

# THE SHATTERED SPIRITUAL SELF: A PHILOSOPHICAL EXPLORATION OF RELIGIOUS TRAUMA

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**Abstract:** In this paper I consider what a person who finds herself religiously incapacitated *ought* to do. More specifically, I address people who have come to God asking for bread, but who seem to have received stones and serpents in its place. This is a manifestation of the phenomenon that I call *religious trauma*. My goals in this paper are twofold. First, I aim to demonstrate that, because religious trauma can be genuinely religiously incapacitating, (1) it can result in non-culpable failure to worship God, and (2), if ought implies can, a religious trauma survivor may find themselves in a position where they ought to de-convert, whether or not the individual's religion is true. My second goal in this paper is to illustrate that religious trauma deserves serious consideration from philosophers and theologians.

*Or which one of you, if his son asks him for bread,  
will give him a stone? Or if he asks for a fish,  
will give him a serpent?*  
—Matthew 7:9–10

*you gave me stones when  
I asked for bread  
so I gathered the stones  
to use for witchcraft instead*  
—Marie Thearose, *Failing Your Daughters*

Philosophers like to 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 with anger, hatred, or distrust. Philosophers tend, also, 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. I think this assumption is mistaken. We can ask a number of philosophically interesting questions about the rational, moral, and prudential requirements that constrain a person who finds herself in affective states, or endorsing the reactive attitudes, characteristic of the existential problem of evil. In the current paper, I consider what a person who finds herself religiously incapacitated by such states, by no fault of her own, *ought* to do. More specifically, I address people who have come to God asking for bread, but who seem to have received stones and serpents in its place. This is a manifestation of the phenomenon that I call *religious trauma*. My goals in this paper are twofold. First, I aim to demonstrate that, because religious trauma can be genuinely religiously incapacitating, (1) it can result in non-culpable failure to worship God, and (2), if *ought* implies *can*, a religious trauma survivor may find themselves in a position where they *ought* to deconvert, whether or not the individual's religion is true. By 'deconvert' I mean, roughly, ceasing to engage in religious worship or to hold core religious beliefs, although what is required for deconversion will differ across religions.<sup>1</sup> My second goal in this paper is to illustrate that religious trauma deserves serious consideration from philosophers and theologians.

In the first section I describe the more general phenomenon of trauma to demonstrate the various ways in which it can be incapacitating. In the second section I first provide two paradigmatic examples of religious trauma. I then identify three common characteristics of the phenomenon and argue that it is a Ballung concept—a concept unified by family resemblances. In the final section, I argue that the severest manifestations of the not-merely-cognitive effects of religious trauma can be genuinely incapacitating to the point that religious worship is no longer within the power of the survivor. Because it can only be the case that a person *ought* to do something if it is within their power to do it (or, perhaps, within their power to intend to do it), such a person may be in a position in which they *ought* to deconvert. Their lack of faith would be a case of non-culpable failure to worship. While one or both of these conclusions may appear self-evident to some readers, it is common to meet sentiments to the contrary both within

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<sup>1</sup> Although this definition is purely stipulative, I think it is consistent with current usage. When someone ceases to engage in religious worship or to hold the core beliefs of their religion, both the individual herself and her former religious community typically cease thinking of that person as an adherent of the religion. It seems to me that no longer counting as a Christian or as a Muslim is sufficient for saying that the person deconverted. This phenomenon is more often called "losing one's faith." I avoid this phrasing, however, because of the primarily epistemic way that 'faith' has often been defined in the literature.

religion more generally and within philosophy of religion. Therefore, I believe it is valuable to make explicit the arguments that support them.

## 1 The Geography of Trauma

In this section I describe the causes of trauma, its long-term effects, and some of the basic neuro-psychological processes that underlie it. Because I will argue that religious trauma can diminish an individual's capacity for religious worship, it is necessary first to present the empirical evidence proving that trauma does have genuinely incapacitating effects that are not within the survivor's direct control.

The term *trauma* is multiply ambiguous. It can refer to a particular type of experience, to the effects of that type of experience, or to the combination of the two. Throughout this paper I use "traumatic experience" to refer to the first, "post-traumatic distress" to refer to the second, and "trauma" to refer generally to the experience and the post-traumatic distress it causes.

### 1.1 Traumatic Experience

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 (Courtois and Ford 2013, 14; Brison 2002, 31). In a broad sense, a traumatic experience is "any event that shatters your safe world so that it is no longer a place of refuge" (Wright 2003, 194). For the purpose of diagnosing post-traumatic stress disorder (PTSD), the DSM-V defines traumatic experience as "exposure to actual or threatened death, serious injury, or sexual violence" that is directly experienced, witnessed in person, learned of having occurred to a loved one, or the details of which one is exposed to repeatedly, such as in the case of emergency first responders and psychotherapists (*Diagnostic and Statistical Manual of Mental Disorders* 2013, 271).<sup>2</sup> Because many clinicians and psychologists believe that the current diagnostic criteria for PTSD fail to capture the unique harms of ongoing or repetitive trauma, as experienced by victims of childhood physical or sexual abuse, concentration camp survivors, and some refugees, they have suggested creating a unique category of traumatic experience, commonly referred to as *complex trauma*. When complex PTSD was under consideration for inclusion in the

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<sup>2</sup> 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. I nonetheless cite it here because it is still the primary standard for clinical diagnosis of PTSD.

