REPAIRING BETRAYAL: A NEUROBIOLOGICAL AND ATTACHMENT-BASED APPROACH FOR COUPLES THERAPY

Stan Tatkin, Psy.D.
Assistant Clinical Professor
Department of Family Medicine
University of California at Los Angeles
David Geffen School of Medicine

In collaboration with the Mind Body Training Institute

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WEBINAR 1: UNDERSTANDING THE LANDSCAPE OF BETRAYAL TRAUMA

- Learning Objectives:

- Define betrayal trauma and its various forms
- Understand neurobiological and attachment-based underpinnings
- Recognize signs and symptoms in the discovery partner (DP) and secret-keeper (SK)

- Topics Covered:

- Introduction to betrayal trauma in couple therapy
- Types of betrayal (financial, emotional, gaslighting, etc.)
- The 'DICE' effect
- PTSD-like symptoms in the DP
- Attachment styles and betrayal patterns
- Neurobiological overview: amygdala, PFC, HPA axis, hippocampus

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INTRODUCTION TO BETRAYAL TRAUMA IN COUPLE THERAPY

A specific approach

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TYPES OF BETRAYAL (FINANCIAL, EMOTIONAL, GASLIGHTING, ETC.)

- Categories
  - Financial
  - Sexual
  - Emotional
  - Psychological

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TYPES OF BETRAYAL (FINANCIAL, EMOTIONAL, GASLIGHTING, ETC.)

- Lying
- Mismanagement of thirds
- "Cheating"
- Breaking agreements
- Withholding of information
- **Reveal or discovery of vital information that, if previously known, would have changed everything**
  - Leaving partner out of vital information

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FROM BAD TO WORSE

- Levels of Deception
  - Time between act and discovery
  - Person proactively tells partner

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FROM BAD TO WORSE

- Levels of Deception
  - Time between act and discovery
  - Person proactively tells partner
  - Discovery of betrayal by partner
    - Being told by someone
    - Emails, messages
    - Social media
  - Lying upon confrontation
  - Lying to partner's face ("I didn't do that!)

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FROM BAD TO WORSE

- Levels of Deception
  - Continuous lying in the face of evidence
  - Gaslighting ("I think there's something wrong with you.")
    - Attacking the discovery partner
    - Blaming someone else or something else
- After discovery, the SK continues to lie and/or withhold information
- The SK isn't contrite
- The SK maintains the behavior discovered

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FROM BAD TO WORSE

- The SK remains in a position of power
  - The DP does not claim their true leverage and strips the SK of leverage and power by "throwing down"
    - DP withdraws and declares the relationship over with the provision the SK would have to meet the DP's terms and conditions *and* remains in the withdrawn condition until and unless the SK proves themselves to be safe enough to *consider* relationship continuance
    - In this way, the DP's steady adherence to this position is critical to successful treatment and recover
    - The DP is unwilling to play this role, and the system goes upside down with the SK having more power than before

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THE 'DICE' EFFECT

- DICE – **D**iscovery of **I**nformation that **C**hanges **E**verything
  - The real violation is the lack of free flow of information
  - It can be any vital information the person *had a right to know* but was deprived of their ability to have made choices
  - This could be:
    - Hidden accounts
    - A secret family or life
    - Real information about the identity of partner that was withheld or a lie

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THE 'DICE' EFFECT

- DICE – **D**iscovery of **I**nformation that **C**hanges **E**verything
  - Usually begins as deception through omission
  - Then later, deception through commission of a lie
  - It's a major violation of trust, safety, security, partner rights to know
  - It is, at least in the beginning, a matter of justice and fairness over psychological meaning
    - It's the *what* not the *why*

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PTSD-LIKE SYMPTOMS IN THE DP

- Mood instability
- Preoccupation
- Flash backs
- Obsession/perseveration
- Paranoia
- Continuous impulse to ask questions and investigate by looking through emails, texts, pictures, credit card statements, collecting facts, even contacting SP friends, family, and, if an affair, the other person(s) involved

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PTSD-LIKE SYMPTOMS IN THE DP

- In ideal circumstances (rare), the DP is likely to remain inflamed for up to a year
- The SK is central to this timeline as they must accept their role (temporary) as both hero and villain
- The SK must be proactive in sharing information
- The SK must not act defensively when being asked questions by the DP
- The SK must not make it about themselves, how they feel, or otherwise feel sorry for themselves (in front of the DP)
- The SK must be prepared and willing to be asked all questions at any time of the day or night

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PTSD-LIKE SYMPTOMS IN THE DP

- The SK must never roll their eyes, express anger, resentment, or frustration when the DP asks questions, even if repeated, or when they require comfort, caring, compassion, and understanding without interjecting their own experience
- The SK must NEVER make moral equivalencies (i.e., "You wouldn't have sex with me") or in any way blame the DP or complain about them until the first phase of recovery passes
- The SK must accept the fact that there is and should be no statute of limitations on apologies for harm experienced by their partner
  - True for both partners except in the first phase of recovery

