LOG ID	BOOK REFERENCE	RCT FILTER	CONFIDENCE TIER
SEC 5.2	CHAPTER 5: LOW-LEVEL UTILITIES (Shamanic Root Access)	**OFF**	**CONSENSUS**

AUDITED CLAIM

DATA RECOVERY (SHADOW WORK)

SYSTEMS MODEL — AS STATED IN THE BOOK

> When you experienced a **System Shock**, the hardware couldn't process the load. To keep the core system running, it **partitioned off** the overwhelming emotional processes and **unmounted the drive**.

VALIDATION QUERY

Is psychological dissociation an adaptive protective mechanism triggered by severe childhood trauma?

EMPIRICAL FINDING

Extensive traumatology literature establishes that **psychological dissociation** functions as an adaptive survival mechanism during severe childhood trauma. To prevent cognitive shutdown, the brain **quarantines overwhelming emotional distress**; however, this persistent partitioning severely impairs long-term **processing bandwidth**.

PRIMARY ANCHORS

→ **Dalenberg et al., 2012, Psychological Bulletin**

→ **Vonderlin et al., 2018, Psychological Medicine**

ABOUT THIS RECORD

Each claim in the book is decompiled from its IT metaphor into a naked, falsifiable scientific claim, then anchored to a **primary peer-reviewed source**. Claim and anchor are queried against the Consensus academic database (200M+ papers) under a fixed protocol — top-tier **Q1/Q2 journals only**, preprints excluded, human studies only. If a hypothesis fails the audit, the build is rejected: the AI generates the syntax; the peer-reviewed grid validates the physics.

CONFIDENCE TIERS

- **CONSENSUS ◀ this log** — broadly established, highly replicated mechanics.
- **EMERGING** — plausible, actively researched; no universal consensus yet.
- **EXPERIMENTAL** — contested, extrapolated, or purely theoretical.

RCT FILTER — Controlled Studies is ON for interventions (a forced action must beat a control) and OFF for mechanisms (so foundational neuroscience isn't blocked).

THE DREAM MACHINE

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Yes, **psychological dissociation can be an adaptive defense** during severe childhood trauma, but **often becomes maladaptive** later.

1. Introduction

Psychological dissociation is best understood as a short-term protective response that often emerges under overwhelming threat in childhood, especially when escape, caregiving protection, or emotional regulation are unavailable. Multiple foundational reviews and empirical studies describe dissociation as a defense or survival response that helps children detach from unbearable fear, pain, or conflict during abuse or neglect, while also showing that childhood trauma is consistently associated with higher dissociation later in life (Dalenberg et al., 2012; Schalinski et al., 2015; Ensink et al., 2017; Jowett et al., 2021; Vonderlin et al., 2018).

That adaptive framing is only half of the literature. The same corpus repeatedly shows that persistent dissociation predicts poorer integration of memory, identity, emotion regulation, attachment, and functioning, and is linked to more severe CPTSD, psychosis-related symptoms, depression, distress, and revictimization (Schalinski et al., 2015; Hyland et al., 2023; Pearce et al., 2017; Shim et al., 2024; Lahav et al., 2020).

The strongest consensus is therefore conditional rather than absolute: dissociation appears to be an initially protective adaptation to overwhelming childhood trauma, particularly interpersonal and caregiver-related trauma, but it is not uniformly triggered by trauma, is not explained by trauma alone, and often becomes a costly long-term coping style when generalized beyond the original threat context (Dalenberg et al., 2012; Vonderlin et al., 2018; Fung et al., 2023; Schulze et al., 2024).

Is psychological dissociation an adaptive protective mechanism triggered by severe childhood trauma? N = 20

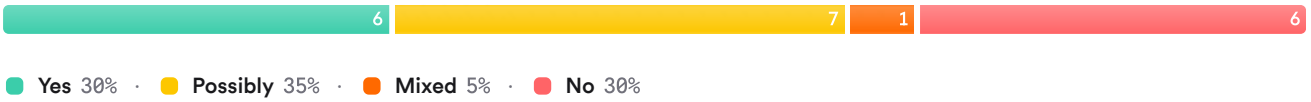

FIGURE 1 Consensus on dissociation as trauma-linked adaptive defense

The meter should read as a qualified yes, not an unqualified endorsement. The literature strongly supports a trauma-linked protective function in the moment of overwhelming childhood threat, but it also strongly supports later impairment when dissociation persists or becomes habitual (Dalenberg et al., 2012; Rafiq et al., 2018; Shim et al., 2024).

