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Dysfunctional generations versus natural and guiding parenting style: Intergenerational transmission of trauma and intergenerational transfer of psychopathology as dissociogenic agents

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Abstract

Intergenerational psychosocial transformation functions in two opposite directions, “intergenerational development” and “intergenerational fossilization”, and the main factor in this dynamic process is family dynamics and child-rearing styles. In psychosocial terms, every family can teach their children compassion, loyalty, honesty and strategies to effectively cope with traumatic experiences, on the other hand, they can traumatize and dissociate their children with their violence-oriented and unempathetic negative child-rearing styles, which they use as a punishment tool. Family psychopathologies show a negative relationship with "intergenerational development" and a positive relationship with "intergenerational transmission of trauma" and "intergenerational transfer of psychopathology", that is, the "intergenerational fossilization". In a wide space from normality to psychopathology, family dynamics and communication patterns are discussed in three categories: "normal family model", "dysfunctional family model" and "pathological family model". From past to present, traumatic experiences and negative child-rearing styles have been used in all nations of the world to both put oppression on and control individuals and societies. Because individuals and societies, by dissociating the people and masses they traumatized and psychopathologized, are able to control and manage more easily. In this context, intergenerational traumatic and psychopathological experiences are transmitted to the next generation at similar rates by people living in the same age in a revictimization cycle. The natural and guiding parenting style, developed by Ozturk, is structured both as a functional family model focused on psychosocial development and as a long-term prevention strategy against childhood traumas and closely related dissociative disorders and post-traumatic stress disorder. In this study, the "dysfunctional generation" defined by Ozturk and dysfunctional family models, dysfunctional family dynamics and dysfunctional communication patterns are discussed in detail.

Keywords: Dysfunctional family, dysfunctional family models, dysfunctional family dynamics, dysfunctional communication patterns, dysfunctional generation, childhood traumas, intergenerational transmission of trauma, intergenerational transfer of psychopathology, dissociation, dissoanalysis, digital family, digital abuse, natural and guiding parenting style

Dual Movement of Families in Intergenerational Psychosocial Transformation: “Development and Fossilization”

Dissoanalysis of individual and social traumatic experiences, focused on the collective anamnesis and dissociative odyssey of childhood traumas that continue their psychological traces by showing intergenerational transmission, makes it easier for us to understand and notice why we still traumatize and dissociate our children by applying negative child-rearing styles. In a very wide space from the history of humanity to the present, the intergenerational psychosocial transformation is progressing in a positive or negative direction. Intergenerational psychosocial transformation takes place in two opposite directions: *“intergenerational development”* and *“intergenerational fossilization”*. When the ratio of families consisting of developmentally-oriented and psychologically integrated individuals to the average increases, a new human profile and family model emerges in the society. The family is both the most important and the most valuable agent of the society in which knowledge, experience, justice, morality, honesty, compassion, loyalty, tradition and strategies for coping with traumatic experiences are transferred from the parent or other family members to the child in intergenerational development. The dual movement of families, which are the most valuable and most important agents of the social structure, can carry a country to an orbit where science, art and humanitarian values are at the forefront, and it can also expose that country to encompassing traumatic life experiences created by mass violence events in a spiral of anger and revenge. In this context, family psychopathologies show a

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negative relationship with "*intergenerational development*" and a positive relationship with *"intergenerational transmission of trauma" and "intergenerational transfer of psychopathology",* that is, the *"intergenerational fossilization"*. Intergenerational fossilization has ensured that "*most countries and societies that do not value nature, women and children in the periods from past to present are eventually eliminated from the pages of history*". As a part of the psychosocial transformation process, individuals who show change and development by interacting with both their families and other people serve for the prevailing of mass social evolution on the intergenerational axis. In the absence of evolution countries almost regress in a growth panic whirlpool with economic crises, internal conflicts and wars and are trapped in a fossilization process [1,2].

