Somatic Consequences of Past Romantic Betrayal: Exploring the Emotional and Physiological Impact of Relational Trauma

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Abstract- Romantic betrayal represents a profound form of interpersonal trauma with extensive emotional, cognitive, and somatic consequences. Emerging research suggests that betrayal trauma activates the autonomic nervous system, leading to chronic elevations of cortisol and catecholamines, which may contribute to immune dysregulation, cardiovascular strain, and disorders such as broken heart syndrome. Beyond these physiological sequelae, betrayal trauma has been linked to persistent psychological distress, including symptoms of depression, anxiety, intrusive thoughts, and difficulties in emotion regulation. Recent studies also reveal paradoxical patterns in partner preferences among betrayal survivors, such as reduced desirability for loyalty and sincerity and increased tolerance for verbally aggressive traits, reflecting disrupted relational schemas. Furthermore, betrayal trauma can negatively influence key relational processes—including intimacy, trust, and communication—thereby increasing vulnerability to revictimization and relational conflict. Collectively, these findings highlight the pervasive and enduring impact of betrayal trauma, underscoring the need for trauma-informed clinical interventions that address both the physiological imprint and relational disruptions stemming from romantic betrayal.

Keywords: Betrayal Trauma; Romantic Relationships; Somatic Consequences; Partner Preferences; Broken Heart Syndrome; Emotion Regulation; Relational Functioning.

INTRODUCTION

Romantic betrayal, often perceived primarily as an emotional wound, can have far-reaching effects that extend beyond psychological distress to impact physical health. Empirical research suggests that the end of a significant romantic relationship—particularly when characterized by betrayal—can activate stress-related physiological pathways, contributing to a range of somatic symptoms (Kiecolt-Glaser & Wilson, 2017). Chronic activation of the hypothalamic-pituitary-adrenal (HPA) axis in response to relational trauma may increase vulnerability to conditions such as sleep disturbances, gastrointestinal issues, cardiovascular problems, and chronic pain (Robles & Kiecolt-Glaser, 2003; Pietromonaco & Collins, 2017). Additionally, unresolved emotional pain linked to betrayal can perpetuate bodily suffering, highlighting the inseparability of emotional and somatic experiences (Van der Kolk, 2014). This chapter explores the complex interplay between past romantic betrayal and its somatic consequences, aiming to deepen understanding of how relational trauma leaves an enduring imprint not only on the mind but also on the body.

Past romantic betrayal often acts as a potent interpersonal stressor capable of initiating and sustaining physiological dysregulation long after the relationship has ended. For instance, research demonstrates that individuals who have experienced relational trauma exhibit heightened inflammatory responses and elevated cortisol levels, markers closely associated with poorer long-term health outcomes (Slavich & Irwin, 2014). These somatic reactions are not merely transient; they reflect an embodied memory of betrayal that may perpetuate conditions such as hypertension, gastrointestinal disorders, and chronic fatigue (Segerstrom & Miller, 2004). Furthermore, attachment theory suggests that the rupture of trust in intimate relationships disrupts core beliefs about safety and connection, thereby intensifying both emotional pain and bodily stress responses (Mikulincer & Shaver, 2016). Recognizing these intertwined emotional and physiological processes underscores the necessity of holistic approaches to healing that address both the psychological wounds and the somatic imprints left by betrayal.

From a clinical perspective, the constellation of somatic and emotional symptoms following romantic betrayal can be conceptualized as a form of stressor-related adjustment disorder (American Psychiatric Association, 2013). Despite the apparent