2. Methods

This Deep Search ran over more than 170 million research papers indexed in Consensus, spanning Semantic Scholar, PubMed, and other academic sources. The workflow identified 753,017 initially relevant papers, screened 240 with machine-learned relevance filtering, retained 146 eligible papers after deduplication and thresholding, and included the 50 most relevant papers for synthesis.

Search Strategy

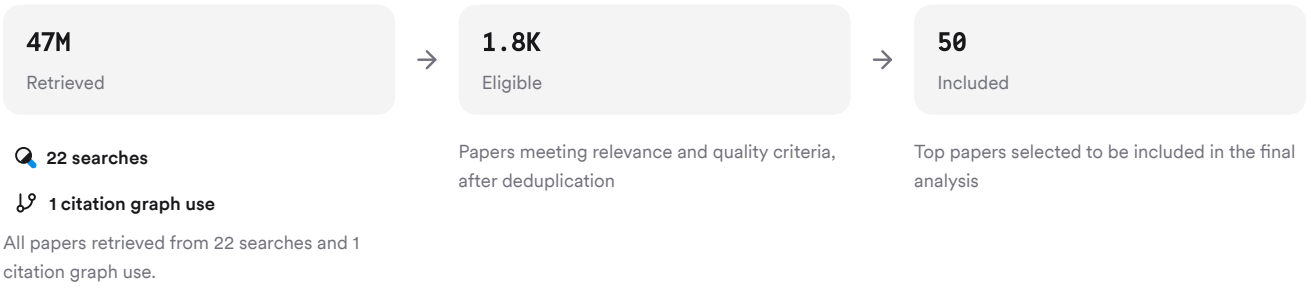

FIGURE 2 Search funnel from identification to included studies

The search combined trauma-model, defense-mechanism, neurobiological, developmental, critique, and subtype-focused queries to test both adaptive and maladaptive framings.

3. Results

3.1 Key Papers

Three papers anchor this literature because they establish the trauma model, quantify the childhood trauma–dissociation association, and define the adaptive-to-maladaptive transition most directly. A major review found strong empirical support that trauma causes dissociation and that the link remains when fantasy proneness is controlled (Dalenberg et al., 2012). A meta-analysis of 65 studies showed higher dissociation after childhood abuse and neglect, especially with earlier onset, longer duration, and parental abuse (Vonderlin et al., 2018). A meta-analysis in severe mental illness similarly found a significant association between childhood adversity and dissociation, while noting that an initially adaptive response may become maladaptive over time (Rafiq et al., 2018).

Paper	Summary
(Rafiq et al., 2018)	Strong support for **trauma model** of dissociation (Dalenberg et al., 2012)
(Şar et al., 2020)	**Earlier, longer, parental abuse** predicts higher dissociation (Vonderlin et al., 2018)
(Fung et al., 2024)	Initial defense can become **long-term impairment** (Rafiq et al., 2018)

FIGURE 3 Foundational papers anchoring the dissociation literature

3.2 Trauma Association

Across meta-analyses, national samples, adolescent cohorts, and cross-cultural studies, childhood trauma is consistently associated with dissociation. This appears across clinical and nonclinical populations, across English- and Chinese-speaking samples, and across multiple trauma types including abuse, neglect, and emotional maltreatment (Dalenberg et al., 2012; Fung et al., 2024; Fung et al., 2023; Laoide et al., 2018).

Severity matters. Earlier onset, longer duration, parental abuse, and cumulative adversity predict higher dissociation, and emotionally neglectful or abusive environments appear especially important in several studies (Vonderlin et al., 2018; Schalinski et al., 2015; Schalinski et al., 2016; Fung et al., 2023).

The link is robust but not deterministic. Childhood trauma explains only part of the variance in dissociation, and positive childhood experiences, self-concept clarity, attachment, and mentalization appear to moderate or mediate who develops persistent dissociation (Lassri et al., 2022; Fung et al., 2023; Lassri et al., 2022; Li et al., 2023).

