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Psychotraumatology and dissociation: A theoretical and clinical approach

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Abstract

The term "psychotraumatology" can be considered as a fundamental term which consists of the whole of research and studies related to the post-traumatic stress disorder. This discipline, of which rise can be thought as simultaneous with the emergence of the increase in the number of studies on the post-traumatic stress disorder, can under no circumstances be examined and explained without referring to the dissociative disorders which refer to the whole of the short and long-term effects of early chronic childhood traumas by its very nature. The main goal of this study is, thus, to consider the relationship between the field of psychotraumatology which involves the factors causing psychological trauma, the traumatic process itself and the outcomes of it with the post-traumatic stress disorder and dissociation, both of which are trauma-based clinical phenomena, in a historical dimension and various perspectives. In accordance with this goal, academic approaches in the recent psychotraumatological literature will be discussed in the context of trauma and dissociation.

Keywords: Psychotraumatology, trauma, dissociation, dissociative disorders, post-traumatic stress disorder, psychotraumatologist academicians' movement

Introduction

Psychotraumatology is closely associated with clinical psychology, psychiatry and psychohistory. Recently, psychotraumatologically oriented studies with wide perspectives have been continuously conducted in these disciplines. Psychotraumatology is a base field of study that focuses on the reactions of people and societies to trauma-based situations or experiences as well as the psychotherapies and prevention policies of traumas. Psychotraumatology, defined as a scientific discipline that provides the treatment of trauma-related psychiatric disorders by evaluating the negative impacts of acute and chronical traumatic experiences on individuals and the transformation of those into possible life-long psychopathologies, as well as scrutinizing the traumatic stress and traumatic dissociation originating from natural disasters such as earthquakes, floods or fires and from human-made traumas such as physical, emotional and sexual abuse, forced migration, wars and terrorism, has been continuously collaborating in no small measure with the disciplines of clinical psychology, psychiatry and psychohistory [1-3].

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It is unlikely to be able to conduct an effective psychotraumatological study without including early childhood traumas and dissociative disorders; as a matter of fact, some psychotraumatologists claim that post-traumatic stress disorder consists of a subset of psychiatric symptoms of dissociative disorders [2,4]. It is, thus, possible to refer dissociative disorders to be closely associated with chronic and early childhood traumas. Therefore, the prognosis of dissociative disorders needs to be taken into consideration with as equally great importance as that of post-traumatic stress disorder in trauma-related psychiatric disorders. Studies on dissociative disorders that peaked in early 1990's all over the globe has been contributing to the field of psychotraumatology on both theoretical and clinical grounds. It is also possible to claim that post-traumatic stress disorder and dissociative disorders are in no way mutually exclusive prognoses; on the contrary, they tend to promote each other by their very natures. Due to all these reasons, post-traumatic stress disorder and dissociative disorders have vastly significant and premissing contributions to the development of modalities and paradigms related to modern psychotraumatology [2,5,6].

Psychotraumatology by its widest definition, refers to the study of psychological trauma which might more specifically be regarded as involving with the treatment, prevention and research of experiences perceived as traumatic by individuals and their possible reactions to such conditions [7]. The introduction of the diagnosis of Post-Traumatic Stress Disorder in the 1980 edition of

the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders is one of the cornerstones of modern psychotraumatology. With this diagnosis, trauma, dissociation and crisis intervention have been among the main topics studied both clinically and academically. The term itself arose in the beginning of 1980s with the inclusion of post-traumatic stress disorder (PTSD) in the third edition of the American Psychiatric Association's Diagnostic and Statistical Manual [8]. The legitimization of PTSD as a separate psychological disorder has, thus, initiated the rise of psychotraumatology as a scientific field on its own. In this regard, it is highly possible to consider these two concepts as indivisible [9].

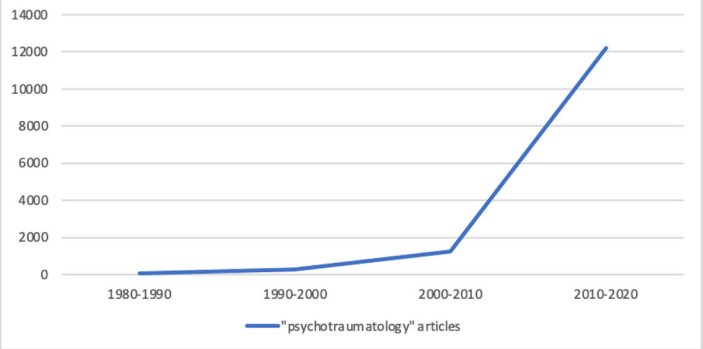

Table 1. Number of articles on Google Scholar that refer to "psychotraumatology" (as of September, 2020)