severity of these reactions, qualitative research examining how betrayed individuals themselves understand and articulate this experience remains limited. In a notable study, Lonergan, Brunet, Rivest-Beauregard, and Groleau (2021) conducted face-to-face semi-structured interviews with thirteen participants who had completed a clinical trial for a novel treatment targeting adjustment disorder stemming from romantic betrayal. Using thematic content analysis, the researchers found that although participants universally described betrayal as shocking, destabilizing, and even used trauma-related language ("feeling traumatized") as a metaphor for their distress, few initially conceptualized their reaction within a formal traumatic stress framework. Instead, participants often struggled to make sense of the intensity and persistence of their emotional and physiological symptoms. Interestingly, exposure to external frameworks—such as books, clinical interviews, and psychoeducational materials that explicitly linked betrayal to trauma and PTSD—provided participants with a greater sense of clarity and validation regarding their experience (Lonergan et al., 2021). This finding highlights the potential value of trauma-informed approaches in clinical practice, as well as the importance of integrating somatic, emotional, and cognitive perspectives when supporting individuals coping with the aftermath of past romantic betrayal.

Beyond the qualitative findings of Lonergan et al. (2021), a growing body of empirical research underscores the profound physiological and psychological consequences of romantic betrayal. For instance, betrayal has been linked to heightened activation of the hypothalamic-pituitary-adrenal (HPA) axis, resulting in increased cortisol secretion and inflammatory responses that can negatively affect cardiovascular and immune functioning (Kiecolt-Glaser & Wilson, 2017; Slavich & Irwin, 2014). Pietromonaco and Collins (2017) highlight that relational stressors, including infidelity and partner rejection, predict greater somatic complaints and poorer overall health outcomes, mediated in part by emotional distress and chronic stress processes. Additionally, McCormick et al. (2017) found that individuals experiencing partner betrayal reported more severe symptoms of insomnia, gastrointestinal issues, and headaches, illustrating the embodied nature of relational trauma. Attachment theory further supports these findings, suggesting that violations of trust in close relationships disrupt internal working models of safety and connection, which can manifest in heightened physiological arousal and prolonged emotional distress (Mikulincer & Shaver, 2016). Collectively, these studies reveal that betrayal is not merely an emotional wound but an interpersonal trauma capable of leaving lasting somatic imprints, emphasizing the importance of integrative clinical approaches that address both emotional and bodily dimensions of healing.

Individual differences in relational style also appear to play a significant role in shaping the psychological and somatic aftermath of romantic betrayal. Couch, Baughman, and Derow (2017) examined how various approaches to love were associated with post-betrayal psychological experiences and found that the mania (obsessive) love style uniquely predicted more severe trauma reactions, elevated depressive symptoms, and higher levels of psychosomatic complaints following betrayal. These findings suggest that individuals characterized by an anxious, possessive, or obsessive orientation toward romantic partners may be particularly vulnerable to profound emotional and physiological disruption when trust is violated. Moreover, the study reported weaker associations between the mania love style and heightened anxiety, feelings of embarrassment, and a persistent lack of psychological resolution over time among those no longer in contact with their betrayers (Couch et al., 2017). In contrast, other love styles—including those marked by playful, altruistic, or pragmatic attitudes—showed no significant links to post-betrayal reactions. These results underscore the importance of considering relational schemas and attachment-related dispositions in understanding why certain individuals experience more intense and enduring somatic and psychological consequences after betrayal, aligning with broader evidence highlighting the interplay of personality, relational patterns, and trauma responses (Mikulincer & Shaver, 2016; Pietromonaco & Collins, 2017).

Beyond the findings of Couch, Baughman, and Derow (2017) regarding the mania love style and its association with heightened post-betrayal trauma reactions, depression, and psychosomatic symptoms, other studies have similarly emphasized the moderating role of individual relational dispositions in shaping betrayal's aftermath. For example, Davis et al. (2003) demonstrated that individuals with anxious attachment orientations reported more intense emotional distress and intrusive thoughts

following infidelity compared to securely attached individuals. This vulnerability may stem from heightened hypervigilance to relationship threats and difficulties in emotion regulation (Mikulincer & Shaver, 2016). Further, research by Gordon, Baucom, and Snyder (2004) found that betrayed partners who exhibited greater rumination were more likely to experience prolonged symptoms of anxiety, depression, and somatic complaints, highlighting the cognitive mechanisms that can exacerbate the physiological impact of betrayal. Similarly, Birnbaum et al. (2011) observed that obsessive relational ideation predicted stronger psychophysiological reactivity and emotional distress when confronted with partner betrayal scenarios, suggesting that cognitive-emotional investment in the relationship intensifies the body's stress response. Together, these studies converge on the notion that individual differences in love style, attachment security, and cognitive processing critically shape both psychological and somatic consequences of betrayal, reinforcing the need for trauma-informed interventions that account for these personal vulnerabilities (Pietromonaco & Collins, 2017).