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PTSD-LIKE SYMPTOMS IN THE DP

- The SK must accept the fact that the DP's symptoms and behavior is normal and not pathology
  - All people with a similar experience will do the same
- The SK must never make promises like, "I'll never do that again."
- The SK must understand that to many "I don't know" in response to inquiries is more dangerous to the DP than thinking, using insight, or otherwise answering as if they're not interested in discovering the truth with the DP
- The SK must take seriously that the dribbling of revealing information is self-harming
- The SK can ONLY buy back in by demonstrating over time they care more about learning and understanding themselves than about forgiveness

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PTSD-LIKE SYMPTOMS IN THE DP

- The SK must accept that the only reward for all of this is the eventual claim to have become a better person — wiser, more mature, more compassionate and empathic, and ready to share what happened with others without incriminating their partner

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ATTACHMENT STYLES AND BETRAYAL PATTERNS

- Attachment organization covers two distinct classifications: secure or insecure
- Insecure attachment is further divided into two other classifications: anxious avoidant (aka dismissive, derogative of attachment values and "island") and anxious ambivalent (aka angry-resistant, preoccupied, and "wave")
- Across many developmental models, these insecure traits can simply be divided into *distancing* and *clinging* groups
- This is clinically useful when overlaying personality theory
- Both sides of the insecure spectrum are overly pro-self over pro-relationship, operating as a one-person psychological system that is consistent with one or more early caregivers

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ATTACHMENT STYLES AND BETRAYAL PATTERNS

- People from the distancing group, due to their early adaption to the social-emotional and attachment caregiver environment are generally predicted to:
  - Be distancing, dismissive, fearful of engulfment, being trapped, and losing their independence and autonomy
  - Due to neglect, they are early adopters of consistent autoregulation strategies, internal vs external engagement with others, conflict avoidance, passive-aggressiveness, shame, sensitivity to intrusion, interference, invasiveness, attack, exposure, and criticism, polymorphous sexuality, secrecy, low facial and vocal signaling, low facial expressiveness, cautious self-disclosure, and compartmentalization
  - They can be prone to lose libido and feelings of attraction to their partner post commitment or marriage

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ATTACHMENT STYLES AND BETRAYAL PATTERNS

- People from the distancing group, due to their early adaption to the social-emotional and attachment caregiver environment are generally predicted to:
  - Be less related than secures or folks from the clinging group
  - Be prone to seek freedom, a feeling of being themselves, by operating *outside* the orbit of the primary attachment relationship due to the threat of feeling engulfed through lack of self-activation of healthy self entitlements
  - Be compliant in order to escape conflict and then fly under the radar
  - Have affairs to feel important, attractive, powerful, and to feel admired

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ATTACHMENT STYLES AND BETRAYAL PATTERNS

- People from the clinging group, due to their early adaption to the social-emotional and attachment caregiver environment are generally predicted to:
  - Be more related and socially-emotionally engaged with others
  - Be prone to seek connection, interaction, a feeling of being loved and wanted, but because of early inconsistent attachment experiences with their primary caregiver, their need to feel loved, attractive, special, and wanted, and their fear of rejection, withdrawal, abandonment, and punishment, require continuous reassurance as they are prone to test their partner's commitment to them
  - Be prone to be viewed as the identified patient due to their negativism, sometimes over-expressive behavior that can present as whiny, chronically dissatisfied, punitive, obsessive, compulsive, victimized and "needy"
  - Be extraordinarily sensitive to lack of engagement, signaling, signs of withdrawal
  - Have affairs to feel wanted, loved, appreciated, and to punish their partner

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VIDEO



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NEUROBIOLOGICAL OVERVIEW: AMYGDALA, PFC, HPA AXIS, HIPPOCAMPUS

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Neurobiology of Betrayal Trauma

Amygdala
Detects threat and triggers alarm
→ Hypervigilance, fear, emotional reactivity

HPA Axis
Activates stress hormone release (cortisol)
→ Chronic stress, anxiety, insomnia

Hippocampus
Handles memory context and sequencing
→ Intrusive thoughts, obsessive recall

Anterior Cingulate Cortex
Processes social pain and distress
→ Grief, emotional conflict

