Clinical Neuropsychiatry (2025) 22, 5, 417-422

COMMENTARY

FROM ATTACHMENT TRAUMA TO TRAUMATIC ATTACHMENT: INVISIBLE INJURIES OF EARLY CHILDHOOD AND SUBTLE RELATIONAL CODES OF SELF-REGULATION

Vedat Şar

Abstract

Building on recent contributions by Farina and Schimmenti (2025a), this paper advances a more nuanced framework for their concept of attachment trauma focusing on the underlying mechanisms. The injury of attachment trauma, often concealed within ostensibly ordinary family systems, may leave no explicit memory trace yet manifest as enduring patterns of dysregulation. Instead, it becomes apparent through its clinical consequences such as Complex PTSD, borderline phenomena, dissociative disorders and their various complications. Central to the framework presented in this paper are the concept of relational encryption, in which interpersonal signals are coded to establish a balanced interpersonal dependency, and internal moderation, defined as the capacity for flexible regulation between affective and relational extremes, which is needed to overcome trauma-related paradoxes. Encryption vulnerability due to deficient or excessive relational coding, on the other hand, leads to "traumatic attachment" which is one of the consequences of attachment trauma. In accordance with these concepts, Implicit Psychotherapy, as a technique of communication, provides a clinical framework for safely engaging with these pre-reflective, unspoken wounds through pacing, symbolic containment, and embodied relational experience. Dialectical Dynamic Therapy (DDT), as a conceptual framework, facilitates the re-establishment of internal moderation. The paper points toward transformative therapeutic pathways grounded in embodied relational repair, epistemic trust, and dynamic therapeutic engagement. Ultimately, the paper advocates for a post-linear model of trauma, one that embraces complexity, dialectical thinking, and the reparative potential of therapeutic relationships, while insisting on the need to "unpack" the overloaded construct of attachment trauma.

Key words: attachment trauma, encryption vulnerability, internal moderation, implicit psychotherapy, dialectic dynamic therapy

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OPEN ACCESS

Citation: Şar, V. (2025). From attachment trauma to traumatic attachment: invisible injuries of early childhood and subtle relational codes of self-regulation. *Clinical Neuropsychiatry, 22*(5), 417-422.

doi.org/10.36131/cnfioritieditore20250513

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Funding: None.

Competing interests: None.

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To cheat oneself out of love is the most terrible deception; it is an eternal loss for which there is no reparation, either in time or in eternity.
Soren Kierkegaard
Works of Love, 1847

Introduction

In their recent paper on attachment trauma, Farina and Schimmenti (2025a) explore a subtle, pervasive form of developmental adversity with far-reaching clinical consequences. Despite the presence of clear trauma-related symptoms, these individuals originate from seemingly ordinary families, where no overt childhood maltreatment is reported or readily identifiable. Yet, a broad spectrum of conditions can emerge from such an ostensibly unremarkable background including but not limited to complex PTSD, dissociative, eating, substance use, and somatic symptom disorders, various forms of self-destructive behavior, and enduring interpersonal difficulties which may further extend into borderline phenomena with considerable overlap among these conditions (Şar, 2011, 2023a; Şar & Ross, 2006). This chronic vulnerability also may precipitate acute reactions to attachment-related stressors such as threatened separation, migration, or peer-bullying which can escalate to transient psychotic episodes marked by a mixture of schizotypal and dissociative symptoms. At their core lies a profound "craving for attachment" as the central experience, reflecting the dysregulated reactivation of early relational rupture (Şar,2022a).

Given these concrete clinical consequences, Farina and Schimmenti (2025b) emphasize a distinct type of psychopathology with specific therapeutic implications rather than just an etiological factor. While the clinical utility of framing attachment trauma as a concept is well recognized, the transformation of an etiological factor into a clinical dimension, however, continues to pose a conceptual challenge, especially given the lack of a clearly articulated underlying mechanism. On the other hand, the resulting nosologically polymorphous

clinical surface is hard to be assimilated in contemporary psychiatric classification systems which are mostly determined by the principle of Occam's razor. Moreover, restrictions on etiological assumptions persist, largely due to the historical trajectory of the psychology, psychiatry, and psychotherapy fields that have long grappled with the consequences of speculative theorizing. Accepting this challenge, the present paper offers an elaboration on Farina and Schimmenti's (2025a) thoughtful and conceptually rich proposal. It seeks to deepen the discussion by exploring the clinical, theoretical, and epistemological implications of attachment trauma as a distinct developmental phenomenon.