3.3 Adaptive Versus Maladaptive

Dimension	Short-Term Adaptive Framing	Long-Term Maladaptive Framing	Citations
Immediate function	Detaches from overwhelming distress	Impairs later integration and recovery	(Rafiq et al., 2018)
Threat context	Useful when fight or flight fail	Reappears automatically to reminders	(Schalinski et al., 2015)
Child survival context	Preserves attachment while dampening fear	Distorts self, memory, and relationships	(Jowett et al., 2021; Van Dijke et al., 2018)
Emotional pain	Blocks unbearable affect	Sustains depression and distress pathways	(Shim et al., 2024)
Meaning-making	Can provide temporary relief	Can foster denial-like PTG narratives	(Eliav & Lahav, 2023; Lahav et al., 2020)

FIGURE 4 Short-term protective and long-term harmful dissociation patterns

The clearest synthesis is that dissociation tends to protect in the moment and harm over time. Several papers explicitly describe dissociation as adaptive or protective during inescapable childhood threat, while others show that persistent dissociation interferes with memory integration, emotional processing, reality appraisal, and treatment-relevant recovery processes (Schalinski et al., 2015; Yöyen et al., 2024; Laoide et al., 2018; Bloomfield et al., 2021).

3.4 Mechanisms and Correlates

Proposed mechanisms converge on fear regulation, attachment disruption, and impaired integration. Dissociation is framed as a regulatory response to extreme emotion with measurable biological correlates, a shutdown response within the defense cascade, and a strategy that lets a child maintain proximity to a frightening caregiver while distancing from intolerable affect (Dalenberg et al., 2012; Schalinski et al., 2015; Jowett et al., 2021).

Neurobiological studies support distinct correlates rather than mere metaphor. Trauma-related dissociation is associated with altered functional connectivity and prefrontal-limbic patterns, and one adolescent CSA sample linked depersonalization-derealization and identity alteration to thicker left prefrontal cortex, interpreted as potentially neuro-protective through adolescence (Lebois et al., 2020; Von Schröder et al., 2025; Mutluer et al., 2018).

At the same time, persistent dissociation predicts worse later outcomes. In the large AURORA longitudinal study, derealization at two weeks after trauma predicted worse three-month posttraumatic stress symptoms independent of childhood maltreatment history and current PTSD symptoms (Lebois et al., 2022).

Results Timeline

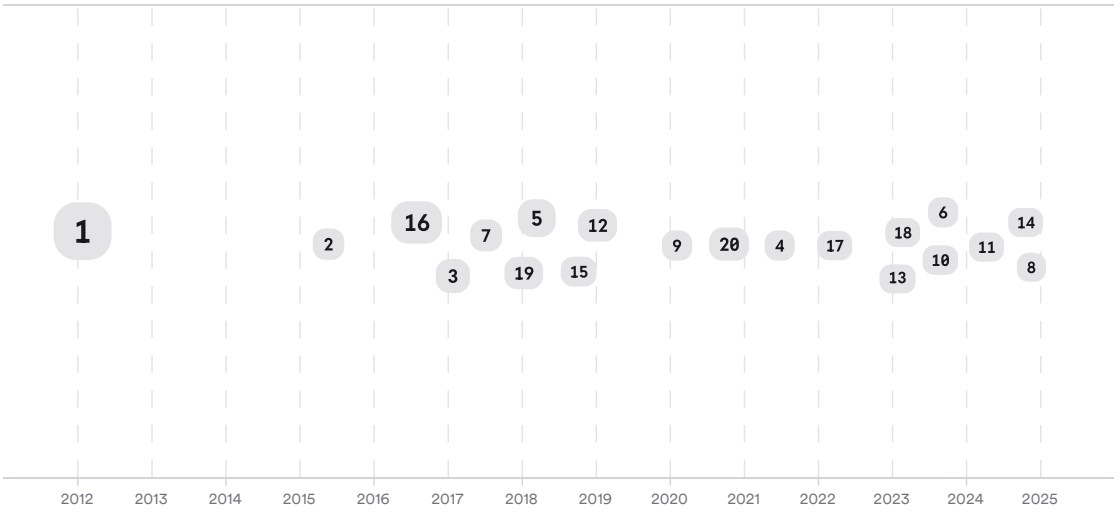

FIGURE 5 Timeline of dissociation research; larger markers indicate more citations

The arc runs from early adaptive-defense theories to meta-analytic confirmation of the trauma link and then to mechanistic, neurobiological, and subtype work. Recent studies increasingly treat dissociation as both a context-sensitive survival response and a marker of more severe later psychopathology (■ Dalenberg et al., 2012; Vonderlin et al., 2018; Wang et al., 2024).