Feelings of compassion and justice can never be taught to a primitive generation and their leaders who were brought up with childhood traumas and unempathetic, violently-oriented negative child-rearing styles applied in a dissociogenic family atmosphere, either voluntarily or semi-consciously or with interruption in consciousness as a punishment tool. A person who lacks compassion and justice, after all, cannot be a true leader and willlessly drag their people into the process of "*intergenerational fossilization*". Ozturk defined the phenomenon of fossilization as a holistic and transitory "*cycle of violence*" that emerged after the "*nature and child hatred as well as misogyny*" in families that adopted negative child-rearing styles spread from individual to society on a primitive psychosocial axis. *"Intergenerational fossilization"* is the transformation of dysfunctional families that both adopt and practice negative child-rearing styles into violently-oriented and anti-developmental vandal societies by creating a primitive *"unity of psychosocial consciousness"*, and these violence-oriented and anti-developmental vandal societies prevail on the intergenerational axis. The unity of psychosocial consciousness, which can be developmental or regressive, produces negative psychological effects that traumatize and dissociate during intergenerational fossilization. At all times in the world, in societies undergoing fossilization processes, compassion, justice and loyalty, as well as science, art and civilization, begin to lack. It is only through psychosocial revolutions or developmental migration that an advanced part of these societies can create a developmentally-oriented break by exceeding the average, but can only be realized after extensive periods of time. The "*psychosocial revolution*" consists of evolutionally-oriented mass movements that make it possible for intergenerational development to begin by breaking intergenerational fossilization cycles. Developmental migration, on the other hand, is the city or country change that will enable the person to get rid of dysfunctional and oppressive systems and keep them away from traumatic life experiences, and even allow them to use their own potentials or strengths [1].

However, positive communication dynamics and empathy-focused positive child-rearing styles, which exist at maximum rates in the wholeness of functional families, bring peace, development and tranquility on behalf of all members of that society, both on national and international platforms. In the emergence of wars and terrorism, the phenomenon of "*violently-oriented and anti-developmental dysfunctional families*" and "*intergenerational fossilizatio*n" plays an active role. *The dissociative dynamics in the cycles of domestic abuse can find action once again by integrating on the social axis and transforming into the processes of war and terrorism*. These re-activations are long-term psychosocial reflections of people who are pro-war and terrorism, family psychopathologies and their childhood traumas in terms of psychotraumatology and psychohistory. Because only a society consisting of individuals who are psychologically healthy and integrated is developmentally-oriented and against war. Developmentally-oriented and anti-war societies teach their children to love nature, to be honest, hardworking, compassionate and fair, so that societies where these positive teachings are widely practiced do not traumatize and do not let others traumatize their own children or other people. What is experienced in this process is the unity of developmentally-oriented psychosocial consciousness. According to Ozturk, dysfunctional families and dysfunctional generations through oppression, negative child-rearing styles and childhood traumas cause interruptions on developmentally-oriented psychosocial consciousness, regressive deviations and dissociative polarization [1-3].

Dysfunctional Families as a "Social Waste" and Dissociative Polarization

According to Ozturk, dysfunctional families with immature natures and resistance to change become outdated as a "*social waste*" in the social process, and even fossilize and become an obstacle, a risk factor and a *"negative life element"* in order for the younger generations to be an independent subject with their anti-developmental structures. The most extreme form of dysfunctional families that are "*violent and abuse oriented*" has been called "*social waste*", which plays a leading role in the intergenerational transfer or transmission of trauma-related psychopathologies due to the negative child-rearing styles they adopt. More precisely, according to Ozturk, the psychopathology that occurs in children with the effect of chronic childhood traumas and unempathetic and violently-oriented negative child-rearing styles is identical with the psychopathology of the whole family. In all times and societies of the world, dysfunctional families both traumatize their own children and cannot protect them from other traumatic experiences coming from outside the family. In the formation of psychopathology, dysfunctional family structure and dynamics come into play as the most "*destructive internal systems*". The basic reality here is that both psychopathology polarizes the family structure and that the family is existentially dysfunctional. In dysfunctional families, there is a dissociative psychosocial structure divided into two poles, consisting of an individual (usually a child or adolescent) with a psychiatric diagnosis and parents categorized with sub-threshold psychiatric symptoms. Ozturk conceptualized dysfunctional families as apparently normal families. In apparently normal families, psychopathology can go into a latent state at certain intervals and at first glance, these families can give a psychologically normal impression. However, during the psychotherapy processes of these people, psychopathological relationship dynamics with their apparently normal families emerge, and it is also noticed how much these psychopathological relationship dynamics traumatize and dissociate their own children [1,2].

