Companionship of Psychotraumatology and Social Self Disorder

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Abstract

The aim of this study is to examine how the sociological self-construction of the individual plays a role in the dissociative deterioration situations in the psychotramatology of the traumatized individual, according to the literature. The individual's self-states form from birth. The individual, on the other hand, experiences a single self-state as the sum of many characteristics. Although some of these features are positive and some are negative, they act as a whole. There are dissociations and dissociative identity disorders that occur in the state of helplessness in the individual's trauma experience. Dissociation states are the state of evolution to pathology. As a social being, the individual has roles suitable for many social situations. These roles can be expressed as social self. These self-areas are in harmony with the inner self as long as there is no trauma experience. For the individual, the inner self area is a self-area with more human characteristics. As a result of trauma experiences, the individual has difficulty in maintaining his inner self-structuring or turns to social self-areas, which is dissociation or dissociative identity disorder. In the trauma life, there is an effort to reach and protect these deteriorations with the help of the social self.

Keywords: Trauma, Psychotraumatology, self (self-worth), Social, Spiritual, Inner

Introduction

The dissociative response to trauma is a creative survival strategy that helps an individual cope with overwhelming trauma. Alter personalities (alters) are conceptualized as differentiated aspects of an individual's overall personality. Treatment based on this conceptualization focuses largely on resolving the emotional, behavioral, and cognitive effects of trauma; creating conflict between dissociated ego states and ultimately ensuring the integration of the whole personality (Gleaves, 1996). The discipline of psychotraumatology, which is defined as the collective body of studies on trauma, focuses precisely on individuals' reactions to traumatic situations and/or experiences, trauma treatment and prevention techniques (Öztürk, Erdoğan, & Derin, 2021).

It is against scientific foundations to make a comparative assessment of the effectiveness of psychotherapies in psychotraumatology. The reason for this is that different techniques have common factors. Another reason is the inadequacies in the actual practice in the field, which theoretically adapts the technique to the singular situation of the patient with the effectiveness of the technique (Auxéméry, 2016). The common goal of different evaluations and approaches towards trauma experiences and the resulting dissociation and dissociative disorders is to understand the effects of the trauma situation experienced by the individual and to get rid of it with the least damage.

1. Trauma and Psychotraumatology Phenomena

The phenomenon of psychotrauma is probably as old as the beginning of humanity and has already been described in many ancient writings (Al Joboory, et al. 2019). The concept of trauma, on the other hand, means concussion for psychology in the dictionary (TDK, 2022). The word of French origin means wound, injury. It defines it as a series of reactions and reactions to an event or situation that is experienced as overwhelming (Hooker, & Czajkowski, 2020). Trauma is a general psychological or medical condition. When the connection between mind and body is not really supported in the modern approach in medicine and psychology, the healing of trauma suffers severely (Levine and Frederick, 2013:12). Although the issue of the accuracy of traumatic events has been researched and discussed for centuries, the only thing that is known is that what happened in trauma is never forgotten (Arden, 2019: 137). For all societies and individuals, the damage caused by traumatic situations seems to be a wound that cannot be healed, but must be lived together.

Although the hypothesis that traumatic and stressful events can endanger physical and mental health is old, systematic research on this subject is relatively new (Troisi, 2018). Experimental and clinical studies over the past three decades have convincingly demonstrated that, in addition to accelerated biological aging and premature death, traumatic and stressful events play a role in the development, maintenance, or exacerbation of several major mental and physical health conditions (Slavich, 2016). According to the authors, mental trauma is assumed to be congenital or the result of a lack of a quality early mother-child bond (Lebigot, 2014). It is true that while trauma and negative life events have a negative effect on individuals' attachment, secure relationships have a positive effect (Solmuş, 2010:305).

Most trauma victims use rejection, amnesia, numbness and other dissociative methods to avoid the devastating effects of trauma (Horowitz, 1989: cited in Leahy, 2007). Clients could not build a bridge between the past and the present, no matter how long they had gone through their traumatic experiences. They feel fully alive when they visit the events that upset them, their traumatic past (Van Der Kolk, 2018). Although the way to escape from trauma is situations such as denial and suppression, it is possible to state that the individual keeps his perceptions more open in the form of remembering the emotion in the traumatic experience.