It was not until 1980's, i.e. the aftermath of the research on the effects of the Second World War that psychotraumatology was considered as a separate discipline within the then-mainstream psychology and psychiatry literatures; it is, however, possible to trace the commence of the emergence of psychotraumatology back into an earlier period, namely the work of Pierre Janet in the late 19th century. Janet commenced the studies on dissociative disorders from his observations on hysteric patients and made it possible with his discoveries and definitions to explain and comprehend the role of dissociation in the case formerly named as post-traumatic hysteria. Janet, in this context, happens to be the first scholar to systematically and clearly demonstrate that dissociation is a direct psychological defense against compelling traumatic experiences [10]. His work has shown that dissociative symptomatology plays a crucial role on the wide range of post-traumatic stress reactions which was -in accordance with the 19th century classification- treated under the diagnosis of hysteria.

More clearly, the discipline of psychotraumatology which is defined as the collective body of studies on trauma focuses precisely on individuals' reactions to traumatic situation and/or experiences, treatment of trauma and prevention techniques. It may be considered a discipline that centers upon traumatic stress and traumatic dissociation that occur as a consequence of not only natural, but also human-made disasters and traumas such as sexual, psychological and physical abuse, migration, asylum-seeking, wars and terrorism as well as providing their treatment by evaluating the process of transformation into psychopathology of acute and chronic traumas [1,2,11]. In this study the discipline of psychotraumatology will be dealt and explained within its historical development in terms of its relation with the concepts of trauma, post-traumatic stress disorder and dissociation, and together with its psychosocial dynamics.

Traumas, Traumatic Situations and Experiences

The term "trauma" which was used as an equivalent to physical wounds through centuries has then adopted a wider sense and definition to include all experiences that threaten or affect an individual's psychological and physical integrity. Trauma may, thus, be considered a fundamental term which refers to any damage in the bodily integrity and psyche of an individual which is difficult but inevitably required to be restored [12]. Although today it is possible to consider trauma as an inclusive term which refers not only physical but also psychological dynamics, this was not always the case as it is not until the late 19th century that psychological trauma was begun to be studied with a scientific approach. Not unlike Janet, Neurologist Jean-Martin Charcot was another doyen of the Pitié-Salpêtrière Hospital in Paris who pioneered the path that leads to an increase in the interest of neurology and later psychiatry in the concept of trauma by asserting that hysteria occurs as a result of trauma [13]. The assertion that hysterical symptoms are observed as a result of an individual's former experiences of destructive events, i. e. traumatic experiences and memories in the studies of Charcot, Janet and Breuer may be considered as the first significant explanation and initiating attempt at the field of psychotraumatology in terms of the results of trauma on one's psyche [14]. Even in the earliest years of childhood, it is possible to mention various stressors in every individual's life. When optimum conditions are provided, it is unlikely that these stressors would result in a trauma [12]. The imbalance between these objective stressors and the subjective coping skills of the individual leads to a traumatic situation [11].

Three major recent paradigms can be emphasized as dealing with traumatic processes: (a) the psychiatric paradigm that focuses on types of physical survival in dealing with traumatic stress [15], (b) the psychanalytic and developmental paradigm that underlines the early childhood loss and abandonment [16,17], and (c) the intergroup paradigm that refers to politically-generated aggressions to varying degrees such as discrimination, genocide and torture [18]. Kira et al. point out the cumulative nature of traumatic experiences by unifying these three valid paradigms under a development-based traumatology framework, giving crucial importance to past traumas without any possible neglect of ongoing ones [19]. In accordance with this, the first dimension of the developmentally based trauma framework covers mostly human-made traumas including attachment traumas (referring to parental abandonment, for example), personal identity traumas (associated with a violation of self-autonomy), collective identity traumas (with reference to major traumas such as discrimination) and self-actualization traumas (including significant failures in life). The second dimension of this bi-dimensional development-based traumatology framework, on the other hand, focuses on the objective properties of a traumatic experience including its severity and frequency; emerging into at least two sub-groups as single episode and complex traumas [19]. Cumulative trauma in this context refers to a wide conceptualization that includes not only previous traumatic experiences of any developmental stage of an individual's life, but also their ongoing traumas in various dimensions from personal identity crises to major social stresses such as targeted genocide or slavery.