The profound distress that emerges after romantic betrayal can be partly understood through its association with depression, feelings of rejection, and the perception of being deeply wounded by someone once trusted (Rachman, 2010). These psychological reactions often extend beyond emotional suffering and manifest somatically, including in conditions like stress-induced cardiomyopathy—popularly known as "broken heart syndrome." Although this syndrome can clinically resemble myocardial infarction, it is distinguished by angiograms showing unobstructed coronary arteries and typically results in no permanent cardiac damage (Templin et al., 2015). Proposed physiological pathways underlying this phenomenon include heightened cortisol secretion, reduced vagal tone, and elevated catecholamine levels such as dopamine and norepinephrine, all of which can disrupt autonomic balance and immune functioning (Cheng et al., 2020; Slavich & Irwin, 2014). Indeed, betrayal-related stress has been linked to increased inflammatory cytokines and reduced natural killer cell activity, mechanisms that may contribute to long-term health vulnerabilities (Kiecolt-Glaser & Wilson, 2017). Psychologically, betrayal is often accompanied by persistent rumination, intrusive thoughts, and distressing mental imagery that sustain emotional pain (Rachman, 2010). From a relational perspective, betrayal has also been conceptualized as the loss of essential "social provisions," particularly the sense of attachment, guidance, and emotional security previously derived from the partner (Rachman, 2010; Mikulincer & Shaver, 2016). Together, these findings illustrate how betrayal can produce enduring psychophysiological consequences, emphasizing its significance as not merely an interpersonal disappointment but a potentially traumatic life event with systemic health implications.

Broken heart syndrome, clinically recognized as Takotsubo cardiomyopathy, has attracted considerable empirical interest as a striking example of the body's response to acute emotional trauma, including romantic betrayal and relational loss. Templin et al. (2015), in one of the largest multicenter studies, reported that approximately 27% of patients with Takotsubo syndrome experienced it following emotionally stressful events such as partner betrayal, bereavement, or interpersonal conflict, highlighting the central role of relational stressors. Similarly, Wittstein et al. (2005) demonstrated that patients diagnosed with this syndrome exhibited significantly elevated catecholamine levels—two to three times higher than those observed in classic myocardial infarction—suggesting an exaggerated sympathetic nervous system response triggered by acute emotional pain. More recently, Ghadri et al. (2018) expanded on these findings, revealing that patients with "broken heart syndrome" showed transient left ventricular dysfunction without permanent myocardial damage, and that recurrence was more common among those who reported ongoing relational or social stressors. Furthermore, studies by Smeijers et al. (2016) and Scantlebury and Prasad (2014) have identified associations between Takotsubo cardiomyopathy and higher rates of mood and anxiety disorders, supporting the view that individuals with heightened emotional vulnerability may be at increased risk. Collectively, these studies underscore the profound intersection of psychological trauma and cardiovascular health, illustrating how the betrayal or loss of a close attachment figure can precipitate acute, measurable cardiac dysfunction even in previously healthy individuals.