In the psychoanalytic approach, traumatic experiences are traumatic experiences that the self cannot overcome with its usual defense mechanisms and ways of coping. The effect of these experiences varies from individual to individual and leaves specific effects on the mental structure of the person (Öztürk & Uluşahin, 2008).

Victims of trauma often need care to recover from their psychic scars when the trauma is present (Al Joboory, et al. 2019). It is possible that the traumatic experience causes mental disorders as well as deterioration in the abilities of the individual to continue his daily life. Because mental health cannot be separated from psychological health. Auxéméry (2017), Psychological damage is often underestimated when "physical" damage is not forgotten. This means that studies aimed at

tolerating physical damage before providing psychological support to trauma experiences are important for the individual.

Schnyder, et al., (2016) found that individual and collective meanings associated with trauma and trauma-related disorders differ across cultures; While in the individualistic "Western" world, therapists are accustomed to the feeling that survivors are vulnerable or inadequate, they note that in more collectivist cultures such as Japan, assessments are much more common about social functioning or assessment by others. The existence of many complications from the formation of the trauma to its course and the examination and treatment of trauma experiences have led to the formation of a field of psychotraumatology.

Although trauma is an old phenomenon, its scientific acceptance is close enough to be considered new. Maercker and Augsburger (2017), Psychotraumatology or "traumatic stress studies" first began to be defined as a new diagnosis of post-traumatic stress disorder (PTSD) in the 1980s. Trauma experiences are certain to be as old as human history. It is also certain that the events defined as trauma today did not occur in the 1980s. Maercker and Augsburger (2017) explain the reason for this as follows; Over the last two decades, psychotraumatology has continued to evolve, which can be seen in the increase in relevant specialist publications, the establishment of new specialist scientific journals, and professional and public perception. Birmes et al. (2010) explain this situation as follows; Trauma experiences are affected by social life as well as individual life. It is likely that psychotraumatology in antiquity was not infrequent, as wars and wars were a part of everyday life.

Psychotraumatology is closely related to clinical psychology, psychiatry and psychohistory. Recently, psychotraumatological focused, broad perspective studies have been carried out continuously in these disciplines. Psychotraumatology is a basic field of study that focuses on the responses of individuals and societies to trauma-related situations or experiences, and psychotherapies and trauma prevention policies (Öztürk, Erdoğan, & Derin, 2021).

The field of psychotraumatology is not limited to clinical psychology and psychiatry, but spreads throughout the society: It is discussed among lawyers, historians, anthropologists, politicians, media, cultural scientists and artists. Traumatic experiences and their forms are constantly on the agenda in the public media (Maercker, and Augsburger, 2019). Öztürk, Erdoğan, and Derin (2021) argue that psychotraumatology can be thought of as a discipline that focuses not only on natural but also traumatic stress and traumatic dissociation that occur as a result of human-induced disasters and traumas such as sexual, psychological and physical abuse, migration, asylum, wars and terrorism. also states. Covering a wide range of research areas, Psychotraumatology is in motion and there is a growing awareness of the negative effects of psychotrauma around the world, which is reflected in the number of publications on the topic. These publications are becoming more public (open access) than in other fields, thus leading to faster implementation of research findings (Olff, 2018).

1.1. Dissociation and Dissociative Disorder

Dissociation is an indication that the traumatic experience cannot be processed emotionally, cognitively and behaviorally (Bowers & Schacter, 1990). Dissociations experienced in trauma are associated with Post Traumatic Stress Disorders (Van Der Kolk, 1997). dissociative disorder; It is a mental disorder that includes problems with perception, memory, emotion, behavior, identity and sense of self, and has symptoms that can disrupt every aspect of mental functioning (American Psychiatric Association, 2018). Dissociation arises as a result of the inability to combine all the experiences revealed by being aware of the feelings, thoughts and behaviors that are among the duties of consciousness (Kuzu, 2019). In dissociation, the individual feels that he is completely

disconnected from the people and environment around him and is alienated from the situation he is in, experiences inadequacies in his insight about his identity and changing life conditions, or is faced with severe and frequently recurring situations of disconnection from cognition such as amnesia, fugue, and identity conflicts (Kearney and Trull). , 2017). Dissociation disorders; It includes disorders such as dissociative identity disorder, dissociative amnesia and depersonalization/derealization (Tuna and Öncül-Demir, 2020).