DSM-IV,<sup>3</sup> it included among the experiences that might lead to complex trauma:

A history of subjection to totalitarian control over a prolonged period (months to years). Examples include hostages, prisoners of war, concentration-camp survivors, and survivors of some religious cults. Examples also include those subjected to totalitarian systems in sexual and domestic life, including survivors of domestic battering, childhood physical or sexual abuse, and organized sexual exploitation. (Herman 2015, 121)

Additionally, some feminist psychologists have suggested that the less apparently severe, and much more common, experiences of everyday racism, sexism, classism, and heterosexism constitute a unique kind of *chronic trauma*, which deserves as much attention as acute traumatic experiences and which contributes to vulnerability to PTSD (Root 1992).

## 1.2 Post-traumatic Distress

Exposure to the horrors, ongoing danger, or abuses mentioned above can cause psychological harm that endures long after the experience itself has ended and physical injuries have healed. Neuroscience gives us some insight into the mechanism and nature of this harm. The human body responds 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 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 may have 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

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<sup>3</sup>The category of complex trauma is not intended to broaden the category of traumatic experience to cover instances left out of the current definition. Rather, it is intended to distinguish a unique sub-category of traumatic experience that has a significantly more global impact on the survivor. It was ultimately rejected for the fourth and fifth editions, as was a related diagnosis, Developmental Trauma Disorder. Bessel Van Der Kolk argues that this is due more to political forces than to a lack of empirical evidence for the phenomenon (2015, 160–170).

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 senses”: They may startle in response to any loud sound, become enraged by small frustrations or freeze when somebody touches them. (2015, 62–63)

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 are 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 (Brison 2002, 40; Van Der Kolk 2015, 30, 45–47).

Several factors influence a survivor’s vulnerability to post-traumatic distress. These include the nature, severity, and duration of the traumatic experience; biological vulnerabilities such as genetic pre-dispositions, previous illness, and prior mental health; family dynamics and social support; and larger socio-political factors. Only 10–20% of those who endure a single-event traumatic experience are likely to develop PTSD as defined by the DSM-V, while for those who experience ongoing or repetitive traumatic experiences the risk increases to between 33 and 75+% (Courtois and Ford 2013, 15).

Trauma theorists often divide the effects of trauma into two categories. The first includes the not-merely-cognitive, symptoms of post-traumatic distress, such as intrusive memories, hyperarousal, hypervigilance, anxiety, depression, numbness, dissociation, compulsion to reenact, restriction of range of affect, and sleep disturbances (Freedman 2006). These symptoms are sometimes referred to collectively as the *shattered self*. The second category includes the epistemic effects, such as believing oneself at fault for the trauma, thinking oneself to be unsafe, or believing certain kinds of people pose a risk to oneself or others; these are collectively called the *shattered worldview*. Ongoing trauma can cause all of these symptoms as well, but tends to affect the survivor in an even more global and fundamental way. The criteria suggested for a DSM diagnosis of complex PTSD include, for example, persistent dysphoria, chronic suicidal preoccupation,

self injury, paralysis of initiative, shame, guilt, self-blame, a sense of defilement or stigma, a sense of complete difference from others, a loss of sustaining faith, and a sense of hopelessness and despair (Herman 2015, 121). Emmanuel Tanay, a psychiatrist who worked with survivors of the Holocaust, observed that “the psychopathology [of complex trauma] may be hidden in the characterological changes that are manifest only in disturbed object relationships and attitudes towards work, the world, man and God” (Herman 2015, 120).

Jointly, the symptoms of post-traumatic distress form a web of physical sensations, emotional states, cognitive attitudes, and epistemic commitments that is the phenomenal experience of post-traumatic distress. Many survivors describe this experience as a fragmentation of the self—an inability to integrate past and present into a coherent narrative, to fully inhabit one’s body, to cope with world, or to imagine a future that includes oneself (Brison 2002, 68). Susan Brison describes her phenomenal experience in the wake of a brutal rape and attempted murder in the follow way:

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. (Brison 2002, 44)

### 1.3 Post-traumatic Distress, Capacities, and Moral Responsibility

Many of the post-traumatic symptoms described above have the potential to be incapacitating in various ways. Survivors may lack the capacity to be exposed to certain stimuli without experiencing an array of unwelcome sensations and emotions (as in the case of intrusive memories), which may, in turn, prevent them from engaging in other activities at that moment. They may lose the capacity to experience emotion (restriction of range of affective) or be unable to overcome debilitating fear or sadness (emotional dis-regulation). The reader may notice that there are different senses

of ‘incapacitation’ at play in these examples. In the case of restriction of range of affect, a survivor may emotionally flat line and feel almost nothing at all, regardless of the circumstance. We might call this a *global incapacitation*. We will say that an individual is globally incapacitated with respect to activity  $a^4$  at time  $t$  only if<sup>5</sup> they lack the physical or psychological ability to engage in activity  $a$  in all salient circumstances at time  $t$ .<sup>6</sup> In the case of intrusive memories, however, the survivor only experiences incapacitation in certain circumstances (i.e., when faced with the offending trigger). We can call this a *local incapacitation*. We will say that an individual is locally incapacitated with respect to activity  $a$  at time  $t$  only if they lack the physical or psychological ability to engage in activity  $a$  in some salient circumstances at time  $t$ . Sometimes local incapacitations are unpredictable. Neither the survivor nor anyone else could expect her to feel a particular way in a particular scenario—panic attacks can sometimes come on without any apparent trigger. Other times, though, the survivor responds systematically to a particular kind of stimulus or circumstance (e.g., a particular smell or sound). We can say, then, that a person is *systematically locally incapacitated* with respect to activity  $a$  only if they usually and for the most part lack the physical or psychological ability to engage in activity  $a$  when in circumstance  $c$ . In still other cases, the symptoms of trauma will not result in incapacitation at all. Rather, they make engaging in a particular activity or class of activities significantly more difficult than it would otherwise be. The survivor may find it difficult to motivate herself to get out of bed in the morning or to put in the effort to go to therapy, or to trust people close to her. To capture this reality, we can say that a survivor’s capacity to engage in activity  $a$  is *hindered* by post-traumatic distress in circumstance  $c$  if the symptoms of post-traumatic distress make it significantly more difficult to engage in activity  $a$  than it would otherwise be.

