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CHAPTER 3

With the Fierce and Loving Embrace of Another Soul: Finding Connection and Meaning After the Profound Disconnection of Betrayal Trauma

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Amanda North¹ is a 50-year-old woman who has had problems with dissociation and depression most of her life. Her mother had died suddenly when she was 5 years old and her father remarried when she was eight. As an adult she was diagnosed with borderline personality disorder, anorexia nervosa, and major depression. She had been hospitalized for dissociation and an eating disorder and had had two failed attempts at psychotherapy wherein her therapists referred her on to someone new when she did not seem to be responding to their treatment. Amanda found her hospitalizations traumatic and destructive. She remembered meeting with one psychiatrist who had never made eye contact with her. She had been prescribed many psychiatric drugs and, when those failed, electroconvulsive therapy. Her therapists' referrals and the demeaning behavior of the hospital doctors and staff only reinforced her feeling that she was the problem and that everyone would be better off without her. The only thing that kept her going was her relationship with her daughter. When Amanda appeared in my office (senior author), she was hopeless and frightened. She did not know where to turn, but felt that somehow she had to find the truth of her life. She had very few early memories, and no conscious memories of trauma. It took much time to find out that Amanda's stepmother had not wanted children and had treated Amanda with contempt and anger. It took even longer than that to find that Amanda's father had molested her after her mother died, primarily because Amanda's memories of childhood were

¹ The client's name and details about her experience have been changed to protect her privacy. She has given her written permission to include this modified version of her story here.

sporadic and fragmented. Above all, she needed to believe that her father had taken care of her when she most needed it.

INTRODUCTION

To understand the reconstruction of meaning in the wake of trauma, it is first important to delineate both the nature of “trauma” and what it is that we mean by “meaning.” In this chapter we shall examine the relational, contextual, and philosophical aspects of both trauma and meaning. Historically, psychology and psychiatry have emphasized the terror- and fear-inducing aspects of traumatic experiences on individuals, resulting in subsequent “pathology.” Indeed, the inclusion of posttraumatic stress disorder (PTSD) in the Diagnostic and Statistical Manual of Mental Disorders, Third Edition ([American Psychiatric Association, 1980](#)) as a result of wartime experiences has put the emphasis on both fear [with many researchers and writers conceptualizing PTSD as a disorder of fear conditioning ([Amstadter, Nugent, & Koenen, 2009](#); [Fanselow & Ponnusamy, 2008](#); [Milad et al., 2008](#); [Peri, Ben-Shakhar, Orr, & Shalev, 2000](#))] and on individual “pathology”—symptoms of mental disorder that must be resolved so that the person can return to normal. Moreover, the effect of trauma on meaning has most often been conceptualized as the search of individual minds for new ideas to replace assumptions that have been shattered ([Janoff-Bulman, 1992](#)), following the emphasis in psychology of the cognitive revolution (see [Miller, 2003](#)).

In this chapter we will explore relational trauma, specifically Betrayal Trauma theory (BTT; [Freyd, 1994, 1996](#)), and relational meaning as that knowing that flows from relational connection.

PART I: TRAUMA AS BETRAYAL AND DISCONNECTION

As stated earlier, the field of traumatic stress has emphasized the importance of terror and life threat in predicting the psychological impact of trauma, and research has placed pathological fear at the core of posttraumatic stress (i.e., the “fear paradigm”; [DePrince & Freyd, 2002](#)). In contrast, BTT ([Freyd, 1994, 1996](#)) is a theory of psychological response to trauma that proposes that an individual’s cognitive encoding of and response to trauma depends not only on the terror or fear of a specific event, but also on the event’s social betrayal. More specifically, BTT “predicts that the degree to which a negative event represents a betrayal by a trusted, needed other will influence the way in which that event is processed and remembered” ([Sivers, Schooler, & Freyd, 2002](#), p. 169). Indeed,

we are social beings and depend on social connections for survival, nurturance, and meaning in our lives; it is no wonder that experiences that threaten our ability to trust and depend on others should be experienced in qualitatively different ways and should impact us in qualitatively different ways than noninterpersonal traumas. Betrayal, or relational trauma, by definition, involves loss and like all traumatic events “overwhelm[s] the ordinary systems of care that give people a sense of control, connection, and meaning” (Herman, 1997; p. 33). Although the losses implicated in relational trauma do not always involve maltreatment (as in the sudden death of a caregiver), in experiences of abuse, neglect, or abandonment, they may also represent violations of trust. When the latter is the case, betrayal trauma has occurred. Childhood abuse, infidelity, discrimination, and workplace or health place exploitation (the last example will be examined in the next section) are examples of betrayal trauma.

