

How to Unravel the Shame in Relationships, Part 2:

How Shame in a Relationship Can Trigger PTSD

Dr. Buczynski: What happens when one person in the relationship has an adverse reaction to their partner's shame?

Dr. Stan Tatkin once worked with a couple who was dealing with an immense amount of shame.

But there was an extra layer to their problem.

“I had a couple come in and he had just gone through a disclosure issue.”

Here, Stan shares what happens when one person's shame creates two painful paths of suffering.

Dr. Tatkin: I had a couple come in and he had just gone through a disclosure issue – that's a term used by people working in the sexual addiction field. He came clean, and he had to do that in the presence of a counselor and his wife.

Now, typically, when people come out of these disclosures, they look battle-weary; they look like they've just gone through hell, and they have.

So, on this particular day when this gentleman came in, he was in a deep, deep state of shame.

This is difficult to manage because there is an actual harmed person here – it's harder to employ a partner's empathy and sympathy when their partner is beginning to go into this collapsed dorsal motor vagal state.

“He was in a deep, deep state of shame.”

Nonetheless, if it is real and not feigned – not used as a defense against standing up to his or her partner's anger about betrayal, then it's fair to employ the partner as a stopgap measure to bring the person back.

If people drop too low, they are actually not able to think. They become so energy-conserved that their thinking is impaired, and their appraisal system is all off, and in order to continue therapy, that has to be taken care of.

“As the therapist in this case, I had to get his blood pressure back up and get him in his body and then have him make eye contact with me.”

As the therapist in this case, I did have this patient get into their body for a moment because I started to notice that he was dissociating and he was beginning to show all the signs of energy conservation withdrawal.

I had to get his blood pressure back up. One of the ways to do that is to ask him to feel his feet on the ground, to feel his butt in the chair, and to feel the air temperature on his skin – basically, to feel his body – to get him in his body and then to have him make eye contact with me.

It's important when someone is in this state that the face that they're looking at as they come out of this is friendly.

By looking at me, I was able to check his sensorium – making sure that he was coming back and more present.

Eye contact is stimulating and has the effect of moving a person up and out of a deeply hypoaroused state. Now, he was focusing on me and I was able to see him and then track him as he was moving back up.

Once he was there, which only takes a minute – not very long at all – then we could talk about the shame state itself – what drove him there and what was happening – to get him back into the session with his wife.

Now, if this were not a case betrayal, I would have employed his wife to work with him, as a way to see how good she was at working with his shamed state.

Since they are in each other's care, it's important that I have the non-shamed partner work with the state because they have to do this in real life – I don't want to take over that role.

In that case I might say to the partner, “Do you see what's happening, or what do you imagine is happening?”

“A well-placed touch by a partner, or eye contact is considered a reparative experience with the partner.”

I would do this to make sure that he or she understands and is clear about the reaction that I'm seeing – in other words that it is safe to help their partner.

Then, I ask them to do something to help – to not necessarily soothe, but do something to help. Usually, that is a well-placed touch by a partner, or I may have them make eye contact – that brings the person back.

This is considered a reparative experience with the partner, and again, with couple therapy, I want that to happen between them, not so much with me, unless the issue is with me, and in that case I have to do it.

Dr. Buczynski: This was between you and the patient, the shamed person. Did you then, after that, bring the spouse into it?

Dr. Tatkin: Absolutely. As soon as I can see that the patient is out of the shamed state, which is basically a vasovagal state where someone is getting ready to faint, and they're getting their sensorium back and into their body – their blood pressure is back up to a reasonable rate and they can think again – then I move them right back into the couple situation.

We go back to working with that system – getting the other person involved, getting them interacting, and then talking about their shame.

Dr. Buczynski: It seems like you now have one person feeling shame and probably the other person feeling angry at the betrayal.

Dr. Tatkin: Yes, it's tricky when working with betrayal. You have two people that are suffering for two different reasons. They both want to get out of the room – both wanting, and yet not wanting to get out of the relationship – breaking up is hard to do and relationships are very sticky.

“You have two people that are suffering for two different reasons. Both wanting, and yet not wanting to get out of the relationship.”

So, the therapist has to manage and regulate both people and understand that they have different needs in the beginning of therapy, especially where there is betrayal.

Having said that, when there is a betrayal of the kind I just mentioned, the betrayed partner should have symptoms of PTSD. They should show symptoms of intrusive thoughts, mood instability, nightmares, rage, perseveration, or obsession.

With a new piece of information that changes everything, that's what happens. It changes who we are – who I am and who you are... and where were you that New Year's Eve?

“The brain is seized and forced to review one's life from 360 degrees.”

Eventually, the brain is seized and forced to review one's life from 360 degrees and tries to fit that new information in and recalibrate everything, from now to before and after. In other words, that person is messed up for a good year.

We're also dealing with the dorsal motor vagal state in the betrayed person as well.

Sometimes they're very, very angry; other times they're collapsed or humiliated or just thrown off – everything that was right-side-up is upside down and topsy-turvy. They're both really not in good shape.

If the system is organized properly, then the betrayer knows what they've done and understands that if they want back into the relationship, they're going to have to do a whole lot of work.

Now, if the betrayer doesn't really care, then there won't be any shame reaction at all and there'll be no therapy.

In order to work with this situation, both people have to be in a lot of pain, and we can move them through that pain with therapy.

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Dr. Buczynski: As we heard, often times a betrayed partner can suffer symptoms of PTSD.

For some further thoughts on these ideas, here's Dr. Kelly McGonigal.

Dr. McGonigal: So, this was a study that was done at the Sapienza University in Rome – it was a self-compassion induction.¹

And in this study, people were asked to think about a phrase they would use to soothe and encourage a very good friend who maybe was feeling the opposite of self-compassion – like shame.

So, they came up with their phrases, and some of them were assigned, like in a traditional meditation, to “Say the phrases to yourself and try to be the recipient of these phrases.”

Others were encouraged to look at themselves in the mirror and do nothing – sort of a control condition. And then the final group, sort of the “magic condition,” is they were asked to look at themselves in the mirror, make eye contact with themselves in the mirror and then say the phrases of encouragement and compassion to themselves while maintaining eye contact with themselves in the mirror.

Since I'm sharing this study with you, you can probably guess that that was a very powerful intervention.

And they looked at a couple of different outcomes. One was soothing positive affect – so that would be measured with things like, “Do you feel safe? Do you feel secure? Do you feel content? Do you feel at ease?”

And so that was most strongly increased when people were making eye contact with themselves and offering these phrases of compassion to themselves:

“I was particularly captured by the idea of eye contact as a way to regulate shame.”

They also had a greater increase in heart-rate variability. Heart-rate variability is one of those physiological signatures that so many of the people we’ve heard from on the topic of shame are interested in.

You can think of higher heart-rate variability as being the opposite of shame; it’s a great sign of physiological resilience and autonomic nervous system balance, and it’s often associated with emotions like gratitude and hope and compassion.

Dr. Buczynski: In the next module, we’ll look at one method for dissolving a person’s shame messaging.

I’ll see you then.

1. Petrocchi, N., Ottaviani, C., & Couyoumdjian, A. (2016). Compassion at the mirror: Exposure to a mirror increases the efficacy of a self-compassion manipulation in enhancing soothing positive affect and heart rate variability. *The Journal of Positive Psychology*, 12(6), 525–536. <https://doi.org/10.1080/17439760.2016.1209544>