It is fairly uncontroversial to think that there are close links among an individual’s capacities, their status as a moral agent, and their moral responsibility for individual moral actions. Unfortunately I cannot here offer a full theory of moral agency. I rely, instead, on two plausible and widely accepted assumptions about the nature of agency: that to be a

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<sup>4</sup> For the sake of simplicity, I use ‘activity’ here to refer to a broad range of physical and mental activities as well as less activity-like things such as experience of emotions or reactive attitudes.

<sup>5</sup> Here I provide necessary, but not sufficient, conditions. This is because one might think that to count as being *incapacitated* one has to be the kind of thing that *should* be able to engage in a particular activity in some sense or another. My cat cannot engage in self-reflection as far as I know, but he is not incapacitated with respect to that activity, because cats just aren’t the kinds of beings whom we expect to engage in self-reflection. Carving out sufficient conditions for counting something as an *incapacitation* rather than a mere *inability* is beyond the scope of the present paper.

<sup>6</sup> Salient in the sense of being within the normal range of expected circumstances—ones that don’t involve the suspension of gravity or other logical and metaphysical possibilities.

morally responsible agent an individual must (1) be able to recognize moral reasons and (2) be able to respond to moral reasons appropriately.<sup>7</sup> Meeting these criteria is necessary for possessing the global property of ‘being a morally responsible agent’ and for acting *as an agent* in a particular context. The incapacitations described above may then, undermine moral agency. Whether such responses arise from an inability to recognize the relevant reasons or from an inability to respond to them appropriately, or both, is a complex question—the answer to which will differ across persons and contexts. Sometimes a survivor embraces the belief that a particular trigger is a reason to feel the relevant emotions or adopt the reactive attitudes (e.g., authority figures are dangerous). Other times, the survivor finds themselves in a state of cognitive dissonance, in which they believe both that the stimulus constitutes a reason for the response, and that it does not (e.g. authority figures are dangerous, but surely not all authority figures are in fact dangerous). They may completely reject the belief, but nonetheless experience the emotional and physical manifestations mentioned (e.g., terror of authority figures).<sup>8</sup> In this latter case, they recognize that they lack a reason to feel as they do, but lack the ability to respond appropriately to the reasons they have. So, the survivor will fail to satisfy one or both of the above criteria for moral agency when they respond to a stimulus in this way. They are not responding *as an agent*, even though they may possess the global property of *being a moral agent*.

The degrees of incapacitation correspond roughly to Benjamin Kozuch and Michael McKenna’s distinction between moral exemptions and moral excuses (2015, 92–93). We can say that someone who is globally incapacitated (by no fault of their own) with respect to some domain of activity is morally *exempt* when they fail to do as they ought within that domain. When an individual is locally incapacitated, we can say that they have a moral *excuse*, which may be occasional or systematic. If the individual is hindered, but not incapacitated, with respect to an activity, then they have a mitigating exemption or excuse, which renders them less blameworthy than they would otherwise be.<sup>9</sup> It may even be the case that post-traumatic distress sometimes constitutes a *justification* for actions or behaviors that would otherwise be considered blameworthy, such that, in virtue of the distress, one is not only excused, but has done no wrong at all.<sup>10</sup>

The various kinds of incapacitation and their moral significance will become especially salient when we consider what survivors ought to do when they find themselves suffering from the religious trauma we will discuss below. In closing this section though, recall that both the empirical

<sup>7</sup> See, for example, Vargas 2010, 64–67; Timpe 2013, 21–22; and Coates and Swenson 2013, 631).

<sup>8</sup> This may be a case of an ‘alief’ in Gendler’s sense (2008a and 2008b).

<sup>9</sup> Coates and Swenson (2013) attempt a metaphysical explanation of the claim to degrees of responsibility.

<sup>10</sup> See, for example, Kozuch and McKenna 2015, 95–96 and Elliot 1996, 37–56.

data and the first-person narratives of survivors of trauma confirm that while popular culture paints the person who “bounces back” or is especially resilient in the wake of trauma as somehow morally superior to those who do not, personal merit has almost nothing to do with one’s vulnerability to the long-term effects of trauma. The symptoms of trauma can be incapacitating regardless of what one believes or does on the wake of the experience. While it is important to avoid painting survivors as passive, helpless, or impotent in the process of recovery, we should reject any simplistic attribution of praise or blame to an individual’s experience of post-traumatic distress.

## 2 Defining Religious Trauma

Thus far we have spoken of trauma in general terms, but there is precedent in trauma theory for distinguishing among traumatic experiences that tend to impact a particular aspect of a person’s life or character. Survivors of chronic child abuse tend to have a different set of symptoms and benefit from different kinds of therapy than combat veterans or adult survivors of sexual trauma. In this section I first provide two paradigmatic examples of religiously traumatic experience. I then follow a small but growing number of psychologists and therapists in identifying religious trauma as a unique category of traumatic experience that produces symptoms that have an especially large (though certainly not exclusive) impact on the individual’s religious self. Furthermore, I suggest that a concept of religious trauma capable of doing the requisite work in psychology, philosophy, and theology is likely to be a Ballung concept—a socially constructed concept characterized by family resemblances and inflected by our goals in differing contexts ([Cartwright and Runhardt 2015](#), 268f.).