Although betrayal trauma refers to relational trauma independent of posttraumatic stress reactions (Freyd, 1996), and historically betrayal has not been included in diagnostic nosology, empirical evidence suggests that betrayal also plays an important role in the etiology of posttraumatic sequelae (e.g., DePrince et al., 2012; Gómez, Smith, & Freyd, 2014; Kelley, Weathers, Mason, & Pruneau, 2012). More specifically, the theory holds that the closer and more (apparently) necessary one’s relationship is to the perpetrator(s), the greater the degree of betrayal involved. Although ordinarily, humans possess excellent cheater-detection capabilities (e.g., Cosmides & Tooby, 1992), under conditions where betrayal is strong, victims may experience “betrayal blindness” in which the betrayed person does not have conscious awareness of the betrayal.² This lack of awareness can manifest in several different ways, including an inability to recall the traumatic experience at all (i.e., amnesia), or being able to remember the events, but having a more benign (e.g., “it wasn’t a big deal”), normalized (e.g., “that’s how all families are”), or self-blaming (e.g., “it was my fault”) interpretation of what transpired. Within this theoretical model, betrayal blindness serves the important and adaptive function of allowing individuals to maintain needed attachment relationships with their perpetrator(s) in situations where a full and conscious understanding of the betrayal could lead to withdraw or retaliatory behaviors that could threaten the persistence of the relationship. Consistent with this proposition, research has shown that even after controlling for age of abuse onset and abuse duration, the caregiver status of the

² John Bowlby (1980), the founder of Attachment theory, described a similar process as “defensive exclusion” or “defensive processing.”

perpetrator predicts survivors' self-reported memory impairment (i.e., "I now remember basically what happened but I didn't always") for physical and sexual abuse experiences (Freyd, DePrince, & Zurbriggen, 2001).

BTT argues that over time (perhaps as a direct result of the trauma or perhaps by way of betrayal blindness) traumas high in betrayal will lead to dissociation, numbing, amnesia, and/or shame.³ In support of the theory, a large and growing body of empirical work has shown that betrayal, and not fear, is strongly associated with dissociation (see DePrince & Freyd, 2007 for review). Betrayal has also been linked to shame, depression, chronic pain and gastrointestinal difficulties, inexplicable somatic symptoms (e.g., intermittent paralysis), and substance abuse, all of which are at least marginally related to the concept of dissociative unawareness (Delker & Freyd, 2014; Freyd, 1996; Goldsmith, Freyd, & DePrince, 2012; Martin, Cromer, DePrince, & Freyd, 2013; Platt & Freyd, 2012; Ross, 2005). Given that betrayal plays such an important role in influencing posttraumatic response, it follows that addressing experience(s) of relational rupture (e.g., betrayal) should be an important part of healing following betrayal trauma.

Betrayal Trauma and Interpersonal Connection. As outlined earlier, BTT posits that betrayal blindness is an adaptive human response to betrayal that allows individuals to maintain close relationships that they experience as necessary for their survival. Importantly, this posttraumatic response, although adaptive, is not without its drawbacks. Betrayal trauma has been linked to person-level difficulties in mental and physical health. On the level of interpersonal relationships, betrayal trauma and betrayal blindness have both been linked to various types of relationship difficulties. First, research has repeatedly shown that those who have experienced betrayal trauma are more likely to reexperience interpersonal trauma, a phenomenon known as revictimization (e.g., Gobin & Freyd, 2009). Researchers studying revictimization have posited that this pattern may be caused by the victim's diminished ability to perceive or drive to avoid risk. Gobin (2012) provided at least partial support for this hypothesis when she found that betrayal traumatization influences romantic partner preferences such that young adults who experienced high betrayal trauma in childhood rated loyalty as a less desirable trait in a potential romantic partner than those who did not, and