Such a novel and multidimensional approach on traumas

and traumatic experiences plays a vital role in recognition of psychotraumatology studies as trauma happens to be a multi-component phenomenon which affects an individual's functionality in various fields, nourishes from various experiences and extends over a wide time interval and therefore requires to be scrutinized accordingly. Today it is a well-known fact that childhood traumas such as sexual abuse or physical violence are intense traumatic experiences that have long-lasting and destructive effects [20]. The emergence of a wider perspective and a more detailed definition of trauma with relatively less startling experiences such as verbal violence to much more extensive traumatic events such as genocides, as well as the ever-growing number of studies on preventing policies, theoretic explanations and new conceptualizations may be considered an achievement of the field of psychotraumatology and psychotraumatologists working in this field.

Trauma Self in Chronic and Complex Dissociative Disorders

The term "trauma self", which can be described as a self that gains independence from the original personality after the interruptions in consciousness caused by traumatic experiences, was first defined by Öztürk [21,22]. In 2009, it was defined in more detail as "traumatic self and its resistances" by Öztürk [23], and in 2016 it was updated with a new arrangement by Öztürk and Şar, still preserving the same basis as "trauma self and its resistances". The "trauma self", which Öztürk defines as the "preface" of chronic and complex dissociative disorders, can be included in all treatment models in the field of trauma and dissociation [21,23,24].

When an individual encounters traumatic experiences, their positive expectations about life are shaken and even these once positive expectations can turn into negative ones. In this respect, subclinical psychopathologies that develop in an individual after traumatic events are actually the process and effort of the individual to adapt to these traumatic events and to overcome them. When the individual is unable to process and cope with traumatic events or encounters new ones, the traumatized person, who is most probably in an effort to adapt to subclinical diagnoses, will most likely submit to a mental illness because the defense systems will begin to lose their functionality. At this stage, the individual begins to relate to their environment via their psychiatric symptoms, and the self happens to continue to function as a symptomatic (or "trauma") self [2,21].

"Trauma self" or this "symptomatic structure", finds its expression in being open to external influences and abuse in actual life, inability to develop protection against abuse, frequent complaints in life, self-pity, tantrums, being in an anxious state, loss of communication reciprocity, loss of control, distance problems (insecure attachment or attachment to the perpetrator) and adjustment problems such as emotional dysregulation, labile mood and mood transitions. This symptomatic structure is reflected as a resistance to both relationships and psychotherapy of the individual. Unless the "resistances of the trauma self" stated below are known, an effective approach cannot be provided in the psychotherapy of dissociative identity disorder [2,23].

The resistances of the trauma-self related to both psychotherapies and the actual life consist of three main groups: Depressive manifestations, traumatic obsessions, and loss of psychosocial mutuality. Detemporalization, treating oneself as an object, suicidality, obsessions of abnormality, rupturing the mutuality of the patient-therapist relationship, and dissociative somatic crises are among clues of these resistances. Approaching the patients' experiences from multiple dimensions, i.e. not only from the perspective of the therapist but also from the patient's distinct perspectives is crucial in working through the resistances of the trauma-self. The trauma self projects onto the individuals' relationships as well as their psychotherapeutic processes as a resistance. An effective approach towards trauma-relates disorders is therefore impossible without recognizing the resistances of the trauma self [2,23,24].

Trauma, Incomplete Response and Expectancy of Completion

Traumatic experiences, defined as incidents of vital incompatibility between threatening factors and individual coping capacities, has subjective and objective dimensions [25]. Every individual is faced with stressful events in their childhood and these experiences do not inevitably turn into a traumatic process as long as they can be neutralized under normal conditions. However, both the severity of the stressful events experienced and the incompatibility of the family and environmental conditions in which they occur may lead these experiences to turn into a traumatic process [1,2,26]. Traumatic experiences are inherently incompatible with a person's internal working patterns [27]. Traumatic experiences, characterized by the loss of control, make individuals' conceptualizations of the self and the world questionable [25,28].

Responses that can be possibly given to traumatic experiences are generally named as fight, flight, freeze and fawn [29]. Since freeze and fawn are responses of a completely dissociative nature, half of the reactions that individuals may manifest in case of traumatic experiences are dissociative defenses. However, there is actually no "best response" to be given to traumatic experiences. The impossibility of an appropriate response to this threat (i.e. trauma), despite its extent being existential, is called the "trauma paradox" [2,25]. As a consequence of the inability to process the trauma, individuals have to make more effort to process these negative life events. In this process, the memory of the individual deals with the traumas that occurred in the past as if they were being experienced in the present [27]. Repetitive reproduction of traumatic experiences in memory is inevitable, and each repetition creates a new version of the traumatic reality. Each new traumatic reality causes more cognitive distortions in individuals [4].