### 2.1 Case Studies

Both case studies considered in this section describe religiously traumatic experiences within monotheism. This is not because I want to restrict my conclusion about deconversion to theism or because I think monotheism is especially likely to inflict trauma, but because, situated as I am (along with most of my readers), in the Western world, theism is the dominant cultural religious force. Furthermore, while the details of the religiously traumatic experience and response will vary according to the religious context, it should not be difficult for the reader to extrapolate to those other contexts. These cases are also on the severe end of the spectrum of trauma, meeting the criteria for the DSM-V description of a traumatic experience and those described as leading to complex trauma above. Not all the philosophically interesting cases of religious trauma will be this

severe, but, if any cases justify deconversion, as I claim they can, these will be the strongest candidates.<sup>11</sup>

**Case I:** A young child is repeatedly and brutally beaten by her Christian 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 presence of God—a presence utterly terrifying because she perceives it to be of a being who delights in her suffering.<sup>12</sup>

**Case II:** A young boy is repeatedly molested by a rabbi at his religious school and sworn to secrecy in the divine name. When he discloses the abuse to a frum [observant Jewish] therapist, the therapist refuses to believe him, saying both that “rabbis don’t act that way” and that if such claims became known, they might cause ‘Chillul Hashem’ [casting shame or bringing disrepute to belief in God].<sup>13</sup>

In the wake of such trauma, these survivors will almost certainly experience a range of deep and personally disturbing changes in their values, religious beliefs, and not-merely-cognitive responses to religious life. Both will likely experience an array of the post-traumatic symptoms described in the first section, including anxiety, depression, numbing, dissociation, and intrusive memories. They may blame themselves, feel shame, engage in self-injury, or contemplate suicide. Perhaps the girl feels terror and shame at the thought of a God who endorses her suffering as morally appropriate. The boy may re-live his victimization upon walking into a synagogue or seeing a rabbi. 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. The girl may struggle to reconcile her belief in God’s love for her with her belief that God endorses her suffering; she may deal with the tension by developing a concept of love that includes abusive behaviors. If the boy understood his rabbi as speaking for God within the community, he may think that the

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<sup>11</sup> 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.

<sup>12</sup> Although this case is fictional, it is inspired by narrative offered anonymously at Home-schoolers Anonymous. Being personally acquainted with the author, I can speak for the veracity of the story and have gotten permission to use an adaptation of it in this context. The reader should note that it includes disturbing and graphic details of sadistic physical, emotional, and sexual abuse (Home Is Where the Hurt Is, 2013, part 3).

<sup>13</sup> Adapted from Heimlich 2011, 196.

rabbi's violation is somehow a reflection of his own standing before God. If he cannot trust the rabbi who stands for God, he may wonder if he can trust God, or anyone else. Although I have described these symptoms in a detached, almost clinical way, there is nothing detached about the almost indescribable pain that these victims experience in the wake of such horrific abuse.

## 2.2 Religious Trauma as a Ballung Concept

The observation that there can be a distinctly religious aftermath to abuse inflicted in religious contexts is not new, although it has been slow to gain recognition, not only within philosophy of religion, but also within psychotherapy and theology. In her article, "Risk of Abuse in Faith Communities" Kibbie Ruth notes that "those harmed within a religious institution—especially if abused by religious authorities—suffer trauma, shame, and guilt in a way that is different from the emotional, social, and physical injury of all abuse victims" (2005, 539). The victim often perceives the abuse as from God—the ultimate authority, and often the one who was previously trusted above all others. What could be a source of more guilt and shame than "causing" God or God's earthly representatives to treat one in horrific ways? God's assessment of the victim, furthermore, must be *correct*. While the victim might doubt the appropriateness of a merely secular authority's behavior, the option of doing so is almost non-existent with religious abuse. Ruth goes on to compare this unique harm to "soul murder" (Ruth 2005, 539). Theada Franz expounds on this idea by explaining that in cases where a clergy member has molested a child, "God begins to be associated with the experience of molestation, and can keep the victim from seeking out religious spiritual help later in life" (Franz 2002, 5). Theresa Tobin, who works on the notion of spiritual violence, suggests that the degree to which the victim internalizes the religious perspective of their abuser may be closely tied to the depth of the religious aftermath. She points out 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 (2016, 153f.).

All of this suggests that we need a unique concept of these religiously traumatic experiences and the distinctly religious and spiritual post-traumatic distress that they can cause. In *Sacred Wounds: A Path to Healing from Spiritual Trauma*, Teresa Pasquale defines a spiritually or religiously traumatic experience as "any painful experience perpetrated by family, friends, community members, or institutions inside of religion" (2015, 22). While this definition gestures in the right direction, it is too broad for our current philosophical purposes. Surely not every painful experience inflicted on a

person by individuals or institutions inside of religion will be *religiously* significant to the victim. For example, if the victim never becomes aware of the perpetrator's religious affiliation or motivation, neither the experience nor the post-traumatic distress is likely to have a specifically religious character for them. Furthermore, as the first case study above illustrates, it is at least conceivable for the individual to take themselves to have been traumatized not by a human person or institution, but by the divine itself, on the model of a religious or mystical experience. Marlene Winell's characterization of religious trauma syndrome, in contrast, is much narrower. She suggests that it results from the experience of leaving an abusive, controlling, or otherwise physically, psychologically, or emotionally damaging religious group (Winell 2016). While it is likely that the experience she describes does often result in a distinctly religious kind of trauma, her definition is too narrow. Just as victims of domestic violence and child abuse can experience symptoms of post-traumatic distress while they are still trapped in the abusive relationship, so too a victim of religious trauma may experience symptoms of religiously significant post-traumatic distress while still identifying themselves with the religion in question. Therefore, we need a definition that allows for their inclusion.