Based on this mission, to deepen possible mechanisms underlying to this phenomenon, several guiding questions structure the following sections: Can the core dysfunction underlying these diverse clinical presentations be traced indeed to an early failure in establishing a secure caregiver bond? If so, what is the underlying "algo-ritm" behind this early-onset relational "a-syncrony", particularly when examined through the lens of an emerging "digital brain" paradigm (Şar, 2023a)? Moreover, what novel therapeutic strategies might transcend the limitations of conventional treatment models, especially in addressing the implicit, dissociative, and relational dimensions of attachment trauma?

Post-traumatic coping with omission and commission: Distinct pathways ?

A discrepancy between the seemingly unremarkable biographical narrative of a patient and the presence of trauma-related clinical symptoms should prompt clinicians to consider the possibility of "invisible" early life adversities. Such experiences typically occur during developmental stages that are beyond the reach of autobiographical memory, making them inaccessible to narrative recall. Acts of commission (overt abuse) are generally easier to identify. However, acts of omission such as emotional neglect (often conceptualized as attachment trauma) frequently go unnoticed, especially when they do not involve concrete forms of deprivation like lack of food and shelter. Even when early biographical data are available, certain forms of maltreatment may also be misinterpreted or overlooked. For instance, overprotection is often perceived as care, yet it may functionally operate as a form of neglect or even psychological intrusion (Farina et al.,2021; Şar et al., 2021), further imparting to the experience of a sense of betrayal (Şar et al, 2021). Anxious parents' excessive preoccupation with their children may manifest as overcontrol or enmeshment, which can reach the level of active relational dysfunction. Importantly, such dynamics are often rooted in unresolved intergenerational trauma, with the parental behaviors shaped by their own unmetabolized experiences of adversity. This is one of the typical features of ostensibly normal families, where parents, despite having faced significant adversities themselves, remain perplexed by the absence of overt trauma-related symptoms in their own histories, who therefore reject the plausibility of any possible traumatic origin of their "protected" offspring (or anyone else) who nonetheless present with clear trauma-related psychopathology.

Thus, one of the central obstacles to exploring and resolving early developmental adversities such as attachment trauma lies in the absence of self-awareness. Individuals who have experienced maltreatment, particularly in the form of emotional neglect or relational inconsistency may perceive such conditions as normative. Blind spots about clinically important information, common in ostensibly normal families, may even be rooted in dissociative amnesia, especially when the family system itself operates within a dissociative framework. The disruptive experience may have been temporary such as a period of maternal illness a loss, separation, or bereavement during the child's first few years after which external stability returned. However, the early rupture in relational continuity may leave a lasting imprint. Parents in such contexts are frequently unable to form secure bonds with their children, a deficiency of which they are often unaware, except in cases where mothers explicitly recognize difficulties in establishing emotional attunement during early motherhood. Alternatively, neurodevelopmental factors such as undiagnosed ADHD in either the child or caregiver may also impair the formation of a stable attachment relationship, further complicating the dyadic bond.

Emerging clinical and theoretical insights suggest that these two forms of maltreatment (omission and commission), though often overlapping, may lead to distinct posttraumatic coping trajectories (Şar, 2023a). For instance, in psychosomatic conditions, emotional neglect appears to follow a more covert pathway, often inscribed in the body's language (Kılıç, et al., 2014; Van der Kolk, 1994). While the explicit autobiographical memory of such experiences may be absent, particularly when the events have been overcome or minimized, their residues often persist. These may be stored in bodily, implicit, and semantic memory systems, and can manifest through disturbances in the development of core mental functions that are fundamentally dependent on early attachment relationships. Such hidden experiences may nurture chronic anger inside ("calm before the storm") which may episodically turn to expressed anger due to internal or external triggers leading to a "nervous breakdown". Traumatic experiences of commission type, however, seem to chronically lead to more explicit types of response such as expressed anger, borderline phenomena, and depressive episodes (Şar, 2023b). Fundfamentally, any acute "nervous breakdown" or chronic fluctuating course represent a struggle for self-regulation and an attempt to regain internal control.