Normal, Apparently Normal and Pathological Family Models

In clinical psychology and psychiatry practices, there are three family models in the range from normality to psychopathology: the

"normal family model", the *"dysfunctional family model, i.e. the ''apparently normal family model"* and the *"pathological family model".* The normal family model consists of normal individuals without a psychiatric diagnosis. The apparently normal family model or dysfunctional family model consists of a child with a psychiatric diagnosis and parents who are generally not diagnosed with a psychiatric diagnosis but have sub-threshold diagnostic criteria. In the pathological family model, almost all family members have a psychiatric diagnosis [1-3]. Dysfunctional and pathological family models serve intergenerational psychopathology transfer in a society, in which it is inevitable to experience "*intergenerational fossilization*". However, since families with a dysfunctional family model outnumber those with a pathological family model, parents with this dysfunctional family model play the most major role in intergenerational transfer of psychopathology. In the intergenerational transmission of trauma, the most major role is again the parents who have this dysfunctional family model. The dysfunctional family model, which causes childhood traumas by functioning as a "*negative child-rearing style*" with a focus on violence, characterized by inconsistent and chaotic relationship dynamics, has a very rigid but unhealthy, uninitiated and psychopathological structure within itself. This psychopathological structure takes its roots from an intergenerational psychohistorical origin, and the intergenerational transfer of psychopathology takes place with dysfunctional communication dynamics. Dysfunctional families are characterized by the intergenerational transmission or transfer of contradictory and psychopathogenic dynamics that they learn from their parents and unconsciously apply to their own children. Dysfunctional families use violence-focused and unempathetic negative child-rearing styles as a method of punishment for their own children, and in this direction, the traumatized or even "*victimized*" individual is easily controlled and even managed by being labeled as "*sick*" by both his/her own family and those outside his/her family. There are fundamental differences between dysfunctional families and functional/normal families. In this study, the concept of *"dysfunctional family"*, which is more frequently referred to in the literature, will be used instead of the concept of *"apparently normal family"* defined within the framework of modern psychotraumatology paradigms [1,2,4-7]. These main differences in dysfunctional and functional/normal families are summarized in Table 1: [1]