The most important feature of dissociative disorders is that they can affect almost every mental function. Dissociative amnesia, depersonalization, derealization, identity confusion, and identity change are the main features of dissociative psychopathology. Dissociative disorders can accompany many psychiatric disorders, including personality disorders, or can be present as symptoms of psychiatric disorders (Uytun, Durmuş, & Öztop, 2014). Whether an individual is a child or an adult, his dissociation capacity, the figure (parent; caregiver) or the system (family; workplace; social environment; society) with whom he is in contact is an abusive person, even if he is abusive, in order to adapt to daily life, the individual necessary to maintain their innate life. and enable them to realize their social bonding needs (Öztürk, 2020).

From a psychotraumatological point of view, oppression is characterized by dissociative experiences and post-traumatic stress reactions as negative events that force obedience that individuals and societies have to face at certain rates (Öztürk & Erdoğan, 2021b). The neurobiology of trauma and dissociative disorders is one of the potential research interests in psychotraumatology (Şar, 2014). There is now ample evidence of the impact of trauma on dissociative symptoms, and this dissociation remains relevant to the trauma history even when the fantasy propensity is controlled. Little support was found for the hypothesis that the dissociation-trauma relationship stems from a predisposition to fantasy or constructed memories of trauma (Vermetten & Spiegel, 2014). In other words, individuals do not invoke the trauma experience with their unconscious processes.

Childhood memories, social rules, traumas and many other invisible ghosts fly in the environment, psychology and self (Ezmeci, 2020;13). In terms of psychotraumatology, all kinds of pressure that individuals and societies have to experience is primarily a psychological trauma, and dissociative experiences and post-traumatic stress reactions occur in direct proportion to the frequency, severity and duration of these traumatic experiences (Öztürk and Erdoğan, 2021b). Acute stress, used for the post-traumatic situation, means that the first psychotic symptoms appear in the culture of the person concerned about 2 weeks after one or more events that would be considered stressful for most people in similar circumstances. Typical events may be bereavement, unexpected loss of spouse or job, psychological trauma of marriage or war, terrorism and torture. Long-standing difficulties or problems should not be included as a source of stress in this context (ICD-11, 2022). We can state that dissociation disorders occur as a result of severe psychotraumatological (abuse, crushing experiences, traumas).

Dissociative identity disorder is a chronic post-traumatic syndrome associated with negative childhood experiences including neglect and abuse in childhood and early adolescence (Gleaves, 1996; Öztürk and Şar, 2006).

Symptoms (diagnostic criteria) of dissociative identity disorder include: (APA, 2018).
• Presence of two or more distinct identities (or "personality states"). Different identities are accompanied by changes in behavior, memory, and thinking. Signs and symptoms may be observed by others or reported by the individual.
• Persistent gaps in memory related to daily events, personal information, and/or past traumatic events.

• Symptoms cause significant distress or problems in social, occupational, or other areas of functioning.

Dissociative disorders can affect not only memory, but also consciousness or identity, as is commonly believed. The main feature of dissociative disorders is that they affect self-perception (Şar, 1998).

1.2. Self-Assessment

The sense of self is the continuation of existence, which becomes a sense of existence and ultimately results in autonomy (Winnicot, 2013; 27). The most important element of self-awareness is that the individual accepts the perspective of others and sees himself through their eyes (Ramachandran, 2015). The individual who is aware of his self-worth tends to constantly evaluate himself while he is busy with a job alone and in communication with other people. Cognitive or affective projections such as "I am/I am not a successful person", "I am/I am not a loved one", "I have the ability to solve problems/I am not" are reflections of these evaluations. Some of these self-evaluations become more evident over time and become a reference point that is frequently used (Yiğit, 2021). Although the individual is thought to be feeding a psychological structure while building his self-worth, it can be said that he is constructing a sociological self due to adapting to the sociological structure.

When Kohut first put forward the theory, he thought of the self as a representation of the self that takes place within the ego (Özen, 2014). The self corresponds to the singular person "I" (Cooley, 1968). According to Bem's theory of self-perception; just as people acquire knowledge of others by observing their behavior; they also obtain information about their own feelings, attitudes, beliefs and other internal states by observing their own behavior (Bem & McConnell, 1970; Haemmerlie & Montgomery, 1982).