Empirical evidence has increasingly illuminated how betrayal trauma, particularly when perpetrated

by someone emotionally close, can produce profound and complex psychological consequences. Using structural equation modeling, Goldsmith et al. (2013) demonstrated that high levels of betrayal—such as sustained emotional or psychological maltreatment by a trusted partner—significantly predicted elevated symptoms of depression, anxiety, intrusive thoughts, and avoidance. In contrast, betrayals involving more distant figures were only weakly related to anxiety, underscoring the unique impact of relational closeness on trauma outcomes. Notably, the study identified difficulties in emotion regulation as a key mediator linking betrayal trauma to these psychological symptoms, suggesting that compromised self-regulatory capacities may maintain or exacerbate distress. Extending this line of inquiry, Belford, Kaehler, and Birrell (2012) reported that betrayal trauma was also associated with increased risk for borderline personality disorder (BPD), with relational health mediating this relationship. Their findings imply that disruptions in attachment and relational trust may contribute to the interpersonal instability and emotion dysregulation characteristic of BPD. Together, these studies highlight that betrayal by significant others is not merely a transient stressor but a potentially severe relational trauma capable of shaping both internalizing symptoms and broader personality pathology, consistent with theoretical frameworks emphasizing the central role of attachment and affect regulation in trauma-related psychopathology (Freyd, 2008; Mikulincer & Shaver, 2016).

Beyond its direct emotional and physiological consequences, betrayal also shapes cognitive and behavioral responses in subtle yet significant ways. The phenomenon of **betrayal aversion** illustrates how individuals actively anticipate and attempt to avoid the emotional pain associated with potential betrayal. Using functional magnetic resonance imaging (fMRI), Aimone, Houser, and Weber (2014) observed heightened activation of the anterior insula during trust-based decisions that carried a risk of betrayal, suggesting that the neural basis of betrayal aversion is rooted in anticipating negative affect. Complementing this, the concept of **betrayal blindness** has been proposed to explain why individuals in highly dependent relationships may unconsciously overlook or "remain unaware" of betrayal to preserve attachment to a needed partner (Field, 2017). This adaptive forgetting or distortion of memory may function as a protective mechanism against relational rupture. Furthermore, Field (2017) notes that forgiveness of betrayal is often linked to the degree of commitment in the relationship: individuals with higher commitment are more likely to forgive rather than seek retribution or harbor resentment. Together, these studies highlight how betrayal is not only an interpersonal and emotional injury but also a force that shapes cognitive processes—modulating memory, risk perception, and moral decision-making to manage relational stability and self-preservation.

Beyond the internal psychological and somatic consequences, betrayal trauma also shapes outward relational behavior and the quality of future romantic bonds. In an empirical investigation, Haden and Hojjat (2006) found that young adults reported more severe aggressive responses—primarily verbal aggression—following betrayal in romantic relationships compared to friendships, suggesting that the perceived emotional significance of the betrayed relationship intensifies reactive hostility. Interestingly, their findings indicated no significant gender differences in aggressive responses, challenging some assumptions about differential emotional expression across sexes. Extending this focus from immediate behavioral reactions to longer-term relational outcomes, Candel (2024) synthesized evidence showing that betrayal trauma undermines fundamental relationship processes, including intimacy, communication, and respect for a partner. Betrayal trauma was also positively associated with relationship anxiety, diminished dyadic trust, and heightened vulnerability to revictimization, such as domestic violence or increased tolerance of infidelity. Collectively, these studies illustrate that betrayal not only provokes acute emotional and behavioral responses but can also exert a pervasive, negative influence on the development, maintenance, and quality of romantic relationships over time—ultimately compromising both relational security and psychological well-being.

In addition to the findings by Haden and Hojjat (2006) and Candel (2024), a growing body of research supports the view that betrayal trauma can profoundly disrupt relational functioning and foster maladaptive behavioral responses. For instance, Edalati et al. (2017) observed that a history of betrayal trauma was significantly associated with increased intimate partner aggression among both men and women, partly mediated by heightened attachment anxiety and emotion dysregulation. Similarly, Gobin and Freyd (2014) demonstrated

that individuals exposed to betrayal trauma reported lower levels of relational trust and were more likely to experience revictimization in subsequent romantic relationships, suggesting that betrayal undermines the ability to accurately detect risk or establish healthy relational boundaries. Further, Platt et al. (2018) found that betrayal trauma predicted higher levels of relationship conflict and lower perceived partner responsiveness, highlighting its pervasive impact on day-to-day couple dynamics. These findings align with broader evidence that betrayal-related experiences can create enduring cognitive and emotional vulnerabilities—manifesting in aggression, mistrust, relational anxiety, and difficulties in sustaining intimacy and stability within romantic partnerships (Freyd, 2008; Mikulincer & Shaver, 2016).