Table 1. Main Differences of Dysfunctional and Functional: Normal Families

Dysfunctional Families	Normal Families
Denial, distortions and dissociative defenses dominate. Parents do not accept abuse under any circumstances and even "*legalize*" this process by believing that it is normal or ordinary.	There is no abuse process which will be denied and against which dissociative defenses will be used. There is a healthy communication between family members and facts are accepted "*as they are*".
The family consists of "*inconsistent*" individuals and these individuals have certain psychopathological symptoms, mostly sub-threshold.	The family consists of psychologically "*integrated*" people and these individuals do not have psychopathology at a level to be diagnosed as well as a sub-threshold level.
Parents differentiate between their children.	Parents do not differentiate between their children.
There is no "*reciprocity*" between spouses, moreover, there is often false reciprocity. While showing extreme empathy towards some family members, other family members are approached with a "*lack of empathy*".	There is "*reciprocity*" between spouses. An "*empathetic*" attitude is dominant in the communication of parents both among themselves and with their children.
"*Distance*" and "*adjustment*" problems are frequent between family members.	There is an "*optimal*" level of communication between family members.
Manipulation, envy, jealousy and rudeness are present both in the relations of family members among themselves and with other people.	Appreciation, valuation and kindness are present both among family members and in their relations with other people.
Outbursts of anger, self-harming behaviors, turbulent interpersonal relationships, ambivalent behaviors, suicide attempts, and internet, alcohol and substance addictions are common in family members.	Family members exhibit measured, consistent and balanced behaviors. Everyone has a common acceptance of optimal rules and principles. Respectful and compassionate attitudes and behaviors are at the forefront.
Family members often sabotage themselves and others. These family members have peculiar characteristics that mix psychopathology with anachronism and postmodernity.	Family members are both very clear and focus on positively-oriented change and development. Everyone helps each other and takes pride in the success of the other.
Intergenerational transmission of trauma and intergenerational transfer of psychopathology are present.	Intergenerational transmission of trauma and intergenerational transfer of psychopathology are absent.
"*Intergenerational fossilization*" is dominant.	"*Intergenerational development*" is dominant.
There is no privacy among family members.	Personal privacy is valued among family members.
Children experience insecure attachment processes.	Children experience secure attachment processes.
There is often social isolation on behalf of the family.	Socialization is at the forefront on behalf of the family.
Family members are traumatized and controlled. This process continues from generation to generation.	Family members are not traumatized. Parents guide their children.
They are pro-violence and war and harm nature, women and children.	They are pro-peace and tranquility and protect nature, women and children.
Negative concepts prevail in the perceptions of women and children.	Positive concepts prevail in the perceptions of women and children.
They practice negative, outdated and psychopathogenic parenting styles.	They practice positive, natural and guiding parenting styles.
Cyber dissociation, cyber trauma and digital abuse are common.	Cyber dissociation, cyber trauma and digital abuse are absent.
They have a criminogenic structure.	They do not have a criminogenic structure.
They raise a generation that is dysfunctional, anti-developmental and unempathetic.	They raise a functional, developmentally-oriented and empathetic generation.

Intergenerational Transmission of Trauma and Intergenerational Transfer of Psychopathology

Undoubtedly, the rise and fall of psychotraumatology in every period of history is based on the approaches of mental health professionals with and without ethical values, which are divided into two different poles in a phobic orientation, and it turns into a movement with the support of the dominant one in a given time and functions in an opposite nature. The professional awareness, social compassion and consciousness levels are in parallel with his rising periods, while the resistance to trauma studies, insensitivity and indifference of mainstream psychiatry are in parallel with his extinction periods. Studies of intergenerational transmission of trauma emerge as a psychotraumatology-based subject closely related to domestic violence, family psychopathology, childhood traumas and dissociation in the axis of dysfunctional family dynamics in the disciplines of psychiatry, psychohistory, clinical and forensic psychology. Dysfunctional family dynamics in the intergenerational transmission of trauma function with violence-focused negative child-rearing styles, and this pervasive process leads to intergenerational transfer of psychopathology. According to Ozturk, intergenerational transmission of trauma and intergenerational transfer of psychopathology are conjugates. In more general terms, child-rearing styles develop at a very slow pace in terms of psychohistory, and childhood traumas and psychopathologies similar to each other are seen at similar rates in consecutive generations. In other words, parents with the same child-rearing style raise new dysfunctional generations who are traumatized and psychopathologized in an identical orientation to both themselves and their parents [1-4].