Top Contributors

Type	Name	Papers
Author	V. Şar	[ad6ddbc1c7c45fd1a3cd86fc8f47f8e7][e3f9a3c762905dbcaf1a20aa88caa668] [ce1a570557465399b992c50c31f43b43]
Author	Martin H. Teicher	[5aa4d8956b5b57d6838e31447927bf15][25ed8b5c8fea5803a73ac675bb50d0f5]
Author	K. Berry	[c893d74ccf3a573f99666db598af8fcd][2c8eeac058595e4aab4f5736fdfeba0a]
Journal	*Journal of Trauma & Dissociation*	[1cde4ac6e60452f08e88f330a0067954][5e18619ca00a5a45a80c61519eca65ba] [7051c7f247405b8da3ffcd2565aed4fc][c8f7a0d3c0715100944882c55051a736]
Journal	*The American Journal of Psychiatry*	[bf6585a3d2a558119f0658033546f757][a0b65d563d485e0a8366e8e9b07cfa62]
Journal	*Psychological Medicine*	[1a66cc9430135c3ba5d1e57973483d64][f6d0db6e28b353b6a241282483e52319]

FIGURE 6 Authors and journals most frequent in included papers

4. Discussion

The evidence that severe childhood trauma is associated with dissociation is strong. It rests on a major review directly contrasting trauma and fantasy models, a 65-study meta-analysis in abuse and neglect, a 30-study meta-analysis in severe mental illness, and repeated findings across children, adolescents, adults, community samples, and clinical samples (■ Dalenberg et al., 2012; Vonderlin et al., 2018; ■ Rafiq et al., 2018; ■ Fung et al., 2024).

The evidence that dissociation is adaptive in the immediate sense is moderate-to-strong, but it is more theory-heavy and mechanistic than experimentally demonstrable. Several papers explicitly call dissociation a defense, survival strategy, or protective function under inescapable threat, especially when fight or flight are impossible or when the caregiver is also the source of danger (Schalinski et al., 2015; Jowett et al., 2021; Villarroel et al., 2021; Von Schröder et al., 2025).

The evidence that persistent dissociation becomes maladaptive is also strong. Dissociation mediates links from childhood trauma to CPTSD, psychotic experiences, depression, behavior problems, emotion dysregulation, and maladaptive schemas, and higher dissociation marks more severe CPTSD and poorer functioning (Jowett et al., 2021; Bloomfield et al., 2021; Shim et al., 2024; Hébert et al., 2017; Wang et al., 2024).

The main limitations are causal inference and heterogeneity. Much of the literature is cross-sectional, many studies rely on retrospective self-report, dissociation is multidimensional, and trauma is neither necessary nor sufficient on its own to produce chronic dissociation (Bloomfield et al., 2021; Shim et al., 2024; Fung et al., 2024; Fung et al., 2023).

Claim	Evidence Strength	Reasoning	Papers
Childhood trauma is **consistently associated** with later dissociation.	Strong	Supported by major review and multiple meta-analyses across populations.	(Dalenberg et al., 2012; Vonderlin et al., 2018; Rafiq et al., 2018)
Dissociation can function as a **short-term protective defense** during overwhelming childhood trauma.	Moderate	Repeated theoretical and empirical framing, but limited direct causal testing.	(Dalenberg et al., 2012; Schalinski et al., 2015; Laoide et al., 2018)
Persistent dissociation often becomes **maladaptive** and predicts greater psychopathology.	Strong	Replicated mediator and severity findings across several disorders.	(Jowett et al., 2021; Shim et al., 2024; Lebois et al., 2022)
Severe childhood trauma **uniformly triggers** dissociation in most exposed children.	Weak	Evidence does not support uniformity; moderators and resilience factors matter.	(Lassri et al., 2022; Fung et al., 2023; Lassri et al., 2022)
Neurobiological adaptations partly explain trauma-related dissociation.	Moderate	Brain-imaging evidence is suggestive and growing, but still limited.	(Lebois et al., 2020; Mutluer et al., 2018; Von Schröder et al., 2025)