³ The theory also holds that, consistent with a large body of research findings (e.g., Brett, 1996), traumas that are extremely frightening should lead to hypervigilance, hyperarousal, and/or anxiety. Like the causal pathway from betrayal to motivated unawareness, BTT maintains that the fear-to-hypervigilance causal pathway is also rooted in an evolutionary perspective and serves an adaptive function. More specifically, highly threatened individuals will be highly aware of signs of potential danger as a way to protect themselves against further harm.

those who experienced high betrayal trauma in both childhood and adulthood reported a higher tolerance for verbal aggression in a potential mate.

Second, studies of caregiver–infant relationships have shown that caregiver parental idealization [i.e., a form of betrayal blindness characterized by moderate to marked lack of unity between an individual’s retrospective reports of (1) childhood experiences of unloving or abusive parenting and (2) how favorable or warm their relationships with their parent(s) had been (Hesse, 2008)] predicts avoidant infant–caregiver attachment⁴ in the next generation. In one analysis, for example, infants’ avoidance from their mothers during the reunion phases of the Strange Situation (Ainsworth, Blehar, Waters, & Wall, 1978) had a strong positive correlation with maternal idealization of their own mothers and fathers on George, Kaplan, and Main’s (1985) Adult Attachment Interview (Hesse, 2008). A more recent study by the second author and colleagues found the same pattern of results when measuring parental idealization as discrepancies across two different retrospective self-report questionnaires on parental care received during childhood and betrayal trauma experienced during childhood (Bernstein, Laurent, Musser, Measelle, & Ablow, 2013). More specifically, results showed that while controlling for maternal demographics (i.e., education, ethnicity, and age) and both prenatal psychopathology and postnatal parental sensitivity to infant distress (both of which have been linked to child attachment outcomes; DeWolff & van IJzendoorn, 1997), parental idealization reported during pregnancy explained a unique 15.6% of the variance in secure versus avoidant caregiver–infant attachment at postnatal 18 months.

According to attachment theory, avoidant attachment is an adaptive defense against chronic caregiver rejection and aversion to physical closeness such that the infant has learned to inhibit his or her bids for proximity and suppress expressions of negative affect (which have been historically met with increased distance) as a way to reduce the chance of further rejection or abandonment (Ainsworth, Bell, & Stayton, 1971; Ainsworth et al., 1978; Cassidy, 1999; Koulomzin et al., 2002; Main & Stadtman, 1981; Sroufe, Egeland, Carlson, & Collins, 2005; Weinfield, Sroufe, Egeland, & Carlson, 1999). Given that betrayal blindness in the form of parental idealization predicts infant–caregiver attachment avoidance and that this avoidance is an adaptive response to caregiver rejection, it might be that betrayal blindness

⁴ Infants are classified as having insecure–avoidant relationships with their primary caregivers when they avoid or ignore their caregiver when they are reunited after a brief separation during the Strange Situation—showing little overt indications of an emotional response. These infants often treat the stranger in the room in more or less the same way as their caregiver.

is part of what renders caregivers less able to respond sensitively to their infants in nonrejecting ways.

Of course, parents and caregivers are not the only perpetrators who are idealized by victims of betrayal trauma. Adults who are in the midst of a violent relationship with a romantic partner, especially those who are most reluctant to leave their abusive romantic partner (due to threat of increased violence, financial dependence, etc.; [Freyd, 1996](#)), are also likely to idealize their abusers ([Douglas, 1987](#); [Dutton & Painter, 1981, 1993](#)). In both of these relationships, victims of betrayal idealize their perpetrators and do not blame them for any wrongdoings (placing the blame instead on themselves or someone external to the relationship) so as to preserve the relationship between themselves and their abuser. In other words, the meaning they construct regarding the relationship as a whole, and regarding remembered abuse, neglect, rejection, or other unloving behavior more specifically, is designed to be compatible with maintaining the relationship.