The main agents of intergenerational transmission of trauma are dysfunctional families and dysfunctional generations. Studies of intergenerational transmission of trauma are carried out in a theoretical perspective in terms of modern psychotraumatology and psychohistory paradigms, structured on the axis of measurable and testable quantitative methodologies. Ozturk defines the intergenerational transmission of psychopathology as the transfer of own psychiatric diagnoses (depression disorders, post-traumatic stress disorder, anxiety disorder and dissociative disorders), sub-threshold psychiatric symptoms, psychological problems and dilemmas (self-harming behaviors, fused relationships, outbursts of anger, revictimization experiences, and suicide attempts) to the next generation by dysfuntional families that are characterized by negative and traumatic child-rearing styles. The active agent in this intergenerational transfer of psychopathology is violence-oriented and inconsistent negative child-rearing styles, including childhood traumas. In this direction, it is expected that traumatic experiences and similar psychopathologies will be seen at the same rates in consecutive generations with similar negative child-rearing styles [1-3,8]. The intergenerational transfer of psychopathology functions when the same psychiatric diagnoses or the same sub-threshold psychiatric symptoms occur in consecutive generations. Violently-oriented negative child-rearing styles, both adopted and practiced by dysfunctional families, are carrier agents of intergenerational transmission of trauma and intergenerational transfer of psychopathology.

In terms of psychotraumatology and psychohistory, studies of intergenerational transmission of trauma and intergenerational transfer of trauma are not completely identical, although they have a similar orientation to a certain extent. While studies of intergenerational transmission of trauma are methodologically quantitatively structured, studies of intergenerational transfer of trauma are more likely to be qualitatively structured. However, studies of intergenerational transmission of trauma, which are mostly carried out using quantitative methodologies, can also be structured qualitatively. Findings that differ from each other or from other scientific studies may emerge in multidisciplinary studies on the intergenerational transfer of trauma. Studies of intergenerational transmission of trauma, on the other hand, are reproducible and testable in nature and provide findings that confirm other scientific studies that are related or in the same field. In studies of intergenerational transfer of trauma, scientific disputes may arise about what is transferred and in what ways. The intergenerational transmission of trauma in consecutive generations, that is, childhood traumas at similar rates, is more scientifically measurable and of a clear nature, and the quantitative or numerical values of different studies can be easily compared with each other [1-3,9-12].

The concept of intergenerational transmission of trauma, which is considered within the scope of both clinical psychology, psychohistory and psychotraumatology, is a multidimensional phenomenon that includes strategies to develop child-rearing styles and prevent childhood traumas, which are basically structured with a new orientation on the intergenerational course of trauma. Intergenerational transmission of trauma functions with the hypothesis that "*in the history of humanity, parents -especially mothers- who own and defend the same child-rearing styles have similar traumatization and revictimization experiences in the intergenerational process, where the traumatic experiences of their mother, themselves and their own child/daughter are close to each other*". According to Ozturk, parents with the same child-rearing style raise a dysfunctional generation with similar traumatic and dissociative experiences. Research conducted and theses consulted by Ozturk show that three generations of adults have similar traumatic experiences, dysfunctional family dynamics in similar patterns, and similar psychopathologies [8,11,13-15].

The course of psychosocial transformation, which progresses from individual to society, is characterized by ups and downs in human history, and "*intergenerational development*" takes place in extensive periods of time. For this reason, traumatic experiences at a similar rate can be seen in all "*consecutive*" generations and in all generations despite these periods. Because, transitioning from a violent and primitive negative child-rearing style that is owned or defended and applied to one's own child to a more empathetic and higher-level child-rearing style in the intergenerational process can only take place over centuries. The fact that the change and development process in child-rearing styles takes so long or is slow can clearly explain why childhood traumas, which were used as a punishment tool in violent and unempathetic negative child-rearing styles from hundreds of years ago, still continue today. This clear certainty, in order to create a global peace, tranquility and welfare society, has enabled the prevention of childhood trauma strategies to be associated with child-rearing styles and the cause-effect relationships between them to be noticed as well as turning the issue of restructuring these relations on the axis of short and long-term effective solutions into an existential, vital and scientific

necessity [1-4,16,17].