For our present purposes, I suggest three common characteristics of distinctively religious traumas. First, the trauma is, in paradigmatic cases, caused by something that the individual closely associates with the religion<sup>14</sup>—when harm is inflicted by someone whom the subject perceives as representative of the divine (e.g., clergy, religious parents, guru, spiritual mentor),<sup>15</sup> 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 or other spiritual reality (as in canonical religious or mystical experiences). Second, the survivor usually perceives the religion to have played a positive or negative causal role in the experience's coming about, either by motivating the perpetrator, justifying the behavior, or by failing to forbid or protect against it. And third, some of the post-traumatic effects (the epistemic or the not-merely-cognitive) have a religious trigger or object. The survivor may come to believe that God is untrustworthy or that religious communities are unsafe. They might experience intrusive memories triggered by religious practices, feel extreme fear, distrust, or revulsion toward the divine being, or internalize a deep sense of self-hatred as the result of religious doctrines. Thus, we can roughly characterize religious

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<sup>14</sup> 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.

<sup>15</sup> 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 2015, 176).

trauma as a traumatic experience perceived by the subject to be caused by the divine being, religious community, religious teaching, religious symbols, or religious practices that transforms the individual, either epistemically or not-merely-cognitively, in such a way that their capacity to participate in religious life is significantly diminished. This characterization is not intended to provide necessary or jointly sufficient conditions for religious trauma. Not only am I skeptical of our ability to identify the conditions that capture all and only cases of religious trauma, but I also doubt that there is any one thing that religious trauma is. Rather, I suggest that religious trauma is a Ballung concept.

Things fall under a Ballung concept in virtue of family resemblances, rather than a uniquely shared property or set of properties. Nancy Cartwright and Rosa Runhardt illustrate the nature of Ballung concepts by considering our concept of ‘civil war’ (2015, 268–269). A civil war is not something that exists out in nature or cuts the world at its metaphysical joints. That is not to say that real physical and metaphysical properties are absent from the phenomenon; rather, it is to say that when we decide whether a particular conflict counts *as a war* in general, and *as a civil war* in particular, we are not recognizing a joint-carving property that exists out in the world. Our boundaries reflect our social goals, interests, and commitments. As Norman Bradburn, Nancy Cartwright, and Jonathan Fuller explain, with a Ballung concept “there is often no central core without which one does not merit the label, different clusterings of features among the congestion (*Ballung*) can matter for different uses, and whether a feature counts as being inside or outside the concept—and how far outside—is context and use dependent” (2017, 76). Kevin Timpe and Bradburn et al. suggest that disability, of which complex and simple PTSD are examples, is just such a concept (Timpe 2017; Bradburn et al. 2017, 75). Although she doesn’t use the term, Elizabeth Barnes also argues for a related view, suggesting that disability “*just is* whatever it is that the disability rights movement is promoting justice for” (2016, 43). This view tracks the idea that what we consider as falling under a Ballung concept is largely determined by our social goals (e.g., “whether we are talking about an individual, a policy goal, a variable in a psychological theory, or a characteristic of a group of individuals” (Bradburn et al. 2017, 75)).

I think that trauma in general is probably like disability in this respect. Judith Herman describes trauma as a spectrum of conditions rather than a single disorder, with symptoms ranging from “a brief stress reaction that never qualifies for a diagnosis, to classic or simple post-traumatic stress disorder, to the complex syndrome of prolonged, “repeated trauma.” (Herman 2015, 3). Indeed, the diagnostic criteria for PTSD in the DSM, like many others, consists in a long disjunction of qualifying experiences and resulting symptoms (of which, one must have a [metaphysically] arbitrary number in order to be diagnosed with the disorder). As with the concept of ‘civil war,’ I am not suggesting that there are no real psycho-neural

or hormonal processes and properties that tend to underly these complex reactions. I described those processes in brief in the previous section. Rather, I am suggesting that we should understand those processes and the resulting phenomenal experiences and behavioral patterns is better characterized in terms of family resemblances than by a shared set of properties. This general point about post-traumatic stress, however, is not essential for my characterization of religious trauma. If post-traumatic stress disorder turns out not to be a Ballung concept, it might still be the case that the philosophically interesting phenomenon of religious trauma is.<sup>16</sup> I think this is likely to be true for a number of reasons, including the disjunctive nature of PTSD diagnoses, the nature of religion (the definition of which is exceedingly broad and the boundaries of which are notoriously vague), the role of personal appraisal in the psychological significance of a negative experience, and the ways in which distress can be “religious significant” differ so widely. Furthermore, our social goals in thinking about religious trauma play a significant role in what we may think falls under the concept. A psychotherapist may consider satisfying the diagnostic criteria for PTSD to be a necessary condition for regarding a client as suffering from religious trauma, while a religious community might consider people experiencing much less severe traumatic responses when they work to make their communities more accessible to survivors of religious trauma. They might even consider cases that are not directly caused by a religious source, but the results of which have specifically religious significance for the survivor. Indeed, Pasquale includes under the concept of spiritual trauma diverse experiences ranging from being excessively badgered by evangelists, to incapacitating fear of going to hell for one’s sexual orientation, to severe physical and sexual abuse by religious leaders (Pasquale 2015).