It is possible to mention three main clinical consequences of the traumas whose processings remain incomplete: loss of temporality, loss of sense of control, and increase or decrease in interpersonal distance. The traumatized individual loses the leading role in their life and becomes an object rather than a subject. One of the most important points during the processing of traumas is the prioritizing the effort and thoughts made to develop an adequate response rather than questioning the possibility of an adequate response to these negative life events. Individuals who devote all their energy and motivation to the processing these negative events maintain their expectations for "metabolizing the trauma". This comprehensive expectation of "metabolization" leads to the emergence of a resistance to the trauma that is processed in psychotherapies [28,30].

Traumatic Turning Point, Dualization of Time and Detemporalization

Traumatic experiences interfere with individuals' basic skills such as defense mechanisms, problem solving and coping strategies, thus interrupting their linear psychological development. These interruptions can cause inadequacies precisely in the emotional personalities and intellectual dimensions of traumatized people [26,28]. Unforeseen, unexpected and destructive experiences such as childhood traumas cause intense interruptions in psychological integration. Unprocessed traumas create two distinct life periods as the one before and the one after the specific traumatic event. This experience that divides an individual's life into two has been conceptualized by Öztürk as a "traumatic turning point" [22]. Although the traumatic turning point is expressed as the most distressing and stressful experience in childhood, it differs immensely from the first traumas that individuals remember and notice over time [22,28].

As previously stated, the "traumatic turning point", which can be expressed as a double-bind that interferes with the expectations of individuals' lives to be completed, divides life into two. The life expectancy of a person whose life is not divided by major traumas consists of mostly positive predictions. Individuals' positive thoughts about the future significantly help them to overcome their current frustrations. The increase in the severity of a psychopathology that occurs in an individual after a traumatic turning point causes the person, continuing to be exposed to acute or chronic traumas, to make an intense effort to regain their previous integrated and positive psychological characteristics [28]. Traumatic experiences that are most difficult to metabolize constitute traumatic turning points for individuals. When a traumatic experience is not metabolized, the individual's internal and external realities as well as the perception of time begin to change. Major traumatic events that are conceptualized as traumatic turning points divide both individuals' lives and their perceptions of time into two [21,28].

Time perception, which may also be described as the traumatic time perception, becomes dual after the traumatic experience. Individuals with interruptions and losses in the focus of control due to traumas may also become unable to control their perception of time. One of the reasons that interrupt the perception of time is maladaptive thoughts, feelings and behaviors that appear more severely as a result of the previous failure of coping strategies before the traumatic experience. The traumatic aspect of the self –namely the past time- falls behind the actual time, and the sense of the present, where traces of the past are seen, prevails in traumatized individuals. With the effect of traumatic experience, "time" is divided into two as time determined by traumas and determined by real time. In its most severe and extreme form, individuals who are victims of trauma have a distorted perception of time and cannot experience the past, present and future. The alienation of traumatized individuals against time is defined as detemporalization [31]. Traumatized individuals actually begin to alienate everything and the development of personalities that vary between dissociative subjects becomes easier [4].

The lives of trauma victims are divided into two parts as before and after the trauma. This psychopathological process may lead to attachment and identification with the abuser; the lives and time perceptions of traumatized individuals may be dualized on a dissociogenic ground and imprison them in multiple lives. Experiencing the present as interdependent with trauma detracts the person from real time and causes the feeling of time to disappear by mixing the past, present and future. Traumatic turning point, dualization of time and detemporalization constitute important research topics of psychotraumatology studied on a dissociative ground [2].

Unpredicted Possibility and Loss of Control

A traumatic event as an "unpredicted possibility" is closely related to the unpredicted and/or uncontrollable nature of stressors [32]. People try to control stressors by predicting them more accurately in order to maintain their existence in daily life [33,34]. Traumatic experiences, on the other hand, cause the emergence of a temporary loss of control by creating interruptions in individuals' reasoning skills. People exposed to traumatic experiences characterized by loss of control see themselves as an object of the unpredictable traumatic situation rather than being a "subject" [25,28]. The loss of control that occurs in traumatized individuals prevents the processing of these negative life events. Unprocessed traumatic experiences create behavioral consequences in individuals that are associated with irregular patterns ranging widely from unresponsiveness to overreaction. After major traumatic experiences, individuals become more fragile and feel more vulnerable against external factors [22,28].