Amanda, who was introduced at the beginning of this chapter and who had clearly had been betrayed in her life, shared multiple indications of parental idealization. The early death of her mother was never explained to her and her fragmentary memories of her mother's funeral were very disturbing to her. She grew up thinking that somehow she had been the cause of her mother's death. Consciously she saw her father as her savior and hero. She had no conscious knowledge of him molesting her. As BTT would predict, Amanda split off memories of the nightly visits to protect her relationship with her father. Conscious knowledge of his betrayal would have left her with no parent and no place to go. When her father remarried, her stepmother was rigid and constantly complained about Amanda to friends in Amanda's presence. She did not know how to nurture a child. As an example, Amanda was terrified of thunderstorms and was made to be alone in her room during the frequent and violent midwest thunderstorms. Amanda remembered these storms as some of the most terrifying moments of her life and has remained terrified of them.

PART II: INSTITUTIONAL BETRAYAL

Although early formulations of betrayal trauma theory (e.g., [Freyd, 1996](#)) encompassed the possibility of betrayal by social groups (e.g., the Holocaust), the empirical research in betrayal trauma began with a focus on emotional, physical, and sexual abuse perpetrated by one individual against another individual (e.g., abuse within a parent–child relationship, domestic

violence between romantic partners, assault or harassment between an employer and employee). In recent years the field has expanded to explore betrayal trauma as it occurs between individuals and institutions (e.g., [Smith & Freyd, 2013](#)), which often elicit similar trust and dependency from their members as is the case within interpersonal relationships ([Baker, McNeil, & Siryk, 1985](#); [Cardador, Dane, & Pratt, 2011](#); [Somers, 2010](#); [Tremblay, 2010](#)). As with trusted interpersonal relationships, institutions are frequently expected to be safe ([Platt, Barton, & Freyd, 2009](#); [Tremblay, 2010](#)) and in some cases, may be quite literally depended on for survival (e.g., as is true with Medicaid for low-income families and the military for soldiers; [Suris, Lind, Kashner, & Borman, 2007](#)). Within this emerging area, “institutional betrayal” refers to an institution’s perpetration of mistreatment (e.g., a nursing home administration’s active approval of involuntary sterilization of intellectually disabled residents) or their failure (whether by commission or omission) to prevent or respond supportively following mistreatment within the institution (e.g., a sexual assault at a military base, a case of medical malpractice at a hospital, a college campus’ unlawful release of private medical records).

In one study of undergraduate women, [Smith and Freyd \(2013\)](#) found that nearly half of the women who had had at least one unwanted sexual experience while in college reported at least some degree of additional institutional betrayal by their university related to the assault (e.g., creating an environment where these experiences seemed more likely, making it difficult to report these experiences). Moreover, the women who reported experiencing institutional betrayal surrounding their unwanted sexual experience reported increased levels of anxiety, trauma-specific sexual symptoms, dissociation, and problematic sexual functioning, indicating that institutions have the power to cause additional harm to survivors of interpersonal trauma.

Some of Amanda’s experiences with the mental health system are examples of institutional betrayal trauma. Amanda was distressed, fragmented, desperate, and despairing when she went for help. She was engaging in self-harming behaviors that both provided her some relief and frightened her badly. She did not understand those behaviors, nor did she understand her refusal to eat or the voices she sometimes heard. Rather than helping her understand her reactions or validate her experiences, feelings, and coping strengths, Amanda was pathologized. Amanda’s voices and her self-harming behaviors (cutting and burning) were conceptualized as “symptoms” of her mental illness and she was put on behavioral programs and psychiatric drugs

to control them. She was then further humiliated when two therapists to whom she had become attached communicated that they could no longer see her. Without clear early memories the voices that Amanda sometimes heard and the pictures that she saw in her head made no sense. The mental health system failed to treat Amanda with respect and conveyed to her a perspective that undermined her basic dignity and well-being. Amanda was indeed lost and the world around her was without meaning.