Without a sense of self, the individual will have difficulty understanding the conceptual differences between words such as dignity," pity," "compassion," "forgiveness," "shame" and, if not to mention, "self-pity" (Ramachandran, 2015). The interpersonal components are often intertwined in the sense that advancement or decline from personal standards also changes one's social status.For example, people may gain or lose status (by being fired) by finding a higher-paying job.As this example shows, interpersonal comparisons often have a temporal component, because the progress and decline of people's abilities and the authorities change their social status (Alicke, Zell, & Guenther, 2013) It can be said that in order to gain gain in trauma experiences, the individual gives up psychologically (self) spontaneously and turns to sociological acceptance, that is, sociological self.

Many theorists argue that accurate perceptions of the self, the world, and the future are essential for mental health. In order to satisfy their self-strengthening needs, individuals mistakenly have a positive self-perception (Özen, 2014). Studies have shown that even in collectivist cultures, personal identities generally have a stronger influence on self-concept formation than social identities (Gaertner et al., 2012). In short, motivations for self-development and self-preservation are so fundamental to researchers' perspectives on identity and social relations that it is almost impossible to abandon explanations that combine these motivations (Alicke & Sedikides, 2009).

At the same time, people try to change their self-perception based on experience (Kernis & Waschull, 1995) and even to think deeply about them (Silvia & Duval, 2001). We define self-development and self-preservation as the interests individuals have in developing one or more self-fields or defending against negative self-views (Alicke & Sedikides, 2009). In the ego-protection view (Gordon Allport's 1937; cited by Alicke & Sedikides, 2009) as "the oldest law of nature", the individual's self-protection is expressed. In order to protect and improve himself, the individual

strives to develop his/her self-area or to defend himself against negative self-views. As a social being, human needs new social spaces. The purpose of these behaviors is the need for support, trust, and approval. However, he may be rejected in this field and may face threatening situations. He also wants to avoid this situation. Those whose self-space is under threat; they try to protect this self-area by trying to get support and reassurance from their close circle (Park and Maner, 2009).

The evaluative component of self-concepts refers to perceived value. Although people undoubtedly have unique values and preferences, the evaluation of self-concepts is largely defined by social norms. According to whether he is a good person in social evaluations, a person knows that he or she is evaluated as being praised, accepted or ridiculed (Alicke, Zell, & Guenther, 2013). It can be stated that the basis of the sociological self-concept is the result of the individual's living in the society and the effort to gain social acceptance and status. In other words, the basis of the individual's orientation to the sociological self-concept instead of his psychological self is that he is a sociological being.

It can be said that people who are not aware of their self-worth are more likely to think that unwanted thoughts, images, impulses, values and expectations threaten (Clark, 2004). Those who try to protect their self-worth, on the other hand, may reduce their efforts to reach the goal because they condition their intense feelings of success and failure (Crocker and Knight, 2005). The emotional reactions of the individual in order to protect himself in risk situations are an important factor in shaping the self-worth field (Gecas, 1982). The sociological self is the self formed in this situation. We can also express it as the ego state in which the individual tries to protect himself.

Many theorists argue that accurate perceptions of the self, the world, and the future are essential for mental health. In order to satisfy their self-strengthening needs, individuals mistakenly have a positive self-perception (Özen, 2014). The erroneous perception of constructing a positive self can be seen as a pathological condition. The self, in which the individual hides his negative features, can be expressed as the "sociological self".

2. A Current Concept in Psychotraumatology: The Sociological Self

The ego state is a rich and complex concept that is helpful in psychotraumatology but difficult to compare with other concepts. This concept is an important contribution to the understanding and treatment of complex post-traumatic stress disorders and dissociative disorders (Piedfort-Marin, 2017). If patients with depressed/traumatic experiences have selective damage to circuits that mediate empathy and salience of external objects, but have a robust circuit for self-representation, feelings of detachment from reality and alienation from the world may emerge as a result. On the contrary, if the self-representation circuit were fundamentally damaged, the inner feelings of emptiness and emptiness that characterize depersonalization would manifest as a natural response to the outside world and people. In short, the feeling of unreality is attributed either to the person himself or to the world, which is based on the derivative damage suffered by these closely related functions (Ramachandran, 2015).

People can develop their self-concept. Rather than waiting for individuals to break down, the community is there to intervene ahead of time to provide nurturing support systems and teach culturally appropriate coping skills (Wesley-Esquimaux & Smolewski, 2004). Although it is not defined as concepts such as the psychological or sociological self, there are also opinions in the literature that some self-states can be developed for social cohesion. Here, we can also state that the individual develops selves to avoid trauma. Wesley-Esquimaux and Smolewski (2004) state that trauma can enter people's psychological structures through the phenomenon of learned helplessness and cause a decrease in self and social esteem.