Psychotraumatology and Post-Traumatic Stress Disorder

Post-traumatic stress disorder (PTSD) is a condition triggered by a life-threating event or a series of events. It may occur either by directly experiencing or witnessing the terrifying and traumatic event. Its diagnosis is characterized by three distinct clusters of symptoms: (i) re-experiencing the traumatic event through flashbacks, dreams, and/or intrusive, stressful thoughts; (ii) avoidance of reminders of the traumatic event and numbing of related emotions; and (iii) hyperarousal, characterized by irritability and hypervigilance [9]. Today, PTSD is a well-defined clinical picture whose manifestations and consequences have been studied and prevention policies have been developed [35].

A relatively novel concept is "complex post-traumatic stress disorder" (CPTSD) which was defined in light of developments and studies in the field of psychotraumatology. CPTSD was initially used to define a situation experienced by survivors of repetitive, prolonged traumas with a certain amount of affect dysregulation, alterations in consciousness, self-perception and relationships [36]. In addition to the requirements of PTSD, its diagnosis includes evidence of disturbances in self-organization, affect dysregulation, a negative self-concept and disturbed relationships [37].

The fact that PTSD literature is being enriched with such novel clinical presentations may well be seen as an indicator of an extension and deepening in the scope of psychotraumatology studies. Psychotraumatology enables the concept of trauma to be considered with all its dimensions before, during and after its experience as well as the opportunity to deeply scrutinize its effects and consequences on individuals' lives. It is stated that different sub-groups of patients have been detected in research on PTSD depending on which classification system was chosen

[38]. Contributions of psychotraumatologist scholars that study in the fields of trauma and dissociation in order to unify the existing theoretical information with clinical experience would play a vital role in the study, treatment and prevention of trauma-related clinical cases.

Research shows that a common feature of PTSD is dissociation [39]. Even a specific dissociative subtype of PTSD with separate neurobiological characteristics that distinguish it from its non-dissociative counterpart was introduced [40]. As dissociative symptoms almost exclusively emerge as the sequela of coercive and traumatic childhood experiences [41,42].

Modern Definitions of Dissociation

Öztürk, who defines dissociation with a modern and innovative approach on a psychotraumatological basis, is regarded as a respected scholar in both national and international scientific platforms with his work in the field of trauma and dissociation. According to Öztürk, dissociation is an extreme and intense effort of integration of a divided and multiple consciousness system. Dissociation as a process, on the other hand, is a strong desire or struggle for integration or unification rather than division. Dissociative disorders that occur as a result of dissociative reactions to minimal traumas in actual life, dissociative experiences that develop in the face of wrong child-rearing styles, and repetitive trauma that started at an early age, are quite ordinary life experiences that continue to manifest their adaptive as well as psychopathogenic psychological effects that have been parallel to each other in a wide spectrum throughout human history, in a complicated and chaotic process [2].

According to Öztürk, who developed a novel explanation in order to better perceive chronic complex dissociative disorders, that is dissociative identity disorder, the most clinically appropriate and comprehensive definition of dissociation is as follows:

"Dissociation, which functions as the ordinary life experience that keeps an individual away from the traumatic memories, is the experience of an individual's alienation to themself, to their environment and to the time by losing the feeling of belonging and possessing towards one's own identity before, during or after repetitive and distressing traumatic events; reconnecting with the individual's own and multiple realities as well as multiple selves by focusing on their trauma self without breaking their connection with the absolute reality [2]."

Öztürk, with a simple explanation of dissociation as "the body of experiences that an individual faces in the face of traumatic incidents and wrong child-rearing styles in which the singular consciousness, in an attempt to adapt by differentiating, transforms into a multi-conscious system with the pathological effects of encompassing defences and ordinary life experiences that keeps it away from the traumatic memories that were once witnessed" underlines Hilgard's statement that the uniqueness of consciousness is an illusion and that there is a dissociative spectrum for normal mental functions [43]. Dissociative identity disorder is an individual's effort to re-identify themself against chronic childhood traumas that begin at an early age. This undeliberate effort of identification actually begins as a defense system against traumas; and over time it transforms into a psychiatric disorder in a revision cycle in which the frequency, severity and duration of these chronic traumas increase [2].