### 3 Worship and Deconversion

Now that we have established what religious trauma is, we can consider the ways in which the effects of religious trauma impact the survivor’s ability to engage in religious life. I will set aside the epistemic effects of trauma and focus on the religious impact of the shattered self, both for the sake of time and for the sake of clarity. I do not think that questions about what a survivor is rational, justified, or warranted in believing in the wake of trauma are unimportant or uninteresting. However, the question of whether a person is *capable* of religious worship is at least logically separable from questions about what an individual believes or is justified

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<sup>16</sup> I say “PTSD turns out not to be a Ballung concept” rather than “our concept of post-traumatic stress disorder” to avoid the idea that there is something out in nature that really is PTSD and our concept of it is trying to track it. But, of course, ‘disorder’ refers to a phenomenon out in the world, not something in our minds.

in believing.<sup>17</sup> As I shall argue below, a religious trauma survivor can be religiously incapacitated by the effects of trauma we call the shattered self even when they maintain their pre-trauma religious beliefs.

### 3.1 Worship

Although philosophers of religion have devoted a disproportionate amount of their writing to questions in the epistemology of religion, in most religious traditions having the appropriate (and appropriately formed) propositional attitudes is only a small portion of what it means to be a practitioner of the religion. 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, keeping kosher), and having the proper attitudes, emotions, and desires toward the divine being or ultimate reality all play more or less central roles in religious life across religious traditions. Many of these things involve or are closely related to one's beliefs, but none of them are *merely* epistemic. I will follow other philosophers and many religious traditions in calling the aspects of religious life that are not merely epistemic, *worship*, in a broad sense (Rossi 1979; de Ridder and van Woudenberg 2014, 51–52; Smuts 2012, 222). However, there is another sense of *worship* that is much narrower, referring only to the attitudinal aspects of worship. Thus, we can distinguish between the *practice* of worship, on one hand, and the *attitude* of worship, on the other. Religions may require one or the other or both of these aspects of worship. 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. There is significant disagreement in the literature over exactly what sorts of emotions and desires are involved. Awe, adoration, admiration, respect, fear, love, trust, desire for unity, and desire for communion are all mentioned (de Ridder and van Woudenberg 2014, 51–52; Smuts 2012, 222; Bayne and Nagasawa 2006, 300–301). 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 Buddhists worship the Dalai Lama; the ancient Greeks worshiped a pantheon of often petty and morally despicable deities; some neopagans worship the divine in and through nature; most monotheists worship a perfect being, greater than which cannot be thought; and David Blumenthal thinks one should worship even an abusive God (Pfau and Blumenthal 2001, 179). It is hard to imagine any one set of emotions and desires that one could appropriately maintain toward all of the members

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<sup>17</sup> Although in actual experience, it can be difficult to untangle the epistemic from the non-merely cognitive effects of trauma. Add to this the pervasive phenomenon of cognitive dissonance, and it can be almost impossible for an individual survivor to determine whether she disbelieves in God, is experiencing a mere aversion to God or to the idea of God, or both.

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 consider concepts of worship appropriate to the Christian and Jewish traditions, in order to evaluate whether the individuals from our case studies are in a position to worship as they understand it. However, it should not be difficult to extrapolate from the reflections here to religious trauma within other traditions in which worship looks quite different. I 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 involves attending religious services, taking the Eucharist, prayer, living by the Ten Commandments and the two greatest commandments—to love God and to love one’s neighbor. In contemporary Judaism, I take the attitudes of worship to be the same, while the practices of worship include communal prayer, study of the Torah, observing holy days, and following traditional Jewish law (halakha). The question relevant to my project is whether and to what degree the not-merely-cognitive effects of religious trauma can diminish the survivors’ capacity for engaging in worship, as prescribed by their respective religion.

### 3.2 Deconversion

Given the effects that trauma can have, it should not be particularly difficult to imagine any trauma survivor being hindered with respect to religious worship by the symptoms of trauma. Consider the reaction a trauma survivor recounts in Serene Jones’s book *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’s 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. (2009, 7)

In this particular case, receiving the Eucharist triggers panic and dissociation, but one can imagine other aspects of spiritual life have related effects on survivors of trauma. In fact, Jennifer Beste has argued that the severe trauma of the childhood experience of chronic incest can so deeply and

irrevocably harm a survivor that they lack the basic capacities necessary to respond to God's grace (Beste 2003, 3–20; 2007). Beste's argument involves an inference from global incapacitations that undermine agency in some spheres to a lack of the agency necessary for religious commitment, and I think she is correct to make it. What is unique about *religious* trauma—as opposed to the religious significance of trauma that Beste addresses—is that it can be *religiously* incapacitating even in cases where the individual's status as a moral agent is not undermined on a more global scale.

In the first section, I argued that some of the effects of the shattered self can be genuinely globally or locally incapacitating. It follows that some of the effects of religious trauma may be globally or locally incapacitating. A survivor who responds to God, or other aspects of religious life, with the kind of fear, dread, or distrust described above may not be responding *as an agent*. If the survivor can do nothing to prevent being overwhelmed by these feelings whenever they attempt to address themselves to God, and if these feelings genuinely preclude the attitudes that constitute worship, then the survivor is systematically, locally incapacitated with respect to the attitude of worship. In fact, given what we know about trauma, religiously significant post-traumatic distress could conceivably remove an individual's capacity to engage in *any* aspect of worship—the attitudes or the practices. Depending on how one carves up the territory, this might constitute a systematic religious excuse, or even an exemption from religious worship. In any case, I think it should be fairly uncontroversial that a survivor who is in fact religiously incapacitated (by no fault of their own) is not responsible for their failure to worship and, therefore, not culpable for it. So, at the very least, it is possible for severe religious trauma to result in a case of non-culpable, non-resistant failure to worship.<sup>18</sup>