Based on the fact that consciousness is constantly developing and changing, self psychologists have stated that self-objects come to life with constant adaptation and in this state, they are the social self (Ceylan, 2012:137). We can say that the sociological self formed due to traumatic experiences or stressful situations is in readiness. However, in the case of trauma, it is understood that the individual creates a sociological self for the effort of self-protection.

Each self (self) is confronted with everything else in the world (society, life's beauties, pleasures, tragedies). When all individuals say "myself", they distinguish themselves from other selves with their single self (Woolf, 2014:10). The self here represents uniqueness, uniqueness, and specialness, similar to the psychological self-state. Opposite the psychological self is life itself (all life events). Şar and Öztürk (2022) stated that staying away from the psychological self will lead to the sociological self. Woolf (2014:18) states that the distinction between men and women, which has become a social habit, is also a hindrance. Buddha shows the blocking, binding, negativity of the sociological self displayed for social harmony for the individual.

The sociological self, which is defined as dissociative disorder by Şar and Öztürk (2007; 2022), is the previous stage of dissociative identity disorder. The stage defined in this way can actually be seen as a defense mechanism. The overuse of the defense mechanism brings a neurosis and then a psychotic disorder. In this context, it is useful to look at dissociative identity disorder in order to understand dissociative disorder more clearly. Şar, Dorahy, and Krüger (2017) describe dissociative identity disorder (DID) as a chronic post-traumatic disorder in which developmentally stressful events such as childhood abuse, emotional neglect, attachment disorder and border violations are central and typical etiological factors. Şar and Öztürk (2007), in the developmental periods, abuse and neglect prevent the development of the psychological self, while accelerating the development of the sociological self. In such a case, a part (psychological self) is rescued as a hidden self and remains frozen in time, while the sociological self develops exclusively and excessively.

Social disorders have been proposed as a new sociocognitive theory of segregation and dissociation. The model, both theoretical and clinical, is based on 'functional dissociation of the self'. A new concept is introduced: the sociological self. While the sociological self can have cultural and social dimensions. Here it is considered a universal phenomenon rather than culturally dependent; as an individual psychological example rather than a sociological concept per se. se. It is suggested that the main sources of dissociation are the rupture of sociological and psychological selves due to trauma, followed by the expansion of the sociological self. Therefore, effective psychotherapy should reduce the expansion of the sociological self and reactivate the psychological self. It is hoped that this conceptualization will contribute to both understanding the everyday separation of the average contemporary individual and efforts to develop novels (Şar, Öztürk, 2007).

It is useful to look at the term dissociation to understand the separations in self-states (Dalenberg, 2009). The term dissociation has been used to describe various processes of the human mind, including the "normal" aspects of focused or divided attention and absorption. Identity changes (alterations) that occur in dissociative disorders occur in the sociological self and are aimed at protecting the psychological self (Şar and Öztürk, 2022). Pathological dissociation is experienced as an involuntary disruption of the normal integration of conscious awareness and control over one's mental processes (Spiegel, 2011). Dissociative symptoms are hypothesized to reduce subjective distress, both in the context of direct stress or trauma, and later when dissociative processes protect the individual from full awareness of stressful, worrying, and/or traumatic information (Spiegel, 1986). It can be said that the situation of eliminating this subjective distress is the transition from the psychological self to the sociological self put forward by Şar and Öztürk.

Persistence of trauma and stress will cause mental and physical destruction. The transition to the sociological self can be considered as an adaptation mechanism. This situation raises the idea that it may cause a deterioration in self-perception.

Dissociative identity disorder is associated with culturally constructed self and personality experiences (Dorahy et al., 2014). Dissociative identity disorder occurs when trauma in the form of dissociation disorder with the sociological self-state cannot be overcome.

It is possible to state that the sociological self, which we can consider as a type of impairment, and the self disorder in schizophrenia are similar, and that the self disorder typically includes prominent dissociative symptoms, especially depersonalization and derealization. The self disorder model offers a unifying way of conceptualizing the wide variety of symptoms (positive, negative, disorganized) of schizophrenia, capturing their idiosyncratic quirks, and designing their longitudinal development (Sass et al., 2018).