Parallel-distinct structures of internal world and external reality

When caregivers are perceived as both sources of safety and threats, this gives rise to detached internal working models of mind in context of interpersonal relationships. These "parallel-distinct" (Şar, 2017) tracks are posited to serve as a precursor to dissociative compartmentalization (Liotti, 1992). Farina and Schimmenti (2025a) claim that attachment trauma can be conceptualized as the potentially pathological process stemming from the consequences of this inner configuration. However, the opposite may also be true. In this context, parallel-distinct structures of internal world and external reality that function independently can influence each other. Trauma-generated dissociation is characterized by an *asyncrony* between these structures which undermines the experience of self-identity. Thus, Şar (2017) defines dissociation as deficient synchronization both between aspects of self as well as between them and those of external reality. This is what Erik Erikson (1950/1963) conceptualized as a deficiency in *psychosocial mutuality.*

One example of the give and take between internal and external world in this context is the concept of *attachment to the perpetrator*, formerly known as Stockholm Syndrome, which describes the sticking of the victim to the aggressor. This phenomenon is combined with *focus of control shift* that means that the victim creates a copy of the aggressor in terms of internalization to control them inside. Tragically, the aggressor inside takes the control subsequently to continue with abuse from inside and/or by leading to re-enactments to re-establish abusive experiences outside which is known as re-victimization (Ross, 1997). This mechanism fits the inner structure of dissociative identity disorder. In this context, Şar (2025a) draws attention to Hegel's 18th-century concept of the *"master-slave" dialectic*, framing it as a recurring schema in posttraumatic relational dynamics. The struggle for recognition and control between the self and the other, central to Hegel's formulation, resonates with the internal and interpersonal conflicts often observed in individuals shaped by early relational trauma.

A link to early years of life can be established by considering the child's efforts to resolve the traumatic tension of the *need–fear dilemma* or *dependency-independency conflict.* They may manifest as either caregiving (rescuer) or punitive (persecutor) attitudes toward the caregiver (Liotti, 2004; Lyons-Ruth & Jacobvitz, 2008). A bond with a vulnerable or emotionally unavailable parent may prompt the child to adopt a *controlling-caregiving strategy*, assuming premature responsibility for the caregiver's emotional state. Alternatively, the child may develop a *controlling-punitive strategy*, taking on a dominant and aggressive posture in an attempt to assert control through antagonism. Both patterns represent early forms of power conflict, reflecting the child's attempt to manage relational instability through role reversal or assertion.

An extension of these early relational dynamics must also be considered within the broader family system, where patterns of dysfunction are often embedded and perpetuated across generations. Several mechanisms historically associated with families of individuals diagnosed with schizophrenia have proven equally relevant in understanding the relational environments of dissociative clients. These include marital schism, pseudomutuality, the schizophrenogenic mother, high-expressed emotion, the rubber fence phenomenon, and delegation (Şar,2023b). Although these concepts emerged in earlier family systems theory, they remain clinically valuable despite shifts in family structures over recent decades. Thus, dysfunctional family systems not only reproduce attachment trauma but also structurally embed it, creating developmental environments where dissociation becomes an adaptive response to chronic inconsistency, role confusion, and relational threat.

Bowlby's (1980) proposed that the primary defense mechanism following loss is *not* identification with the lossed object, but rather the emergence of two distinct *principal (internal) systems* or "selves". The first governs everyday functioning and based on nthe conscious recognition that the attachment figure is no longer available, prompting the individual to adopt a stance of self-sufficiency (Bowlby, 1962). In contrast, the second system is segregated and unconscious, containing the emotional yearnings, thoughts, memories and attachment related desires associated with the lost figure. It may lack certain autobiographical elements and remains organized around the unconscious assumption that the caregiver is still available or retrievable, either in this life or beyond. Although evidence of this system is often elusive, it can intermittently surface in fragmented forms. This mechanism of defensive exclusion remains operative when either the caregiver invalidates the child's perceptions or when the child, in an effort to preserve the internalized image of the caregiver, suppresses disconfirming experiences.

The dualistic nature of self-regulation and the role of Internal Moderation

What links diverse dysfunctional family dynamics to each other is a core *asynchrony*: a failure in the timing, coherence, and reciprocal structure of early relational interactions necessary for healthy development. In families marked by pseudomutuality, a façade of closeness obscures emotional inaccessibility. In delegating systems, the child is prematurely recruited into adult functions, often to regulate the parent's unmet needs. These patterns constrain the development of a coherent self and distort the child's emerging capacity for self-regulation. At the heart of these disruptions lies a failure in *internal moderation,* the integrative mechanism that enables individuals to modulate between internal opposites without disintegration (Şar, 2023a, Ayas et al., 2025).

