

## BRIEF REPORT

# The Impact of Dissociation, Shame, and Guilt on Interpersonal Relationships in Chronically Traumatized Individuals: A Pilot Study\*

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*The aim of this study was to systematically examine the impact of shame, guilt, and dissociation on interpersonal relationships. Study 1 assessed 81 participants attending a trauma-related treatment service with the Structured Interview for Disorders of Extreme Stress and the Community and Interpersonal Connectedness Scale. Study 2 assessed 21 traumatized participants from the same service with the above measures, as well as the Dissociative Experiences Scale. Lifetime shame and current dissociation made significant contributions to relationship disconnectedness, with dissociation having the most significant impact in all analyses. Both dissociation and shame appear to have a severing effect on interpersonal relationships.*

Traumatic stress often precedes marked alterations in interpersonal relationships (e.g., McFarlane & Bookless, 2001). This study explored the relative contributions of the complex processes of shame, guilt, and dissociation to relationship difficulties. Shame and guilt in individuals with posttraumatic disorders (e.g., posttraumatic stress disorder [PTSD], dissociative disorders, trauma-related borderline personality disorder) have often been ignored by researchers and clinicians (Blum, 2008). In short, shame and guilt differ in that shame is generally more pervasive and severe, and relates to a harsh, negative internal judgment of the self, while harsh, negative internal judgments of an action (mental or behavioral) characterize guilt (Tangney, Miller, Flicker, & Barlow, 1996). Both affects occur in social contexts (though can occur when alone) and both have considerable impacts on interpersonal relationships (Tangney et al., 1996; Wilson, Droždek, & Turkovic, 2006). In the strictest sense, guilt leads to reparative actions and efforts to repair relationship breaches. Shame typically evokes social withdrawal and avoidance (See Nathanson, 1992, for other associated

behavioral scripts), and severs interpersonal connections (Blum, 2008; Kluft, 2007).

Dissociation is also argued to have a profound effect on interpersonal relationships. The understanding of dissociation is expanding beyond the intrapsychic (e.g., defenses against psychological pain) and into the interpersonal. Dutra, Bianchi, Siegel, and Lyons-Ruth (2009) note the importance of maternal interactions and dialogues in the development of dissociation symptoms. Depersonalization, amnesia, and identity disturbance and alterations may be a means of regulating interpersonal interactions (Lyons-Ruth, 2008). When interpersonal contact becomes overstimulating or overwhelming, or threat perception (real or imagined) increases, dissociation can become a mechanism for severing the communication and connection (Lyons-Ruth, 2008). The individual in experiencing certain dissociative episodes (e.g., switching, ego-observing depersonalization, intrusions) and associated phenomena (e.g., trance states, intense self-focused absorption) is no longer psychologically connected to the person with whom he or she was relating. Such experiences may heighten fear and avoidance of interpersonal relationships.

This study seeks to systematically assess the contribution shame, guilt, and dissociation make to interpersonal relationship difficulties. Study 1 initially examined the relationship between these variables using subscales from the Structured Interview for Disorders of Extreme Stress (Pelcovitz et al., 1997). Then, an independent measure of relationship difficulties was used to further examine the contribution of shame, guilt, and dissociation. Finally, a second study used independent measures of interpersonal relationship difficulties and dissociation to assess if the pattern of findings was consistent across assessment tools. Given the social withdrawal and avoidance associated with shame, and the relational severing

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of dissociation, it was hypothesized that shame and dissociation would be associated with interpersonal relationship disconnectedness. The reparative drive associated with guilt suggests it would not be associated with relationship dysfunction.

## METHOD

### Participants

Participants in Study 1 had taken part in a larger study examining the traumatic and psychological correlates of complex trauma (Dorahy et al., 2009). Clinical staff invited all individuals on their caseload to participate; 12 declined. Participants were 60 men and 21 women ( $N = 81$ ) with a mean age of 40.5 years ( $SD = 11.0$ , range = 19–73) and were in treatment for trauma-related disorders. Seventy-six participants (95%) were positive for chronic PTSD as assessed by their treating clinician and independently confirmed with the Posttraumatic Stress Diagnostic Scale (PDS; Foa, 1995). Structured Interview for Disorders of Extreme Stress assessment showed that 75% of participants were positive for lifetime complex PTSD and 20% for current complex PTSD. All participants had experienced at least one adult trauma related to the political conflict in Northern Ireland, and 95% ( $n = 77$ ) reported a history of child abuse and/or neglect.

