices in the future.⁴³ This might involve a period of nonconventional religiosity followed by a return to, what is for him, a “normal” life of faith.

Humans are resilient creatures, and recent advances in trauma therapy give us hope that a great deal of recovery is often possible. However, it is important to keep in mind that such resources and opportunities usually depend significantly on the social environment in which one finds oneself. Relative affluence (on a global scale), accessibility of therapy, social acceptability of such practices, knowledge of the benefit of said therapy, and a host of other things need to be in place for this to be a live option. Perhaps most importantly for our considerations, in order to pursue recovery, the survivor must be in a position to identify his experience for what it is—that is, he needs access to the hermeneutical resources necessary to interpret his experience *as abuse*. This is more likely in the man’s case than in the women’s, simply because the inappropriateness

⁴⁰ Ibid., 160.

⁴¹ Ibid., 160-162.

⁴² Both of these are avenues to healing mentioned in the trauma literature.

⁴³ Jones’s discussion of reordering the imagination provides helpful ideas of what this might look like; 23-42. However, we should be careful not to conflict “former spiritual practices” with the boy going back to being his old self. Traumatic events are transformative. Individuals can move forward to become new, beautiful selves, but they cannot fully return to the way things were before.

of sexual contact outside of marriage and between adults and children is so strongly taught within the boy's own community. Someone could endure horrific spiritual abuse, be traumatized by it, and experience significant negative effects on her spirituality, but without the relevant concepts, she might simply chalk up her reactions to her own sinful nature.⁴⁴ Because of this, we don't want the *possibility* of recovery to mislead us into thinking that we need not philosophically consider the plight of religious trauma survivors. There will be people for whom the help is unavailable, and even for those to whom it is available, there is no guarantee of the results necessary to return to normal faith practice. Furthermore, if the individual remains committed to a theological framework that excludes non-conventional spirituality—let's say the man is Catholic and is so deeply committed to the church's teachings that converting to another Christian tradition is unthinkable to him—then non-tradition spirituality will not be a live option for that person. So, there will be many religious trauma survivors for whom normal and post-conventional spirituality may not be live options.

Given the post-traumatic symptoms we attributed to the woman, she is likely to fall into this category. As a Christian, she believes that love for God is the most fundamental aspect of the faith, but she feels only revulsion and distrust at every attempt to relate herself to God. Church attendance comes at a steep emotional price, as the texts read trigger intrusive memories of abuse.⁴⁵ She often has to leave because she is unable to keep from sobbing and has vomited in the church bathroom on several occasions. Eventually, even the thought of *trying* to go to church or *trying* to pray trigger a feeling of panic, so she quits trying. This may all be the case even if she continues to believe the central doctrines of the Christian faith. She may believe that she *should* worship God and even that God is *worthy* of her worship, but both the attitude and many of the practice of worship are beyond her current capacities. Indeed, it may be that even *entertaining* beliefs about God becomes too emotionally burdensome. In which case, she may

⁴⁴ I am thinking here of Miranda Fricker's *Epistemic Injustice*, (Oxford, Oxford University Press, 2007). Such a person is likely to be a victim of hermeneutical injustice, insofar as the dominate spiritual narrative may obscure the abusive nature of the experience such that the individual is unable to identify, even for herself, why she finds the experience so troubling or why she is no longer able to participate in her former religious practices. Fricker uses the example of women who were unable to communicate exactly what was so upsetting about the undesired sexual attention of men before the concept of sexual harassment made its way into social consciousness (150). Similarly, women who suffered from postpartum depression, before the phenomenon was labeled, often believed themselves simply to be weak or at fault (148-149).

⁴⁵ While I believe that there is evidence that the scenario described in this section is the actual situation of some religious trauma survivors, I will acknowledge that for many the situation is much less severe. For them, it isn't that religious worship is impossible, it is simply that it constitutes an incredibly heavy emotional burden. Furthermore, even when the individual is not precluded from worship by actually negative response *to God*, the constant battle with intrusive memories and negative affects and cognitions often "crowd out" the attempts to focus the mind on God.

only have dispositional beliefs about God.⁴⁶ Consider the words of blogger and religious trauma survivor, Marie Bacon: “It’s like the religion—it’s traditions, doctrines, holy books, leaders—has a knife in your back. And with each word or action they twist it more and more. The reality of the knife doesn’t prove or disprove the claims of the religion, but damn it’s extremely difficult to keep holding your back against the blade.”⁴⁷

Given what we know about the nature of trauma, it is reasonable to describe this woman as being *incapacitated* with respect to worship. If one thinks that ‘ought’ implies ‘can,’ then being *unable* to worship entails that one is not obligated to do so. In that case, the woman has a very strong reason not to try to engage in the practices and attitudes of worship because doing so is detrimental to her emotional and psychological well-being. And if she has no obligation to worship, it is hard to imagine any other reasons in favor of worship outweighing her strong reasons not to try. So, she has an all things considered reason to deconvert, if by ‘deconvert’ we mean completely ceasing to try to engage in worship in a broad sense.⁴⁸