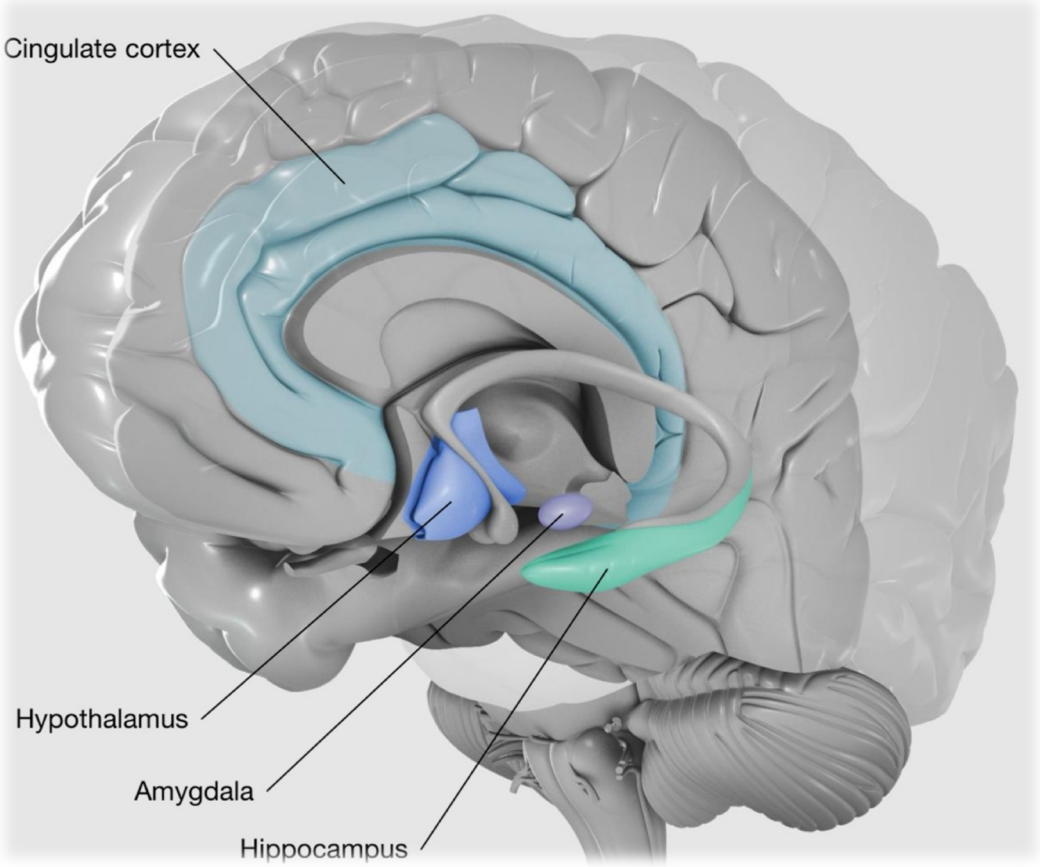
Insula
Registers internal bodily states
→ Gut-wrenching feelings, shame

Prefrontal Cortex
Supports decision-making and regulation
→ Impaired judgment, poor impulse control

Ventral Striatum & Oxytocin
Reinforces bonding and trust
→ Withdrawal, longing, craving partner

Default Mode Network
Creates self-narrative and identity
→ Disorientation, identity collapse

NEUROBIOLOGICAL OVERVIEW: AMYGDALA, PFC, HPA AXIS, HIPPOCAMPUS



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Q&A

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stan.tatkin@gmail.com

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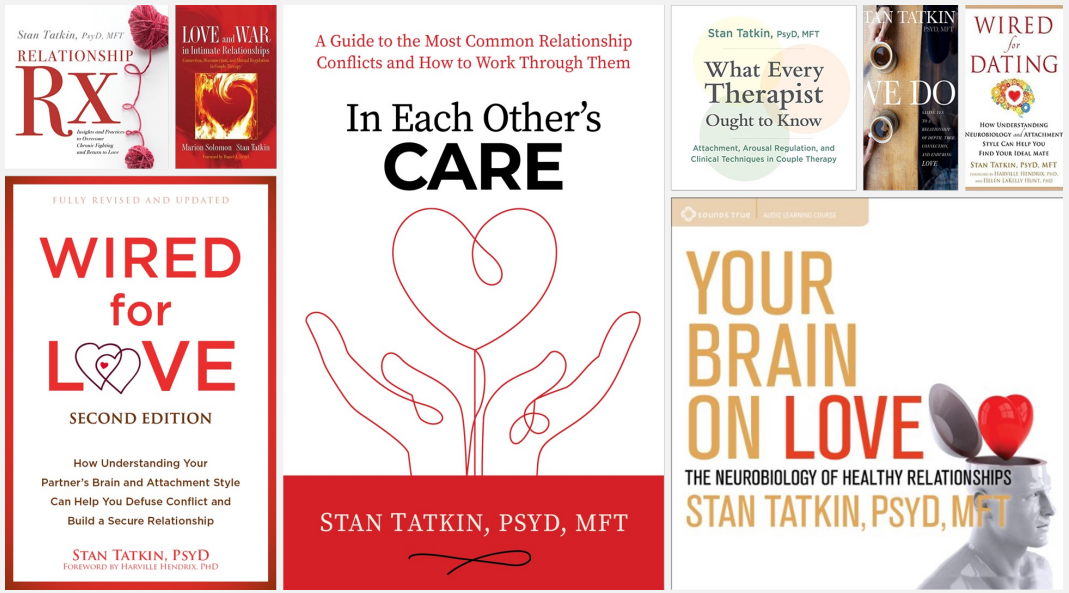
stan@thepactinstitute.com

Instagram: @drstantatkin

Facebook: @drstantatkin

Twitter (X): @drstantatkin

LinkedIn: @drstantatkin



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