My observations on the symptoms of the self that develops right after the individual's destroyed world fantasies have led me to create the theoretical concept I call the "adult psychotic self". Every adult schizophrenic patient has an adult psychotic self in his inner world. Its presence is psychologically necessary for the diagnosis of schizophrenia in adults (Özen, 2011). While the sociological self is used to cope with trauma-related dissatisfaction and dissociative disorders, it is a striking concept used in schizophrenia to explain the similar pathological disorder in the adult psychotic self.

The selves emerge in society and reflect it, the sociological approach to understanding the self and its parts (identities) means that we must also understand and keep in mind the society in which the self moves (Stets & Burke, 2003). Crocker and Wolfe (2001) state that the individual's many behaviors and socialization areas are evaluated and that the individual's self-worth (self) is determined accordingly. However; Crocker and Wolfe (2001) draw attention to internal and external conditions in their self-worth (self) model. Internal conditions, with the psychological self; external conditions have similar aspects with the sociological self.

A recent pathway analysis study (nonclinical subjects) demonstrated a possible interaction of self disorder with trauma in predisposing to psychosis (Gawęda et al., 2018). It is a condition that occurs in psychosis, which is expressed as a self-disorder, and it has been reported to have a possible interaction with trauma. Şar and Öztürk (2007), on the other hand, suggest that the sociological self is a protective mechanism or self-masking of the individual rather than the deterioration of the self.

> *Adequate response and survival is the task of the psychological self. The sociological self has no role in the survival stage of trauma processing: it functions in the later stages. If the psychological self works poorly, the perception of reality changes and personalities are formed. Distorted reality leads to ostracism, while self, failed survival leads to exclusion from reality, and then shifting personalities kick in. The traumatic self (a specialized part of the sociological self) attempts to process trauma in the context of a distorted reality. This fails and the second stage emerges: the sociological self produces other alter personalities who try to process the trauma (Şar, Öztürk, 2007).*

They state that the sociological self and the psychological self are affected by overstimulation and lack of stimuli. Mass media can be seen as overstimulation. Stimulus deprivation, on the other hand, can be seen as the narrow preoccupation of single-minded thinking with behavior for rigid religious ideas, traditional rituals, and postmodern thoughts and patterns (Şar & Öztürk, 2013). It can be said that the self-state seeks a state of equilibrium and that it achieves this by using the sociological self. Although the concepts in the sociological self-state seem negative, we can say

that the individual undertakes the task of rescuing. According to Alicke and Sedikides 2009), self-development is a luxury, while self-preservation is a necessity. On the other hand, negative affect (concepts emerging in the sociological self) is a necessary accompaniment of self-protection (Leary, Springer, Negel, Ansell, & Evans, 1998). Self-preservation is important for reinterpreting cognitive dissonance effects (Aronson et al., 1991). Since the area served by the sociological self is cognitive adaptive, the coexistence of self-protection and cognitive adaptation should not be ignored. According to Sedikides and Brewer (2001); Although the sociological self functions as an interface between the individual and society, it is not a kind of collective or relational self in the social-psychological sense. Although it is possible to say that the sociological self provides an individual benefit from these approaches, it is not the same pragmatics in the social and social context.

The sociological self is created by others through socialization over time. Thus, dissociation is initiated by society's neglect of the psychological self. The social environment often conflicts with the psychological self, and so socialization stimulates the sociological self primarily through selective rejection of some aspects of the psychological self. The dilemma of the individual includes considering both his psychological self and his psychological reality together with his different sociological self and different psychological reality (Şar & Öztürk, 2007). It is common for traumatic events or stressors to occur during human development, but the lifetime cumulative impact of traumatic situations intensifies the chances of psychopathology occurring (Dekovic, 1999). The sociological self can be expressed as the mechanism of coping with the pathological dissociative disorders of the trauma situations experienced.

The cooperation of the psychological and sociological self leads to healthy adaptation. Developmental differences between the two selves, together with their contradictory sociological and psychological realities, create fundamental dilemmas for the individual and, in our opinion, are the main sources of both clinical and non-clinical separation (Şar & Öztürk, 2007). The reason for the dissociation in dissociation states can be expressed as inconsistent self states.