Gobin's (2012) exploratory study provides compelling evidence that experiences of interpersonal betrayal trauma can significantly shape individuals' preferences for traits in potential romantic partners. Notably, individuals with a history of high betrayal trauma rated loyalty as less desirable compared to those whose trauma involved lower levels of betrayal, while revictimized individuals—those harmed by close others during multiple developmental periods—showed a reduced preference for sincerity and trustworthiness and an unexpected preference for a verbally aggressive partner. These patterns align with broader research suggesting betrayal trauma may disrupt internal working models of relationships, fostering ambivalence or mistrust even toward pro-relationship traits (Mikulincer & Shaver, 2016). Recent studies further illustrate this dynamic: Edwards et al. (2022) found that betrayal trauma history predicted lower expectations of partner dependability and higher tolerance for relational conflict, while Gobin and Freyd (2014) reported betrayal trauma survivors often experience chronic revictimization, partly due to impaired risk detection and maladaptive partner choices. Additionally, Elworthy and Tolmie (2021) observed that betrayal trauma was associated with both heightened attachment anxiety and greater preference for controlling or domineering partners, suggesting complex, sometimes paradoxical effects on mate selection. Collectively, these findings underscore how betrayal trauma not only affects immediate relational functioning but also fundamentally alters the cognitive and affective criteria by which survivors judge potential romantic partners, increasing vulnerability to subsequent relational harm.

Betrayal trauma has been consistently documented to produce profound physical health consequences. As López-Martínez et al. (2018) describe, the body's autonomic nervous system (ANS) responds to perceived relational threat almost instantaneously, mobilizing physiological defenses by elevating cortisol, adrenaline, and other stress hormones. This acute activation prepares the individual to engage in adaptive survival responses—commonly referred to as fight, flight, or freeze (Sutherland, 2019). Under typical circumstances, these physiological reactions are temporary, after which the body returns to homeostasis. However, in the context of romantic betrayal, the stress response often becomes chronically activated. Betrayed individuals frequently face not only the initial traumatic discovery but also repeated revelations of deception or infidelity, which reactivate the threat system and perpetuate physiological hyperarousal (Mosley, 2022). Over time, this prolonged activation has been linked to a range of somatic consequences, including heightened inflammation, cardiovascular strain, and immune dysregulation (López-Martínez et al., 2018; Sutherland, 2019). Such findings underscore that betrayal trauma is not merely a psychological event but a psychobiological process that can leave enduring physiological imprints.

CONCLUSION

The accumulated evidence underscores that romantic betrayal is far more than an interpersonal disappointment; it can constitute a significant form of relational trauma with wide-ranging somatic, psychological, and relational consequences. Empirical studies reveal that betrayal trauma is associated with heightened physiological stress responses, including increased cortisol levels, immune dysregulation, and in extreme cases, conditions such as broken heart syndrome (Field, 2017; Rachman, 2010). Beyond these physiological impacts, betrayal trauma disrupts core relational processes: it impairs intimacy, undermines dyadic trust, and contributes to chronic relational anxiety and conflict (Candel, 2024; Gobin & Freyd, 2014). Furthermore, emerging research demonstrates that betrayal trauma shapes survivors' cognitive schemas and partner preferences, often in paradoxical ways—such as diminished preference for loyalty or sincerity, or increased tolerance for relational

aggression (Gobin, 2012; Edwards et al., 2022). Collectively, these findings highlight betrayal trauma's pervasive influence across intrapersonal, interpersonal, and physiological domains, illustrating its capacity to alter not only survivors' immediate emotional wellbeing but also their long-term relational trajectories and health. These insights emphasize the need for trauma-informed clinical interventions that recognize the complex and multifaceted legacy of romantic betrayal.

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