FIGURE 7 Key claims and supporting evidence in the corpus

5. Conclusion

The literature supports a qualified yes: psychological dissociation appears to be an adaptive protective response that can be triggered by severe childhood trauma, particularly interpersonal, inescapable, and caregiver-related trauma. The same literature also shows that this short-term adaptation often carries long-term costs when it becomes persistent, generalized, or entrenched.

Research Gaps

The largest gap is not whether trauma and dissociation are linked, but when an acute protective response becomes chronic pathology, for whom, and through which mechanisms. Longitudinal developmental studies, subtype-specific work, and stronger causal designs remain limited despite growing neurobiological and cross-cultural evidence (Bloomfield et al., 2021; Fung et al., 2024; Van Dijke et al., 2018).

Topic/Outcome	Prospective data	Mechanism	Subtype specificity	Treatment prediction
Acute protective dissociation	2	4	3	1
Childhood trauma timing effects	4	5	3	1
Dissociation in CPTSD subtypes	2	3	5	2
Cross-cultural moderators	3	2	4	1

Open Research Questions

Answering these questions would clarify whether dissociation is best framed as a transient defense, a developmental adaptation, or an early marker of later disorder.

Question	Why
When does adaptive peri-traumatic dissociation become persistent maladaptive dissociation after childhood trauma?	This would identify the transition point most relevant for prevention, prognosis, and early intervention.
Which protective factors most reduce chronic dissociation after severe childhood abuse or neglect?	Moderators such as positive experiences, self-concept clarity, and mentalization appear promising but remain incompletely tested.
Do different dissociation subtypes have distinct neurobiological and clinical trajectories after developmental trauma?	Detachment, shutdown, body dissociation, and identity symptoms may not share the same mechanisms or outcomes.

In answer to the question asked: dissociation is supported as an adaptive protective mechanism triggered by severe childhood trauma, but the evidence just as strongly shows that it often becomes maladaptive if it persists.

References

Bloomfield, M., Chang, T., Woodl, M. J., Lyons, L., Cheng, Z., Bauer-Staeb, C., Hobbs, C., Bracke, S., Kennerley, H., Isham, L., Brewin, C., Billings, J., Greene, T., & Lewis, G. (2021). Psychological processes mediating the association between developmental trauma and specific psychotic symptoms in adults: a systematic review and meta-analysis. *World Psychiatry, 20*. https://doi.org/10.1002/wps.20841

Dalenberg, C., Brand, B., Gleaves, D., Dorahy, M., Loewenstein, R., Cardeña, E., Frewen, P., Carlson, E., & Spiegel, D. (2012). Evaluation of the evidence for the trauma and fantasy models of dissociation.. *Psychological bulletin, 138 3*, 550-88. https://doi.org/10.1037/a0027447

Eliav, A. S., & Lahav, Y. (2023). Posttraumatic Growth, Dissociation and Identification With The Aggressor Among Childhood Abuse Survivors. *Journal of Trauma & Dissociation, 24*, 410 - 425. https://doi.org/10.1080/15299732.2023.2181478

Ensink, K., Bégin, M., Normandin, L., Godbout, N., & Fonagy, P. (2017). Mentalization and dissociation in the context of trauma: Implications for child psychopathology. *Journal of Trauma & Dissociation, 18*, 11 - 30. https://doi.org/10.1080/15299732.2016.1172536

Fung, H., Geng, F., Yuan, D., Zhan, N., & Lee, V. (2023). Childhood experiences and dissociation among high school students in China: Theoretical reexamination and clinical implications. *International Journal of Social Psychiatry, 69*, 1949 - 1957. https://doi.org/10.1177/00207640231181528