Winnicott (1962) associates the emergence of personality disorders with problems in personality integration in the early stages of development. According to Winnicott, when the baby is born, it does not exist independently of the mother. However, with the support of the "good enough mother," the baby gradually develops an understanding of external reality. But if the mother is not "good enough," the baby cannot experience all the feelings of empowerment and has to face external reality before it is ready. This situation may pave the way for the baby to hide his true self and conform to the mother and, as a result, to form a false self. The presence of pathological personality traits such as impairments in personality and interpersonal functionality, emotional lability, anxiety, depressiveness, impulsivity, risky behaviors, separation anxiety and hostility are some of the symptoms of borderline personality disorder (Sarısoy, 2016). It can be stated that individuals begin to form their sociological self-structuring with the negative life experiences they encounter. The use of the sociological self instead of the psychological self in order to get rid of the difficulties of traumatic experiences can also be seen as an adaptation process.

Laining (2011) explained two similar concepts with the psychological and sociological self-concepts in his work. Laining (2011:92) explains the concepts of inner self and false self. He states that the inner self observes the world, while the false self is in direct contact with the world. The "false self" is an activity to constantly create a positive environment that the environment does not provide (Winnicot, 2017; 12). It is similar to the shift of the psychological self to the sociological self after trauma experiences or intense stress situations. The way to cope with the events that wear out and shake the individual is provided through the different self.

Those who unconsciously need to organize the false self front to deal with the world use the false front as a defense designed to protect the true self (the true self has been traumatized and should not be re-found and injured). The organization of the false self easily engulfs society, and society must pay a heavy price for it. From our point of view here, while the false self is a successful defense, it is not an aspect of health (Winnicot, 2014; 33-34).

As in PTSD, self-related change may occur as a type of depersonalization, decreased self-presence, and a self-protective or defensive response to trauma (Sass, 2018). However, at the same time, the individual uses the sociological self as a protection mechanism, as a way of avoiding a more fundamental weakness or because of the comfort it provides to the individual according to the psychological self-experience. Şar and Öztürk (2007) When the harmony between sociological and psychological selves is achieved, the patient will be able to regain his will. This is possible by reaching the psychological self with the help of the sociological self. According to Winnicot (2017;136), the false self organizes to keep the world away; expresses that there is another and real self that is hidden and thus protected. It can be stated that the sociological self as stated by Şar and Öztürk (2007) is the protector of the psychological self.

Another concept put forward by Laining (2011:105) is self-awareness. This awareness is the individual's ability to realize himself and the environment to be aware of him. Due to the individual's awareness of the environment, the individual will prefer to hide himself. Based on these views, the individual knows his natural state (psychological self) similarly in the sociological self, but instead we can say that he uses it as a way of coping with the situation by establishing harmony with the sociological self. Although the sociological self is seen as negative features for the individual, we can also say that the individual adapts well to the individual as a way of providing social harmony and exhibiting what is experienced in the psychological self. The psychological self appears to be a more humanistic concept. The sociological self, on the other hand, appears as a defense mechanism. This defense mechanism can also be called the mask or masks of the individual.

Conclusion

Although many of the experiences are seen as memories individually and socially, no traumatic experience remains a memory. In particular, it is necessary for the individual to provide coping skills and support systems related to the ongoing trauma event.

The concept of psychotraumatology, on the other hand, can be expressed as a research field that focuses on all disciplines involved in processes such as trauma, post-traumatic stress disorder, dissociations and their formation, research, examination and treatment.

In the literature and in our argument, we can state that the trauma experience continues for a lifetime. This situation is interpreted in the psychology literature as it will cause dissociative disorders. It can be said that he experiences situations such as reliving the traumatic event, avoiding reminders of the traumatic event, holding on to negative thoughts and emotions, and feeling of injury.

This spiritual destruction reveals much more devastating results, especially if it is experienced in childhood. Post Traumatic Stress Disorder can have consequences such as dissociation and identity disorders. It is also possible to say that the sociological self is used in coping with trauma experiences. Here, the sociological self can be seen as a way of coping with suppression, adaptation, suppression, or rationalization.

In the sociological concept of self, it can be seen as an adaptation mechanism that the individual develops after trauma experiences. The sociological self is seen as a result of social life. Although

the psychological self, which is related to the sociological self, seems healthier, it remains under the pressure of the social environment. If the psychological self is seen as a real/healthy/self state, the sociological self can be seen as a false/adaptive self. It can be achieved through psychological and sociological self-harmony as a provider of protection or escape from dissociation.

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