This conclusion can be accepted even by those philosophers who deny that ought implies can. It may remain true that the survivor *ought* to worship God, while their inability to do so constitutes an excuse for their failure. But for those who think that ought implies can, we can go a step further. If I am obligated to  $\phi$  only if  $\phi$ -ing is a physical and psychological possibility for me, it follows that it is not the case that a survivor is obligated to worship God, as long as they are psychologically incapable of doing so. Furthermore, it is plausible that there is *something* (i.e., something else) that the survivor ought to do. Whatever it is that they ought to do, it must be among the possibilities open to the survivor—that is, it must be something that is a physical and psychological possibility for them to intend to do. Given that worship is not among those possibilities, it follows that whatever they ought to do will be a species of deconversion if we take deconversion

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<sup>18</sup> This is related, but not identical to the phenomena of non-culpable, non-resistant non-belief in which philosophers of religion have been interested. I say that the two are not identical, because survivors may continue to believe either consciously or dispositionally in the existence of God and in their obligation to worship God.

to mean ceasing to engage in religious worship.<sup>19</sup> Therefore, a religious trauma survivor could find themselves in a position where they ought to deconvert. I argue that in such a case, religious trauma would constitute a *justification* for deconversion. It is not that the survivor has done something wrong, but is excused. Rather, given their situation, it is good, indeed, best, for the survivor to deconvert. It would be misguided to claim that the deconverted survivor has wronged God.<sup>20</sup> This is not to say that all religious trauma survivors should deconvert, or even that everyone who is severely traumatized should. Depending on the particular religious system, the community in question, and the survivor's post-traumatic beliefs, there may be ways for the survivor to continue participating in some attenuated sense within the community or religious life. Rather, my aim here is merely to establish it is possible for the situation to arise where the survivor is morally justified in leaving the religion (in the sense of ceasing to engage in the practices and attitudes of worship or ceasing to hold their core religious beliefs), even if the core tenets of the religion are true.

It may be objected that even if actually worshiping is not within a survivor's power, what they ought to do is not deconvert, but to continue trying to worship. After all, it is a common view that if there is a God, then all humans ought to worship that being. This gives the survivor an over-riding reason to try, even if they are likely to be unsuccessful in the endeavor. First, I am not entirely sure that a person who is experiencing religiously significant post-traumatic distress severe enough to thoroughly undermine their religious agency will even be capable of *trying* to worship God. Michael Bratmann has argued that not believing that were one to intend to  $\phi$ , one would fail to  $\phi$  is a necessary condition for intending to  $\phi$  (1987). While it does not follow necessarily from the fact that a survivor believes that they would fail to worship were they to intend to worship that they also believe that were they to intend to try, they would fail to try, it seems plausible that the two might be nearly indistinguishable to someone so severely traumatized.

Second, on a more practical level, it is not clear that *trying* to worship is an effective means, even if the goal is to be in a position to actually worship God. Repeated exposure to triggers and the intrusive memories that they evoke can re-traumatize the victim and make recovery all the more difficult (Van Der Kolk 2015, 222–225).<sup>21</sup> Recovery from trauma almost always

<sup>19</sup> As I mentioned in the introduction, what is required for deconversion will vary across religions. There is at least a plausible case to be made that in some sects of Christianity and Judaism, mere propositional attitudes are insufficient to continue to be regarded by other members of the community as "one of them."

<sup>20</sup> Kozuch and McKenna (2015, 95) consider whether it would be a mistake for a severely depressed person's partner to feel wronged for their partner's lack of joy, enthusiasm, and emotional support during a bout of depression. Although they are non-committal, I think it is plausible that the depressed person has not wronged their spouse (assuming they haven't refused treatment or done something else that makes them responsible for their current state).

<sup>21</sup> This is one reason for the move away from exposure therapy in the treatment of trauma.

involves the victim being removed from the harmful environment to a safe space for healing. Deconversion, as I have defined it, then, may be the best hope for some survivors to regain the capacity for worship (if this is goal they continue to wish to pursue). Thus, deconversion could in some cases be a species of trying to worship God, where trying includes a series of actions extended over a period of months, years, or even decades, and one of the actions in this series is ceasing to worship God.<sup>22</sup> Thinking of deconversion in these terms may be especially helpful for survivors who, despite their traumatic responses to religious life, continue to believe in God and in God's worthiness of worship. In such cases, the realization of their inability to do what they believe humans ought to do can compound the feelings of guilt and shame associated with the trauma. If such a person could come to see their deconversion as a species of trying to do what they believe they ought, this might serve to help assuage some of those feelings.

This last observation might suggest a second objection. Perhaps what the survivor ought to do is to try to worship by pursuing recovery. 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 both that therapy is not always effective and that such resources 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 their experience for what it is—that is, they need access to the hermeneutical resources necessary to interpret their experience *as trauma*. 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.<sup>23</sup> 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 who currently lack the capacity to engage in worship. There will be people for whom the help is unavailable, and even for those to whom

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<sup>22</sup> It might initially seem paradoxical that ceasing to worship God could be a species of trying to worship God, but it need not be. Trying to run a marathon might include giving up running altogether for a period of time following an injury.

<sup>23</sup> I am thinking here of Miranda Fricker's *Epistemic Injustice* (2007). Such a person is likely to be a victim of hermeneutical injustice, insofar as the dominant 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 (149–149).

it is available, there is no guarantee of the results necessary to return to normal faith practice.

### 3.3 Case Studies Revisited

Let us now return to the religious trauma survivors introduced in the case studies above. Consider the woman. 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. The texts read during the service trigger intrusive memories of abuse.<sup>24</sup> 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 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 practices of worship are beyond her current capacities. Indeed, there may be something inappropriate about trying to worship a being that she 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. If all of this is true, then I argue that she may be in a position where she ought to cease trying to engage in the attitudes and practices of religious worship. She may even need to quit entertaining beliefs about God, if the emotional toll of doing so is too high. Whether this counts as deconversion is likely to be controversial even among Christians, but on my stipulative (and admittedly somewhat arbitrary) definition, it does.