Fung, H., Chau, A., Lam, S., Chien, W., & Wong, J. (2024). A cross-cultural study of different facets of dissociation: Validity and relationship with childhood trauma.. *Child abuse & neglect, 157*, 107067. https://doi.org/10.1016/j.chiabu.2024.107067

Hébert, M., Langevin, R., & Oussaïd, E. (2017). Cumulative childhood trauma, emotion regulation, dissociation, and behavior problems in school-aged sexual abuse victims.. *Journal of affective disorders, 225*, 306-312. https://doi.org/10.1016/j.jad.2017.08.044

Hyland, P., Hamer, R., Fox, R., Vallières, F., Karatzias, T., Shevlin, M., & Cloitre, M. (2023). Is Dissociation a Fundamental Component of ICD-11 Complex Posttraumatic Stress Disorder?. *Journal of Trauma & Dissociation, 25*, 45 - 61. https://doi.org/10.1080/15299732.2023.2231928

Jowett, S., Karatzias, T., Shevlin, M., & Hyland, P. (2021). Psychological trauma at different developmental stages and ICD-11 CPTSD: The role of dissociation. *Journal of Trauma & Dissociation, 23*, 52 - 67. https://doi.org/10.1080/15299732.2021.1934936

Lahav, Y., Ginzburg, K., & Spiegel, D. (2020). Post-Traumatic Growth, Dissociation, and Sexual Revictimization in Female Childhood Sexual Abuse Survivors. *Child Maltreatment, 25*, 105 - 96. https://doi.org/10.1177/1077559519856102

Laoide, A. Ó., Egan, J., & Osborn, K. (2018). What was once essential, may become detrimental: The mediating role of depersonalization in the relationship between childhood emotional maltreatment and psychological distress in adults. *Journal of Trauma & Dissociation, 19*, 514 - 534. https://doi.org/10.1080/15299732.2017.1402398

Lassri, D., Bregman-Hai, N., Soffer-Dudek, N., & Shahar, G. (2022). The Interplay Between Childhood Sexual Abuse, Self-Concept Clarity, and Dissociation: A Resilience-Based Perspective. *Journal of Interpersonal Violence, 38*, 2313 - 2336. https://doi.org/10.1177/08862605221101182

Lebois, L., Li, M., Baker, J., Wolff, J. D., Wang, D., Lambros, A. M., Grinspoon, E., Winternitz, S., Ren, J., Gönenç, A., Gruber, S., Ressler, K., Liu, H., & Kaufman, M. (2020). Large-Scale Functional Brain Network Architecture Changes Associated With Trauma-Related Dissociation. *The American journal of psychiatry, 178*, 165 - 173. https://doi.org/10.1176/appi.ajp.2020.19060647

Lebois, L., Harnett, N., Van Rooij, S. V., Ely, T., Jovanović, T., Bruce, S., House, S., Ravichandran, C., Dumornay, N., Finegold, K. E., Hill, S. B., Merker, J. B., Phillips, K., Beaudoin, F., An, X., Neylan, T., Clifford, G., Linnstaedt, S., Germine, L., . . . Ressler, K. (2022). Persistent Dissociation and Its Neural Correlates in Predicting Outcomes After Trauma Exposure.. *The American journal of psychiatry*, appiajp21090911. https://doi.org/10.1176/appi.ajp.21090911

Li, A., Wang, S., Paetzold, R. L., Rholes, W., & Liu, X. (2023). Childhood Trauma and Its Link to Adult Dissociation: The Role of Mentalizing and Disorganized Attachment in a Chinese Adult Sample. *Journal of Trauma & Dissociation, 24*, 559 - 574. https://doi.org/10.1080/15299732.2023.2195395

Mutluer, T., Şar, V., Koşe-Demiray, Ç., Arslan, H., Tamer, S., Inal, S., & Kacar, A. S. (2018). Lateralization of Neurobiological Response in Adolescents with Post-Traumatic Stress Disorder Related to Severe Childhood Sexual Abuse: the Tri-Modal Reaction (T-MR) Model of Protection. *Journal of Trauma & Dissociation, 19*, 108 - 125. https://doi.org/10.1080/15299732.2017.1304489