Internal moderation is hypothesized as a two-step process, involving both input and output phases, interconnected through a feedback loop. It can be understood through a typology of core physiological response modes: on (excitatory), off (inhibitory), and dual (ambivalent, occillatory). These modes reflect how the system engages with incoming stimuli and attempts to restore balance (Şar & Ayas, 2025). Internal moderation is a meta-regulatory function that facilitates dynamic balance between affective, behavioral, and relational polarities such as inhibition vs. activation, closeness vs. distance, or assertion vs. withdrawal. It is neither repression nor impulsivity, but the flexible governance of both. In its most distilled form, this dynamic can be understood as a breakdown in the *stimulus-response system*, where the system fails to generate adaptive outputs in response to distressing inputs. Şar and Ayas (2025) describe this condition as a form of *silent dysregulation*, in which the individual becomes stuck in a repetitive loop of maladaptation. The regulatory mechanism required to interrupt this cycle, referred to as internal moderation, is fundamentally compromised. Internal moderation involves the dynamic capacity to mediate between extremes of emotional arousal, relational response, and cognitive appraisal. Without this balancing function, the individual remains vulnerable to both emotional overmodulation (e.g., numbing, detachment**)** and undermodulation (e.g., affective flooding, impulsivity), a dual vulnerability frequently observed in trauma-related and dissociative disorders (Lanius et al, 2010).

This model resonates with *deep-learning mechanisms* in artificial intelligence (AI), but in this context, the algorithm functions maladaptively. Early relational trauma serves as the initial input, while adult dysfunction represents the output, linked by a *feedback loop* that reinforces, rather than corrects, the pathological pattern. The traumatic experience operates as a kind of **"***black box":* its internal logic is opaque, resisting both introspection and therapeutic access. This opacity obstructs the natural processes of *unlearning, relearning, and adaptive recalibration*, leading instead to a state of psychological stagnation (Şar & Ayas, 2025).

This model has therapeutic implications in terms of restoring internal moderation. In trauma-related and dissociative conditions, the failure of internal moderation manifests as chronic instability across emotional, behavioral, and relational domains. This instability is not merely reactive but structurally embedded, often resulting from early disruptions in the attachment system, where regulation was either inconsistent, punitive, or entirely absent. In such individuals, internal regulation does not arise organically; instead, it must be *reconstructed relationally*, often beginning within the therapeutic alliance itself.

This therapeutic work includes *stabilizing arousal* through co-regulation, *identifying paradoxes* rather than resolving them prematurely, *working with implicit processes* such as dissociative self-states and nonverbal relational cues, *facilitating reflective functioning and mentalization*, particularly around attachment-based expectations and epistemic trust, and ultimately, *rebuilding trust in one's own regulatory system, which was once compromised by early relational trauma.* Healing requires not just insight or catharsis, but a *return to the middle*, the temperate space where neither extreme dominates, and where internal moderation becomes once again possible. Dialectical Dynamic Therapy (DDT) proposes that the therapeutic task is not merely to reduce symptoms but to *reorganize the system of self-regulation* by navigating the dialectics embedded in the patient's relational history and current self-structure (Şar, 2022b, 2023b). Rather than correcting behavior in a linear way, DDT engages the patient's conflicting self-states (e.g., submissive vs. controlling, dependent vs. autonomous) and facilitates internal dialogue between them. The therapist acts not as an authority figure but as a dialectical partner, helping the patient tolerate and integrate internal oppositions rather than split or act them out. The restoration of internal moderation, therefore, becomes both the goal and the process of therapy.

A novel concept on interpersonal safety: The Encryption Vulnerability

In a sociological level, relationships (human, corporate, governmental etc) operate on a spectrum of safety and control. On the contrary, human individual is also motivated to establish relationships which transcends this principle in a psychological level. However, this is only possible through separating this relationship from that of the sociological level. This secure relationship is only possible between two individuals who agree to be connected and to exclude "others" to experience unique and authentic. To conceptually address this "spontaneus (not intended) mutualism" in a psychological context, Ayas and Şar (unpublished manuscript) borrow the term *encryption* from information security, where data is protected through encoding and can only be accessed with a specific key. Similarly, in these mutualistic human relationships, unlike those in the sociological level, individuals "encrypt" diverse aspects of their relationship (e.g. feelings, experiences, intentions, ideations) to achieve and maintain resonance, making them accessible only through a specific relational partner.