Dissociative Disorders from a Psychotraumatological Perspective

Coercive and traumatic childhood experiences have been linked to various symptoms, including particularly dissociation [44]. According to the comprehensive definition of "mental health" introduced by Janet, "the existence of a high capacity of integration that unifies numerous psychological phenomena is the main condition of an individual to be considered healthy" [3]. This obvious attribution to the capacity of integration finds its meaning when it is taken into consideration that Janet asserted that dissociative symptoms can be attributed to the existence of disaggregated fractions within personality by taking psychopathological dynamics between traumatic experiences, dissociative reaction and identity into consideration within a psychotraumatology framework. Even though the initial definition of dissociation as a clinical picture dates back to more than a hundred years, this diagnostic group with all its criteria and prognosis being well-documented, still tends to be neglected by some therapists and scholars in contemporary psychiatry and clinical psychology disciplines [2].

Recent literature shows that half of the possible reactions to trauma, namely fight, flight, freeze and fawn, are in a dissociative nature. Beyond these, dissociative reactions to trauma, including dissociative disorders themselves, are found to be much more common than most mental health professionals are aware of [45]. It is, in this context, impossible to consider the phenomenon of trauma without referring to dissociation. Hence today the most comprehensive contribution in the field of psychotraumatology happens to be generated from scholars that focus on concepts of trauma and dissociation [2]. Dissociative disorders, characterized by multiple repetitious early childhood traumatic experiences as well as suicidality, constitute a diagnostic group that is impossible to be considered without a multidimensional approach within the disciplines of psychiatry and clinical psychology [26].

Studies in the fields of trauma, dissociation and the discipline of psychotraumatology itself develop with a great velocity in accordance with the Zeitgeist. It is possible to state that recent studies on novel conceptualizations such as cyber alters and cyber dissociation catch up with the necessities of the time when the fact that human life is to a large extent canalized to the cyberspace. Rapid changes in the contemporary paradigm direct psychotraumatologist scholars such as mental health experts like psychologists and psychiatrists and social scientists like sociologists to develop innovational ideas, conceptualizations, solutions and prevention strategies. The developments and deepening in the fields of trauma and dissociation has thus a direct nourishing and enriching effect on the discipline of psychotraumatology [46-48].

The treatment of severe and chronic dissociative disorders requires a trauma-based approach that typically involves long-term psychotherapy and pharmacotherapy [49]. It is by no means possible to consider the treatment of dissociative disorders in modern therapeutic interventions in clinical psychology and psychiatry separately from trauma [6,23]. The "traumatic self", described by Öztürk [21] constitutes one of the most significant

psychic components of the "Trauma Based Alliance Model Therapy" which is also first described by Öztürk and forms the short-term psychotherapy of dissociative identity disorder. With the completion of the treatment of dissociative identity disorder, the traumatic self reaches back to the harmony it once had with the natural self; the individual whose therapeutic process has been terminated, thus, may continue their life with an integrated self as well as a singular identity [4].

The Academic Mass Against Psychotraumatology Studies: The Backlash Movement

The academic movement against psychotraumatology studies has a history focused on denial of traumatic reality that exceeds a century. Traumatic experiences are the most powerful and brutal weapons used to control individuals and societies and they negatively affect the well-being of both individuals and societies. This outdated academic movement has been repulsed by clinical psychologists, psychiatrists, psychohistorians, lawyers and judges that follow ethical values. The increasing academic and clinical interest in psychotraumatology, more specifically in dissociative disorders, has been very influential in this repulsion process. Experts in psychotraumatology, who are able to detect the longitudinal negative effects of chronic childhood traumas that start at an early age on the mental health of an individual and report these effects with scientific methods, are of vital importance in the struggle against this anti-trauma mass. In other words, they tend to function as neutralizers of the effects of the backlash movement that is repugnant to psychological trauma studies. Psychotherapists, who undertake the treatment of the immediate and long-term negative effects of dissociative identity disorder cases both in Turkey and all over the world have gained proud and significant success in combating this aforementioned anti-trauma mass in recent years [2,3,50].