Pearce, J., Simpson, J., Berry, K., Bucci, S., Moskowitz, A., & Varese, F. (2017). Attachment and dissociation as mediators of the link between childhood trauma and psychotic experiences.. *Clinical psychology & psychotherapy, 24 6*, 1304-1312. https://doi.org/10.1002/cpp.2100

Rafiq, S., Campodonico, C., & Varese, F. (2018). The relationship between childhood adversities and dissociation in severe mental illness: a meta-analytic review. *Acta Psychiatrica Scandinavica, 138*. https://doi.org/10.1111/acps.12969

Şar, V., Necef, I., Mutluer, T., Fatih, P., & Türk-Kurtça, T. (2020). A Revised And Expanded Version Of The Turkish Childhood Trauma Questionnaire (CTQ-33): Overprotection-Overcontrol As Additional Factor. *Journal of Trauma & Dissociation, 22*, 35 - 51. https://doi.org/10.1080/15299732.2020.1760171

Schalinski, I., Teicher, M. H., & Schmahl, C. (2015). Type and Timing of Childhood Maltreatment and Severity of Shutdown Dissociation in Patients with Schizophrenia Spectrum Disorder. *PLoS ONE, 10*. https://doi.org/10.1371/journal.pone.0127151

Schalinski, I., Teicher, M. H., Nischk, D., Hinderer, E., Müller, O., & Rockstroh, B. (2016). Type and timing of adverse childhood experiences differentially affect severity of PTSD, dissociative and depressive symptoms in adult inpatients. *BMC Psychiatry, 16*. https://doi.org/10.1186/s12888-016-1004-5

Schulze, A., Hughes, N., Lis, S., & Krause-Utz, A. (2024). Dissociative Experiences, Borderline Personality Disorder Features, and Childhood Trauma: Generating Hypotheses from Data-Driven Network Analysis in an International Sample. *Journal of Trauma & Dissociation, 25*, 436 - 455. https://doi.org/10.1080/15299732.2024.2323974

Shim, S., Kim, D., & Kim, E. (2024). Dissociation as a mediator of interpersonal trauma and depression: adulthood versus childhood interpersonal traumas3. *BMC Psychiatry, 24*. https://doi.org/10.1186/s12888-024-06095-2

Van Dijke, A., Hopman, J. A., & Lavasani, F. (2018). Affect dysregulation, psychoform dissociation, and adult relational fears mediate the relationship between childhood trauma and complex posttraumatic stress disorder independent of the symptoms of borderline personality disorder. *European Journal of Psychotraumatology, 9*. https://doi.org/10.1080/20008198.2017.1400878

Villarroel, C., Garcia, L. C., Matsuura, J., Revuelta, M., Garcia, G., Cutanda, J., Daza, M., & García, E. (2021). Trauma: Harmful effect of diagnostic labeling and iatrogenic intervention for the recovery process. *European Psychiatry, 64*, S724 - S725. https://doi.org/10.1192/j.eurpsy.2021.1919

Von Schröder, C., Nkrumah, R. O., Demirakca, T., Ende, G., & Schmahl, C. (2025). Dissociative experiences alter resting state functional connectivity after childhood abuse. *Scientific Reports, 15*. https://doi.org/10.1038/s41598-024-79023-9

Vonderlin, R., Kleindienst, N., Alpers, G., Bohus, M., Lyssenko, L., & Schmahl, C. (2018). Dissociation in victims of childhood abuse or neglect: a meta-analytic review. *Psychological Medicine, 48*, 2467 - 2476. https://doi.org/10.1017/s0033291718000740

Wang, L., Fu, H., Guo, H., Liu, P., Bi, Y., Luo, S., Han, Y., Wang, Y., & Cao, C. (2024). Complex posttraumatic stress disorder and dissociation in trauma-exposed Chinese adolescents: a latent class analysis. *European Journal of Psychotraumatology, 15*. https://doi.org/10.1080/20008066.2024.2351292

Yöyen, E., Bal, F., Barış, T., Arslan, M. S., & Cokluk, G. F. (2024). Mediator Role of Dissociative Experiences in the Effect of Childhood Traumas on Emotion Regulation Difficulty and Parental Child-Containing Function. *Children, 11*. https://doi.org/10.3390/children11060618