PART III: MEANING, AUTHENTICITY, AND CONNECTION

There has been much research and interest in the concept of meaning in psychology, and specifically in finding meaning after traumatic experiences (for a review, see [Park, 2010](#)). In most of this research, the individual anxiety and fear dimension of trauma, rather than the social betrayal dimension, has been assumed to be central. Meaning has been defined as a “mental representation of possible relationships among things, events, and relationships. Thus, meaning *connects* things” ([Baumeister, 1991](#), p. 15). The “things” that get connected have most often been assumed to be global and situational appraisals, shattered assumptions ([Janoff-Bulman, 1992](#)), and discrepancies between the worldview before the trauma and after the trauma ([Park, 2010](#)). The meaning making model postulates that recovering from a stressful event involves reducing the discrepancy between its appraised meaning and global beliefs and goals ([Joseph & Linley, 2005](#)). Meaning making from this traditional perspective thus refers to the processes in which people engage to reduce this discrepancy. In other words, after a trauma that shatters our outer and inner worlds, we ask why and attempt to bring together our global and situational appraisals and restore our inner sense of mental meaning—thoughts and appraisals come together and an inner order is restored.

The betrayal aspect of trauma alerts us to a different domain of meaning. Betrayal trauma, and especially early developmental trauma, shatters not only our assumptions (since assumptions have not been made) but also our needed emotional bonds and we are thrown into inner chaos beyond conscious thought ([Stolorow, 2015](#)). [Stolorow \(2015\)](#) refers to this state as disorganized self-states that result from early emotional trauma:

...[E]motional trauma is an experience of unendurable emotional pain and, further, that the unbearable of emotional suffering cannot be explained solely, or even primarily, on the basis of the intensity of the painful feelings evoked by an injurious event. Painful emotional states become unbearable when they cannot find a context of emotional understanding—what I came to call a relational home—in

which they can be shared and held. Severe emotional pain that has to be experienced alone becomes lastingly traumatic and usually succumbs to some form of emotional numbing. In contrast, painful feelings that are held in a context of human understanding can gradually become more bearable.

p. 124–125.

The self-state referred to by Stolorow in this quote bears an uncanny resemblance to what Miller calls “Condemned isolation” (Miller, 1988), or the experience of isolation and aloneness that leaves one feeling shut out of the human community. One feels alone, immobilized regarding reconnection, and at fault for this state. There is no “relational home” (Stolorow, 2015) in which to process these fragments. In addition, there is a severe constriction of emotional experience in which parts of the child’s emotional world are sacrificed to keep the needed tie, another consequence of betrayal in early childhood.

This condemned isolation view, as with the quote by Stolorow, is very different from the emotional processing referred to in most current research about “meaning.” However, Rachman (1980) described *emotional processing*, referring to “a process whereby emotional disturbances are absorbed, and decline to the extent that other experiences and behaviour can proceed without disruption” (Rachman, 2001, p. 165). Whether it is this emotional processing or a combined emotion–cognitive processing (Hayes, Laurenceau, Feldman, Strauss, & Cardaciotto, 2007) that occurs, the meaning making that must follow after early betrayal goes far beyond this to the construction or reconstruction of self, a process that cannot be done without restoring social bonds (Stolorow, 2013).

Judith Herman (1992) puts it this way: “...under conditions of chronic childhood abuse, fragmentation becomes the central principle of personality organization. Fragmentation in consciousness prevents the ordinary integration of knowledge, memory, emotional states, and bodily experience. Fragmentation in the inner representations of the self prevents the integrations of identity. Fragmentation in the inner representations of others prevents the development of a reliable sense of independence within connection” (p. 107). In other words, those traumas that involve betrayal cut us off from connection with others and even a basic sense of “being” within ourselves.

Meaning for human beings, then, is not just about cognitive appraisal of “things” or the way the world works: it is also about the meaning of relationships in one’s life. At the end of one’s life it is very likely that the meaning of life will be understood as fundamentally about relationships. Meaning

comes from a sense of belonging—“To Belong is to Matter” (Lambert et al., 2013). Betrayal shatters not only our assumptions about the world and illusions of everyday life. But it also exposes us to a universe that is random and unpredictable and in which no safety or continuity of being can be assured. Trauma thereby exposes “the unbearable embeddedness of being” (Stolorow & Atwood, 1992, p. 22), and highlights the trauma survivor’s lack of belonging and embeddedness.