The term "Backlash Movement" is used to describe both former and present anti-trauma masses, colleagues, academicians and mental health professionals. Gedney used the Backlash Movement in sense of spreading silence against the reality of child sexual abuse [51]. The mass who denies traumatic experiences (in the past as well as present) that is repugnant to trauma and dissociation studies may be found all over the world in a quite significant extent. This primitive mass can seriously hinder the development of policies to prevent childhood traumas. "This academic mass" is positioned in the ranks of the abusers under the influence of their unscientific approaches, and they may misinterpret the "apparently contradictory" testimonies and "tendency to hide" that can be observed in trauma victims due to the very natures of their psychiatric disorders such as dissociative disorders, post-traumatic stress disorder and borderline personality disorder as a proof of the lack of trauma. These apparently contradictory testimonies and tendencies to hide, however, occur after traumatic experiences and it is due to these experiences that trauma victims are diagnosed with a mental disorder. Both this psychiatric diagnosis and apparently contradictory testimonies and hiding tendencies are the clearest and definitive proofs of the reality of traumatic experiences [2,30].

Psychotraumatologist Academicians' Movement

Janet, with his ideations that provided a basis for countless treatment approaches such as the "functional dissociation of the self" taken into consideration, may be defined as the founder of the modern discipline of psychotraumatology [2]. It is possible to state that trauma-based psychotherapy models towards the treatment of dissociative disorders base upon Janet's conceptualizations [52]. Today, psychotraumatology studies are likewise nourished by clinicians and researchers that continue their practice without neglecting dissociative situations and utilizing trauma as a base point. It may be asserted that a great majority of these research includes those in the fields of clinical psychology, psychohistory and psychiatry [2]. When contemporary psychotraumatology approaches are taken into consideration, this integrative, innovative and pioneering role may be told to be played by clinical psychologists and psychiatrists that adopt trauma-based techniques with traumatized individuals as well as psychohistorians that richen the discipline with their studies on child-rearing styles and the history of childhood that is fraught with traumas. In this context, psychotraumatology includes a scientific movement that encapsulates both academic and clinical practices within: "Psychotraumatologist Academicians' Movement" as described by Öztürk [2]. Outputs of scientific journals on psychotraumatology as well as the studies of academicians on individual and collective traumas from all over the globe greatly contribute not only to the wider dissemination of the aforementioned movement, but also to the increase in its academic and general awareness [53].

Even though trauma and trauma-based dissociative disorders happen to be issues on which there is an increasing number of pioneering studies by scholars connected with the Psychotraumatologist Academicians' Movement being published in prestigious scientific journals, it is unfortunately likely to state that there is also a mass that neglects, even ignores these concepts. Referring to the general population as well as some mental health specialist, this "anti-trauma mass" [2] that particularly denies childhood abuse cases or widely avoids confronting such experiences is included in a backlash movement as defined by Gedney [51]. This indifference, insensitivity, apathy and even resistance [30] towards trauma and especially childhood traumatic experiences in mainstream psychology and psychiatry literatures are still present as an issue that needs to be considered in a collective scope in relation to its psychosocial dynamics by mental health specialists. Due to the fact that this issue may manifest itself either as negligence of traumas in clinical settings during therapeutic processes or misinterpretation of some phenomena in forensic proceedings, such as (apparently) contradictory statements and/or tendency for hiding that are inherent to trauma [54], it requires an extensive scrutiny.

Natural and Guiding Parenting Style: A Childhood Trauma Prevention Strategy

Today, the supportive parenting style that prioritizes growth, development and individualization has been considerably increasing in significance [50,55]. Especially among parents with a high socioeconomic level and education background, this style may be observed to be abused more. The most pathological form of supportive parenting is practiced today as the "friendly parenting style". In this parenting style, although parents desire to have children, they do not want to fulfill the responsibilities of being a parent in a semi-conscious or subconscious manner. In the friendly parenting style, parents in the family are in a constant competition with their children. Such parents are willing to look

young as their children do, and live their unoptimal childhood over. Parents who “apparently” fill their children’s schedules with private lessons, artistic, sports or cultural activities for them to be excluded from their parents, try to make the intolerance of spending one-on-one time with them and the rejection of parenthood more reasonable with this regressive strategy. What children need is the sincere interest and care of a parent who is capable of devoting the necessary time and providing a real, “natural and guiding” style to them. Öztürk recommends the "Natural and Guiding Parenting Style" that can be preferably applied by parents, who have an important share in the process of preventing childhood traumas [2,3,11].