Participants in Study 2 were 16 men and 5 women ( $N = 21$ ) collected specifically for this study from the same trauma treatment service as those in Study 1. Three declined participation. This sample had a mean age of 40.6 years ( $SD = 10.1$ , range = 24–60). All were positive for chronic PTSD via clinician and independent PDS assessment. As with Study 1, all had been exposed to conflict-related trauma that brought them to treatment and from clinical reports, the vast majority had also experienced child abuse and/or neglect.

### Measures

As part of a larger study, participants in Study 1 were assessed by a clinician in an individual assessment session who administered the Structured Interview for Disorders of Extreme Stress (Pelcovitz et al., 1997) and the Community and Interpersonal Connectedness Scale, which was developed specifically for the study. Participants in Study 2 were assessed by a clinician who administered the Structured Interview for Disorders of Extreme Stress and the Community and Interpersonal Connectedness Scale, and the Dissociative Experiences Scale (DES; Carlson & Putnam, 1993) by a clinician.

The Structured Interview for Disorders of Extreme Stress is a 45-item assessment of complex PTSD/disorders of extreme stress that breaks down to six subscales. Each question involves participants responding to whether they have experienced the symptom in their lifetime. An affirmative response is then followed up with

the severity of experience in the past month. Of current interest are those items that measure dissociation, alterations in relationships with others, and alterations in self-perception. This latter subscale includes one item each for assessing shame and guilt (see Pelcovitz et al. (1997) for a full review).

The Community and Interpersonal Connectedness Scale contains five Likert scale self-report items that assess emotional connectedness to family, friends, and community, and breaks down to two subscales (scores are the mean of respective items): community disconnectedness (two items) and interpersonal disconnectedness (three items). The latter subscale is of interest to the current study and produced a Cronbach's alpha of .68 (see Dorahy et al., 2009, for a fuller review). Construct validity of this scale was supported by a significant correlation between the Structured Interview for Disorders of Extreme Stress' alterations in relationships subscale and the Community and Interpersonal Connectedness Scale's interpersonal disconnectedness subscale ( $r = .46$ ,  $p < .001$ ).

The DES is a 28-item self-report measure of dissociation. It has shown good psychometric properties (e.g., Van IJzendoorn & Schuengel, 1996). Eight items, known as the DES-Taxon (DES-T; Waller, Putnam & Carlson, 1996) are thought to assess severe dissociative symptoms and their mean scores were used in the current analysis. Cronbach's alpha for the simple sum of these items in the current study was .83.

## RESULTS

To initially assess the contribution of shame, guilt, and dissociation on relationship functioning using the Structured Interview for Disorders of Extreme Stress, severity of alterations in relationships was utilized as the dependent variable ( $N = 80$ ). Lifetime presence of clinically significant shame, guilt, and dissociation were entered into the first block; the second block contained current severities of shame, guilt, and dissociation. The first block made a significant contribution to relationship dysfunction, adjusted  $R^2 = .22$ ,  $F(2, 77) = 8.62$ ,  $p < .001$ . Lifetime shame was the only significant predictor ( $\beta = .37$ ,  $t = 3.45$ ,  $p < .01$ ). The addition of the current severity variables (second block) explained a further significant 21% of the variance,  $F$  change (3, 74) = 9.83,  $p < .001$ , producing an overall significant contribution, adjusted  $R^2 = .43$ ,  $F(5, 74) = 11.21$ ,  $p < .001$ . However, lifetime shame dropped from significance and current severity of dissociative symptoms was the only significant predictor ( $\beta = .54$ ,  $t = 5.35$ ,  $p < .001$ ). A correlation analysis was used to determine if clinical observations of an association between pathological dissociation and lifetime shame was evident in this sample. A small, significant correlation was found ( $r = .32$ ,  $p < .01$ ).

To determine the reliability of these results, the independent variables (block 1: lifetime dissociation, shame and guilt; block 2: current severity of dissociation, shame and guilt) were regressed on the Community and Interpersonal Connectedness Scale's interpersonal disconnectedness subscale ( $N = 76$ ). Again the first

block made a significant contribution, adjusted  $R^2 = .10$ ,  $F(3, 72) = 3.65$ ,  $p < .05$ , with only lifetime shame a significant predictor ( $\beta = .28$ ,  $t = 2.42$ ,  $p < .05$ ). Similarly, the addition of the second block produced an overall significant effect, adjusted  $R^2 = .25$ ,  $F(6, 69) = 5.06$ ,  $p < .001$ , explaining a further 15% of the variance,  $F$  change (3, 69) = 6.19,  $p < .01$ . Again, current severity of dissociation was the only significant predictor ( $\beta = .40$ ,  $t = 3.40$ ,  $p < .01$ ).