In closing this section, consider the words of blogger and religious trauma survivor, Marie Bacon: "It's like the religion—its 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" (2015).

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<sup>24</sup> 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 an 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.

I have shown that there can be severe cases of religious trauma in which the survivor ought to deconvert. However, post-traumatic distress comes in degrees. A survivor's experience of religious life may range from mildly painful to excessively difficult without the survivor completely losing agency with respect to it—that is, post-traumatic distress may *hinder* religious life. Furthermore, a survivor may be systematically locally incapacitated with respect to some particular aspect of religious life (e.g., engaging in sincere worship) without being incapacitated with respect to another (e.g., keeping kosher). If agency and responsibility come in degrees, as some philosophers have suggested (Coates and Swenson 2013; Timpe 2016; Aguilar and Buckareff 2015), then it seems likely that there are degrees of religious agency that roughly track the severity and particular manifestations of post-traumatic distress.<sup>25</sup> Thus, the options open to religious trauma survivors may lie on a continuum ranging from normal religiosity at one end to deconversion at the other. In between are various kinds of nonconventional spirituality and taking a stance of protest toward God.

Theresa Tobin describes something like what I am calling normal and non-conventional spirituality in her accounts of dweller/seeker and seeker/dweller responses to Catholic spiritual violence. The dweller/seekers are those who, after experiencing spiritual violence, “still encounter God in the sacred places and holy rituals designated by the official Church” (2016, 160), but with a new appreciation for the fallibility of religious traditions and authorities and often with new negative emotional responses. 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, are more likely to seek radical institutional change or find completely new structures for spirituality—what I am calling non-conventional spirituality (Tobin 2016, 160–162).

To see how these two categories might play out, consider the boy described in case 2. If he is only triggered by encounters with rabbis or religious environments like those in which he was victimized, he might quit attending religious services but continue to pray on his own, keep kosher, 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 rabbi's and the therapist's narratives were false.<sup>26</sup> Alternately, he might join a religious community different from the one in which he was victimized, either by joining another orthodox

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<sup>25</sup> Timpe (2016) makes a case for this perspective with respect to certain kinds of disability. Although PTSD is not among those he considers, PTSD, and complex PTSD in particular, often involve problems with executive function and emotional regulation, both of which play a role in the mitigated agency involved in the disabilities he discusses.

<sup>26</sup> Both of these are avenues to healing mentioned in the trauma literature.

jewish community, by joining a more liberal jewish community, or by converting to another religion altogether. 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 further psychotherapy, that would allow him to return to his former practices in the future.<sup>27</sup> This might involve a period of nonconventional religiosity followed by a return to, what is for him, a normal life of faith.

In between non-conventional spirituality and complete deconversion, there is an additional way that some survivors who are not completely religiously incapacitated, but who are unable to engage in worship, might relate to God. This is by adopting 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 in a mode of lament or protest can be a way for someone whose relationship with God is intensely conflicted to continue participating in the relationship in a positively meaningful way. . . . When one has serious grievances against God, there are powerful obstacles to such participation. One may not want to continue the relationship; one might be emotionally incapable of more traditional modes of prayer and worship; one might be strongly inclined to make choices that are inconsistent with improving the relationship or promoting one's own recognition of its value. But, often enough, lament and protest will remain accessible ways of continuing one's relationship with God and, deliberately or not, promoting its improvement. They are behaviors that one can engage in just by trying to do so, assuming one has the concept of God, regardless of the state of one's confidence in God's existence, character, or dispositions toward oneself. They

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<sup>27</sup> Jones's discussion of reordering the imagination provides helpful ideas of what this might look like (Jones 2009, 23–42). However, we should be careful not to conflate “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.

are, furthermore, 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 to abandoning one's relationship with God; and, importantly, they are alternatives to abject submission to suffering, silence, and an unintelligible divine value scheme. (2018, 153–154)

If Rea is right, lament and protest would allow a religious trauma survivor to remain in a relationship with God, even if they lack the capacity to worship God. While there are likely many religious trauma survivors for whom emoting to God in this way is not feasible, desirable, or healing—the woman we considered in case 1 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 expression of love for God to offer to those who have been deeply harmed in the divine name.

#### 4 Conclusion

In her introduction to a theology of incarnation, Wendy Farley aptly describes the plight of survivors of religious trauma within Christianity. She says,

The world is full to overflowing with pain. It is a relentless source of dismay for a person of faith to struggle with the omnipresence of radical, destructive suffering. But for the source of suffering to come from the church and be justified by its Scripture and traditions is a kind of toxic, crushing pain that is hard to endure. (Farley 2011, 5)

For Farley, the problem is not just that the world is filled with banal and horrendous evils, but that so many have come to God seeking bread from the hand of religious communities and have had stones hurled at them instead. She recognizes the unique kind of suffering and the unique barriers it places in the life of those who endure it. These are the same sufferings and barriers to which I have suggested philosophers of religion should attend. The causal and psychological connection between the suffering and the religion requires a different kind of philosophical response than what is offered for the logical and evidential problems of evil. Treating them as the same—by offering arguments for why God might be justified in allowing religious trauma or for the absolute obligation to worship—may serve to further traumatize those who suffer, by amplifying the feelings of fear, guilt, and shame. Rather, we must acknowledge that what a survivor ought to do will depend on a host of factors that are partially outside of their control.

Once we do this, we can begin to ask other pressing questions about what obligations religious communities have toward those they have harmed.

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