But what if one denies that ‘ought’ implies ‘can’? Then, if the central claims of the woman’s Christian faith—let’s assume this includes the claim that humans have a perfect duty to worship God—are true, she still has an *ultima facie*, objective reason to worship. But it is not at all clear that this reason can be a reason *for her*. Even if she maintains a dispositional belief that God is worthy of worship, that reason isn’t easily accessible to her, while her reason *not* to worship is all too accessible. Furthermore, her putative experience of God as malevolent gives her a very strong subjective reason to feel as she does. Indeed, there may be something inappropriate about *trying* to worship a being that one believes or feels to be morally unworthy of that worship, because one’s affections cannot orient themselves toward that being *as good*. If I am right in thinking that the attitude of Christian worship requires orienting one’s affections toward an object *as the highest good*, then for the act of Christian worship to be virtuous, both reason and the affections need to be involved in orienting the believer toward a worthy object. If one or the other is missing, either the act simply fails to be worship, or it is inappropriate worship. When construed in this way, it begins to look as though the woman lacks a proper conception of God. Any attempt to worship God as she understands God will be to worship something else—an idol. Thus, while she still has an objective, all things considered reason to worship, from her subjective perspective it is reasonable for her to believe that she has an all

⁴⁶ My thanks to Michael Rea for pointing this out to me.

⁴⁷ “Losing Faith when Others Hurt You,” *Her Waves Over Me*, published online (<http://herwavesoverme.blogspot.com/2015/04/losing-faith-when-others-hurt-you.html>) on June 28, 2015, accessed October 10, 2016.

⁴⁸ I make no claims about what Christian doctrine says about this individual’s status before God.

things considered reason not to. Therefore, I think someone who denies that ‘ought’ implies ‘can’ should say that while the woman may be failing one of her duties—her duty to worship God—her incapacity, which arose of no fault of her own, entails that she is not culpable for this failure.

I have shown in this section that survivors of religious trauma may be able to engage in normal or nonconventional spirituality, or they may have an all-things-considered reason to deconvert. But there is an additional stance that a survivor might take toward God that is compatible with all of those responses. That is a stance of lament or protest. Both are forms of emotive expression toward God that communicate the pain, betrayal, distrust, or outrage that one feels as a result of one’s experiences of evil or of God. Drawing on the book of Job, Michael Rea argues that God expresses love toward those in the most conflicted relationships with God by authorizing lament and protest. Rea suggests that such individuals receive two benefits from engaging in these activities. First, following Claus Westermann, he points out that lament and protest can allow the sufferer to develop a more robust sense of themselves. Given the way trauma shatters an individual’s self-concept, and in the case of religious trauma one’s spiritual self-concept, these modes of emoting to God might be an important aspect of reconstructing a lost sense of agency. Second, Rea argues that:

Contending with God through lament and protest...is one way in which people in conflicted relationships with God might continue to participate in a relationship with God. It is, moreover, behavior that one can engage in just by trying, so long as one has the concept of God, regardless of the state of one’s confidence in God’s existence, character, or dispositions toward oneself. Lament and protest are, in fact, ways of drawing near to God despite one’s own pain and despite the conflict that mars one’s relationship with God. They are alternatives both to confident atheism and to abject submission to an unintelligible value scheme.⁴⁹

If Rea is right, lament and protest would allow a religious trauma survivor to remain in relationship with God, even if she lacks the capacity to worship God. While there may be some individuals so traumatized that even emoting to God in this way is not feasible—the woman we considered above might be such a person—for many, lament and protest are ways of relating to God that are both accessible and spiritually therapeutic. Indeed, this seems like a fitting

⁴⁹ “A God to Contend With” in *Though the Darkness Hide Thee: Seeking the Face of the Invisible God*, Draft.

expression of love for the Christian God to offer to those who have been deeply harmed in the divine name.⁵⁰

In conclusion, it would be easy to brush aside the religiously traumatized as mentally ill, irrational, or too marginal to qualify for serious philosophical consideration. This response would be wrong, both methodologically and morally. Survivors have already been harmed by religion, and that harm is only perpetuated when those who theorize about religion ignore or downplay their significance. Furthermore, any religious epistemology or philosophy of action that only considers ideal reasoners ignores the sort of embodied beings that humans are. Trauma is indeed a great evil, not only because of the way trauma initially harms the individual, but also because it does lasting, and even irrevocable, damage. But being traumatized in the name of God, by those who claim to speak for God, is uniquely damaging because of the way it can impair a person's capacity for future religious engagement. If we accept that trauma happens within religious communities, and if we think that some of the effects of experiencing this trauma preclude states that are constitutive of worship, then some survivors of religious trauma have a reason to deconvert, even if their experience does not constitute evidence against their religion, and, even, if their religion is true. However, at least within the Christian tradition, many survivors of religious trauma, even those who deconvert, may be able to remain in relationship with God by engaging in lament and protest toward God.

⁵⁰ I say "a fitting" rather than "the most fitting" because it seems plausible to me that the most loving response would be to provide religious trauma survivors with an experience of the loving presence of God that heals the wounds left by trauma. Indeed, there are times when I think that God owes them this. The fact that God does this only for some survivors of religious trauma is part of the problem of divine hiddenness, which is far beyond the scope of this paper.