To finally assess the consistency of the current findings, Study 2 used a stepwise regression on the Community and Interpersonal Connectedness Scale's interpersonal disconnectedness scores, with DES-T, lifetime shame and lifetime guilt as predictors. Both the DES-T and lifetime shame were significant predictors of interpersonal relationship dysfunction. The DES-T made a significant contribution in the first step, adjusted  $R^2 = .19$ ,  $F(1, 19) = 5.64$ ,  $p < .05$ , and continued to be significant in the second step, with the addition of lifetime shame explaining a further 13% of the variance in interpersonal disconnectedness, overall adjusted  $R^2 = .31$ ,  $F(2, 18) = 5.57$ ,  $p < .05$ . There was no evidence of an association between pathological dissociation and lifetime shame in this study ( $r = .13$ ).

## DISCUSSION

Shame and dissociation, but not guilt, were hypothesized to be related to interpersonal relationship difficulties. This hypothesis was confirmed with some qualification. Lifetime shame rather than current shame predicted relationship difficulties, but this association disappeared with the inclusion of dissociative symptom severity (Study 1). Using independent measures of dissociation, relational disconnectedness and shame, Study 2 demonstrated that pathological dissociative symptoms made the greatest contribution to interpersonal disconnectedness, followed by lifetime shame. One of the behavioral markers of shame is avoidance (Nathanson, 1992), and Kluft (2007) notes the severing impact it has on interpersonal relationships. Thus, the association between feelings of shame across the lifespan and relationship disconnectedness is consistent with theoretical formulations.

All three analyses found that dissociation was a better predictor of interpersonal disconnectedness than shame. Dissociation has been proposed as a mechanism of psychological avoidance (Foa & Hearst-Ikeda, 1996) and this avoidance may expand to the interpersonal realm, such that dissociation creates interpersonal distance and disconnectedness. Dissociation has been conceived of as a means of severing interpersonal communication during an exchange (Lyons-Ruth, 2008). The current results suggest dissociation, especially when experienced at pathological levels, may be associated with a broader severing of interpersonal relations. The fact that the contribution of lifetime shame to relationship disconnectedness was subsumed with the introduction of dissoci-

ation suggests the possibility that both share a common link with relational isolation. Active avoidance may be one such link (e.g., "phobia of attachment"; Van der Hart, Nijenhuis, & Steele, 2006). Regardless of whether dissociation is a form of avoidance or simply associated with avoidance, the link between dissociation and interpersonal disconnectedness requires further elucidation.

There was a small relationship found between lifetime shame and dissociation severity in Study 1, but Study 2, with a more sensitive measure of dissociation, produced no evidence of a relationship between lifetime shame and pathological dissociation. Links between dissociation and shame have been found in other traumatized samples (e.g., Talbot, Talbot, & Tu, 2004). The current study used a single item from the Structured Interview for Disorders of Extreme Stress to measure lifetime shame. A more sensitive assessment of shame is required to further address the association between dissociation and shame.

Future work should examine the nature of the link between these two constructs and interpersonal relationship disconnectedness. The perceived uncontrollability of dissociative experiences and the impact they have on identity, memory, affect, and time/continuity may give rise to deep feelings of shame and/or avoidance that erodes interpersonal relationships. The opposite may also be true: deep feelings of shame may be defended against with dissociation by those prone to such experiences. Finally, shame and dissociation may make an independent contribution to interpersonal isolation and relationship disconnectedness. The current study was more consistent with the latter hypothesis, as the association between shame and dissociation was low (Study 1) or not significant (Study 2). Yet both made a contribution to relationship disconnectedness (Study 2), thus more in depth work is needed to follow-up these pilot findings. The association between these variables and the nature of traumatic stress exposure is another important avenue for future work.

The current study was limited by single-item measures of shame and guilt, and a small sample size in Study 2. Results show that dissociation was significantly related to interpersonal disconnectedness (Study 1 and 2) and lifetime shame seemed to make an independent contribution (Study 2).

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