The ability of both parents and children to use their instincts, intuition and predictions is the key element to prevent traumas, and instincts and intuitions prevail the natural parenting style. In child-rearing styles, it is essential that intuitions can be used as well as instincts. Especially in children, it is very important to use natural parenting styles until the abstract thinking stage. The notion of intuition refers to comprehend, feel, observe, immediately grasp, catch in a moment, sense and discover [56]. Intuition is also described as the ability to directly comprehend the truth without resorting to experimenting or reasoning, to sense events in advance without the help of any source, and to predict the truth without clear evidence. In terms of parenting, "intuition" should be an aspect of the correct parenting style. The most common feature that parents with the right parenting styles can use in their children's development is their intuition skills. There is a possibility of predicting and recognizing situations that may turn out to be traumatic. Since negative and stressful situations are often not intuited, they turn into traumatic experiences and cause dissociative reactions [2,11].

In this parenting style, methods that are generally transmitted from previous generations and whose accuracy has been proven in the intergenerational process may also be included. The guiding parenting style can be described as the mature form of the natural parenting style. In this respect, it includes the intuitive, empathic and emotional reciprocity of the natural parenting style. The usage of the guiding parenting style is especially when children develop abstract thinking. The basis of this parenting style is the trust-based, natural, empathic and emotional reciprocity established between children and parents, as well as the fact that parents are the most effective and functional guides with their exemplary behaviors to children in the formation of their characters and value judgments, career choices and future plans [2,3,11,26]. In the natural and guiding parenting style, parents may adapt to the lifestyles of their developing child on an empathic emotional basis with both a directive and an active orientation. In this parenting style, parents also have to protect their children from the negative life events of that accurate period. According to Öztürk, static parenting styles or parents who seek professional help only when a crisis occurs are constantly decreasing in number. Parents are required to informedly and correctly apply the primary intervention techniques to crises that do not require expertise regarding the negative experiences that the child will most likely to experience in each developmental period [2,3].

Results

The increase in the numbers of academic research in the fields of trauma and dissociation is accompanied by progress in the discipline of psychotraumatology and developments in clinical settings. Comprehension, explanation and prevention of these trauma-based clinical pictures have a major importance for all professionals and social scientists in the field of mental health, notably clinical psychologists and psychiatrists. Not unlike the very concept of “therapeutic alliance” that refers to the harmony and collaboration of an individual and their therapist and is seen as a basic component of a successful therapeutic process which also has a great importance according to the psychotraumatological approach, there is also a significant need of an “academic alliance” in the psychotraumatology axis which gives all specialists in social sciences as well as mental health professionals the opportunity to produce effective solutions to recent issues by following the most recent paradigm.

In his “Trauma Based Alliance Model Therapy” (TBAMT), Öztürk prefers the term “therapeutic reciprocity” over “therapeutic alliance” due to the fact that the former is more comprehensive as well as considering this reciprocity to be the most fundamental cornerstone of the procedure of treatment in all trauma-related psychiatric diagnostic groups. According to Öztürk, the therapeutic reciprocity, which possesses both stable and dynamic characteristics, is a treatment reconciliation in parallel to an experience of establishing an intellectual and affective bond that occurs within the frames of ethical limitations between the psychotherapist and the patient. In the cases of dissociative identity disorder, according to the method of Trauma Based Alliance Model Therapy, the therapeutic collaboration (alliance) between the host personality and the psychotherapist is not sufficient. This alliance or reciprocity requires to be constructed on a multitude of fundamental axes. A trilateral and tridirectional therapeutic alliance/concord/reciprocity between the psychotherapist, the host and alter personalities is especially prerequisite in the guidance of the psychotherapist. This prior condition constitutes the first and most basic axis of the treatment [30].

As a result, as it was emphasized before, it is unlikely to be able to conduct an effective psychotraumatological study without including early childhood traumas and dissociative disorders; as a matter of fact, some psychotraumatologists claim that post-traumatic stress disorder consists of a subset of psychiatric symptoms of dissociative disorders [2,4]. It is, thus, possible to refer dissociative disorders to be closely associated with chronic and early childhood traumas. Therefore, the prognosis of dissociative disorders needs to be taken into consideration with as equally great importance as that of post-traumatic stress disorder in trauma-related psychiatric disorders. Studies on dissociative disorders that peaked in early 1990’s all over the globe has been contributing to the field of psychotraumatology on both theoretical and clinical grounds. It is also possible to claim that post-traumatic stress disorder and dissociative disorders are in no way mutually exclusive prognoses; on the contrary, they tend to promote each other by their very natures. Due to all these reasons, post-traumatic stress disorder and dissociative disorders have vastly significant and premissing contributions to the development of modalities and paradigms related to modern psychotraumatology [2,5,6].

Conflict of interests

The authors declare that they have no competing interests.

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