Even after the individuals agree to be connected at the first place, there is always a possibility of spontaneous mutualism transforming into a commensalism or even a parasitism, which means that the relationship is *not* bilaterally sealed. To conceptually address this pathogenic aspect, Ayas and Şar (unpublished manuscript) introduce the term *encryption vulnerability*. The vulnerable one trusts the encryption so tightly that she does not think that this mutualism will fail and even accept to stay in the not benefiting side if the commensalism takes place to continue nurturing the partner. While some degree of this dependency and/or encryption vulnerability characterize healthy relationships, an excess or lack of them refers to a more problematic dynamic where individuals become overly dependent on others for emotional regulation, self-validation, or identity formation. If the dependency levels of the individuals differ from themselves, interpersonal signals such as emotional cues, intentions, even acts of care may be misinterpreted or remain unreadable. Even well-intentioned gestures may be read as manipulation or intrusion. Some relationships may collapse into *merging or fusion*, where self-other boundaries blur, create fertile ground for encryption vulnerability. Rather than mutual regulation, this fusion creates an instability fostering control, engulfment, and the collapse of differentiation.

The concept of encryption broadens the scope of trauma theory by shifting attention from overt relational ruptures to more subtle, systemic breakdowns in communication. In individuals affected by trauma, particularly those with a history of attachment trauma, the equilibrium of interpersonal dependency is often skewed by early experiences of intrusion, betrayal, or emotional inconsistency. As paraphrased by Farina and Schimmenti (2025a), these developmental injuries severely disrupt the formation of *epistemic trust*, that is, the capacity to regard others as reliable sources of emotional understanding and interpersonal knowledge (Allen, 2013; Fonagy et al., 2023). In its place, *epistemic mistrust* may emerge as a defensive baseline, a cautious scepticism that offers protection from further harm but,paradoxically, obstructs authentic connection. Over time, this stance may can crystallize into *epistemic freezing*, a rigid cognitive-affective state that impairs the individual's ability to interpret the intentions and mental states of others with flexibility (Luyten et al., 2020). In such a condition, the person becomes increasingly closed off not only to external guidance but also to inner transformation. Learning, empathy, and therapeutic collaboration are inhibited.

In the therapeutic context, encryption vulnerability becomes a barrier. The inability to establish epistemic trust undermines the core mechanisms of psychotherapy, particularly the patient's capacity to engage openly, consider alternate perspectives, and revise maladaptive beliefs. Therapeutic interventions may be experienced as intrusive, manipulative, or even dangerous and echoes of the original power-laden relational field (Allen, 2013; Brune et al., 2016). Fonagy and colleagues (2025) emphasize that complex, collaborative tasks like psychotherapy require the capacity for *"we-mode" thinking,* the ability to hold in mind both one's own perspective and that of the other within a shared, intentional space. This mutuality is underpinned by *reciprocal epistemic trust,* which is often underdeveloped or actively resisted in individuals with histories of attachment trauma.To overcome encryption vulnerability, it is not enough to offer safety or insight. The therapeutic process must involve *re-coding* the interpersonal exchange: building shared meanings, allowing for symbolic misalignments, and co-constructing a new algorithm of relational trust. This requires time, symbolic containment, and a tolerance for ambiguity. At its core, encryption vulnerability highlights how trauma is not only what was done or omitted, but how communication itself was rendered

one-sided (asymmetrical), unsafe, unreadable, or weaponized.

Overcoming the resistances of security: The Implicit Psychotherapy

Thus, a key consideration within this model is the notion of encryption vulnerability, a state marked by overconfidence in the bilateral encryption of interpersonal communication, while in reality, the channel can anytime be unilaterally compromised or broken. In therapeutic settings, unless this encrypted vulnerability is carefully attuned to, therapy risks reenacting the very dynamics it seeks to repair. Şar's (2025a,b) concept of *Implicit Psychotherapy* is a logical extention of this clinical stance. Implicit Psychotherapy addresses these encrypted dynamics not by direct challenge, but by fostering a sense of *safety, symbolic resonance, and emotional pacing.* Crucially, it also defends the necessity of working simultaneously with the patient's inner world and the relational field of the therapeutic encounter. In this frame, healing does not arise solely from insight or interpretation but from the inner restructuring through an embodied, secure relationship where power, agency, and vulnerability can coexist without domination or collapse.