For those who have suffered betrayal, making meaning after trauma, then, is connection both within themselves and connection with the wider community from which they have been cut off. This connection is not from the cognitive or even emotional putting together of existing thoughts, emotions, and assumptions, but a coalescence of unheld affect and experience finding each other in a relational home. If authentic connection and the reparation of disconnections are the source of healing and growth, whereas chronic disconnections are the primary source of suffering, then every moment in therapy potentially becomes an important moment of connection and of emotional dwelling (Birrell, 2006; Miller & Stiver, 1994, 1997; Stolorow, 2015). Birrell (2011) has extended this to the idea of a relational ethic, arguing that there are three dimensions that must be addressed to come to a true relational ethic: power, compassion, and the ability to be with uncertainty in relational space. The ethics of relational engagement consists of full presence, not only to the other but also to the self and to the space between.

This can be related to the idea of authenticity in both existential thought and relational cultural theory (Donaghy, 2002; Miller et al., 1999). In relational cultural therapy, authenticity is defined as “a person’s ongoing ability to represent... [themselves] ...in relationships more fully” (Miller et al., 1999, p. 5). It also means being present with one’s whole being with the ability to listen not only to verbal and nonverbal communications, but also to the space between (Bergum & Dossetor, 2005; Winnicott, 1971). It is only in our own authenticity that we can allow the other to be truly authentic (Miller et al., 1999). In this process, the goal is connection, not repair; and meaning results from this connection. The connection itself is the healing agent, as those who have experienced betrayal trauma have suffered fundamental disconnection.

Ethical approaches to dealing with those who have suffered deep betrayals require an ethic of “meeting each other as ‘brothers and sisters in the same dark night’ (Vogel, 1994, p. 97),” deeply connected with one another in virtue of our common finitude. Thus, although the possibility of

emotional trauma is ever present, so too is the possibility of forming bonds of deep emotional attunement within which devastating emotional pain can be held, rendered more tolerable, and, hopefully, eventually integrated. Our existential kinship-in-the-same-darkness is the condition for the possibility both of the profound contextuality of emotional trauma and of the mutative power of human understanding (Stolorow, 2015, p. 136). These ways of being in an ethical relation with those most deeply betrayed can lead us to uncertainty in our epistemology, in our relationships, and in our concept of what it means to be a self. They lead us from the realm of justice and rights to that of love and compassion (Birrell, 2006).

Amanda's initial desperation and despair came from a lack of meaning and a lack of connection. Her behaviors and "symptoms" made no sense to her because they were removed from the context of her life. She was disconnected from herself and from others. Since the time of her mother's death it had not been safe to know the truth of her own life, so she had constructed a self that was acceptable to others, but lacked cohesiveness and meaning. Amanda was able to discover some of the truths of her life in a relationship that was real, authentic, and accepting. In this authentic connection, Amanda was able to remember the scene at the lake during a thunderstorm when her father had first molested her. She was able to recognize her internal voices as those of her stepmother who had shamed her for most of her childhood. She was able to make meaning of all the "symptoms" that had plagued her through the years as messages and reminders of wholeness. She was able to recover meaning that was initially lost by betrayal. Most of all, she was able to recover meaning in the wholeness and in being held in a relational home. The meaning that she found was not the putting together of cognitive constructs after terror, but from finding a place in a relational world after profound betrayal.

Perhaps meaning, as we are speaking about here, is better expressed in poetry rather than mental representation. Amanda wrote this poem at the end of her treatment.⁵

Coming Back

What is it to come back?
 Is it a return to a source deep and soulful
 Or a destination finally reached.
 Perhaps it is a clearing of the heart and mind
 Allowing the true self to emerge.

⁵ Amanda has given written permission to use this poem.

Is it a return to previously held convictions
 Or to discover our genuine beliefs.
 Perhaps it is a rebirth of Spirit opening itself within
 Our being now awash with the light of purpose.
 Coming back is to step forward from the depths of the cavernous past
 To explore and expose terrors pocketed away so long ago.
 Cleansing heart mind and soul as they are brought into light
 With the fierce and loving embrace of another soul.

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