Lowenstein and Brand (2023) emphasize the paradoxical dynamics in the treatment of such patients, situations in which the same mechanism that offers protection simultaneously hinders recovery. Şar's Dialectical Dynamic Therapy (DDT), as the theoretical background of Implicit Psychotherapy also proposes a nuanced engagement with these inner contradictions. At its core, DDT rests on the premise that a power struggle lies at the heart of all insecure relationships, including the therapeutic dyad. Drawing from Hegel's *master–slave dialectic*, Şar (2025a,b) emphasizes that the therapeutic relationship itself often becomes a stage for the re-emergence of these unresolved relational asymmetries. In this model, healing requires not the suppression of this power dynamic, but its *reflective engagement*. When the therapist holds space for both vulnerability and agency, without collapsing into rescuing or controlling roles, a new relational configuration can begin to emerge. This is the Hegelian sublation (Aufhebung) of the unequality (Şar, 2025a).

DDT proposes that trauma is reproduced within dissociative self-states, which are often structured around unresolved relational power struggles. These states tend to alternate between submission and domination, fusion and detachment, silence and coercion, mirroring the original traumatogenic dyad. Within the therapeutic process, these unresolved dialectics frequently surface in the relationship. The therapeutic task in DDT is not simply to stabilize or eliminating one side of the split but in creating space for *reciprocal recognition*, both within the self and between patient and therapist. This mirrors the post-Hegelian ideal of mutuality as a path toward freedom, where neither self nor other must dominate, and where power becomes shared rather than imposed. In this way, DDT utilizes the *dialectic itself as a healing force*, recognizing that the "solution" is not in the interpretation of these dynamics, but to engage with the underlying paradoxes, allowing the patient to experience them safely within the relational container of therapy (Şar, 2023b, 2024).

Conclusions: From attachment trauma to traumatic attachment

Farina and Schimmenti (2025a) propose "attachment trauma" not merely as an etiological concept, but as a clinically definable phenomenon with direct therapeutic implications. In an era of searching for new perspectives that move beyond symptom-based categorization toward process- and mechanism-informed treatment models, their proposal marks an important shift. Similarly, Zagaria et al. (2024) define attachment trauma as "varying and long-lasting biological, psychological, and relational consequences resulting from incomplete encoding and integration of emotionally overwhelming experiences within an attachment relationship." When such disruptions occur early in development, they tend to unfold across the lifespan through a *longitudinal, cascading process*, often likened to the *butterfly effect*, where small perturbations in the early regulatory environment lead to increasingly complex psychopathological outcomes (Şar, 2020).

One significant clinical consequence of this process is the emergence of *traumatic attachment*, a condition that extends beyond the etiological dimension of trauma and represents a persistent relational pathology. Traumatic attachment is characterized by chronic dependency, not only in interpersonal relationships but also across various domains of life, including behavioral addictions and substance dependence. The latter has become a devastating public mental health concern increasingly affecting every stratum of society in the fragmented landscape of the postglobalist era. Here, the original wound of unmet attachment needs morphs into a pervasive pattern of clinging, submission, or compulsive seeking, often aimed at external regulation of the self. This pattern reflects not only the unmet need for safety and connection but also the internalization of an unreliable or threatening relational template.

Despite these multifaceted clinical consequences (perhaps also due to this complexity), this type of trauma may remain invisible, encoded in early neglect, emotional misattunement, or disorganized caregiving, yet it leaves lasting somatic, psychological, and interpersonal imprints. Its impact is often buried beneath the surface of coherent narrative or diagnostic clarity, making it essential for therapeutic approaches to extend beyond explicit memory and symptom-focused models. Effective treatment must operate on implicit, relational, and dialectically-informed levels, engaging the paradoxes, ruptures, and unmetabolized dynamics embedded in early relational trauma. As Şar (2025a, 2025b) proposes through DDT and Implicit Psychotherapy, therapeutic transformation lies in the capacity to engage, not resolve, the contradictions of the traumatized person in a relational field that can contain, reflect, and regenerate.

Overall, the field must evolve toward a *post-linear model of trauma*, one that accommodates dissociation, epistemic rupture, and relational paradox while still holding open the possibility of integration and healing. Concepts such as internal moderation and encryption vulnerability may offer meaningful advances in trauma theory including attachment trauma. However, this shift requires more than the introduction of new concepts; it demands a *method of thinking* that is reflective, dialectical, integrative, and unafraid of complexity. In this context, the concept of attachment trauma is a useful starting point, but it remains a broad and heavy construct. To truly advance the field, we must be willing to "dissect" what is carried within this overloaded container.

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