According to Lloyd deMause, the most important and most valuable theorist in the history of humanity, and Ozturk, a dissoanalyst who develops "*prevention strategies for childhood traumas*" by conducting his scientific studies in Turkey with the orientation of "*individual and social traumas*", negative child-rearing styles in terms of psychohistory, it has the mission of playing a decisive role in the psychogenic structure of the society and ensuring the intergenerational transmission of trauma. Child-rearing styles and childhood traumas also have a critical importance in the formation of group psychology. Since the majority of people living in the same period have similar child-rearing styles and similar childhood traumas associated with these child-rearing styles, a dominant psychogenic structure with similar psychosocial characteristics emerges in countries. According to Ozturk and deMause, the most important feature of this psychogenic structure is that people in the same period have similar chronic childhood traumas and they apply these childhood traumas to their own children in a dissociative psychopathological process, with the negative child-rearing styles both experienced by their own parents and advocated by them. This psychogenic structure includes "*identical psychopathology patterns*" and "*child-rearing styles*" as well as "*identical development levels*" [4,5,9,18,19].

Claiming that childhood traumas and psychopathologies show intergenerational transmission through "*apparently normal family dynamics*", Ozturk, in his doctoral thesis in 2003 with dissociative disorder cases, their family members and a control group with sociodemographic characteristics similar to these family members, he reveals the relationship between "*dissociative disorders and intergenerational transmission of trauma*" at an understandable scientific level. In Ozturk's study, which included a total of 124 people of which 24 were dissociative disorder cases, 50 were their family members, and a control group of 50 people matched with their family members in terms of sociodemographic characteristics such as gender, age, education and income status, at least one childhood trauma was found in all (100%) of the dissociative disorder cases. In the vast majority of these cases, 87%, at least one type of trauma originates within the family. While 74% of the families of the cases reported that they were physically abused during their childhood (especially by their own parents), 85.7% of these families reported that they were subjected to emotional abuse in their childhood (especially by their own parents). Families of dissociative disorder cases have made their children experience their own traumas with an intergenerational transmission at a high rate, and at the same time, they have not been able to protect their children against external traumas, and even made their revictimization possible [1,2,4,20].

In the field of intergenerational transmission of trauma in Turkey, two master's theses and one doctoral thesis were successfully completed under the supervision of Prof. Dr. Erdinc Ozturk. In Derin's master's thesis, which was structured on the basis of Ozturk's doctoral thesis in 2003 and psychohistorical child-rearing styles and conducted under Ozturk's supervision, "*intergenerational transmission of trauma*" was investigated, and this study included a total of 108 women from three generations. In the study, 36 grandmothers from the Baby Boomer generation, 36 mothers from the generation X, and 36 granddaughters from the generation Y were included. The psychohistorically-oriented child-rearing styles of these 3 generations of female adults were examined in terms of childhood traumas, dissociation and attachment on an intergenerational axis. The most basic finding of the study is that 36 (100%) grandmothers and mothers and 34 (94.4%) granddaughters reported at least one childhood trauma. The fact that childhood traumas are transferred from mother to daughter at almost the same rate in all three generations confirms the conclusion reached by psychohistory regarding the intergenerational transmission of trauma: "*Childhood traumas and psychopathology are often transferred from mother to daughter through negative child-rearing styles, in close proportions and in similar patterns*" [1,2,18].

Another master's thesis that belongs to Psy. Rukiye Turgut, M.A., entitled "*Trauma, Dissociation and Depression on the Axis of Apparently Normal Family Dynamics: The Sample of Erzurum*" and completed at Istanbul University-Cerrahpaşa, Institute of Legal Medicine and Forensic Sciences, Department of Social Sciences under the supervision of Prof. Dr. Erdinc Ozturk, one of the most successful and productive scientists of international scientific platforms in the field of psychotraumatology, focuses on the "*intergenerational transmission of trauma*" and the "*intergenerational transfer of psychopathology*" and evaluates childhood traumas, dissociative experiences and levels of depression in three generations of female adults (i.e. daughters, their mothers and grandmothers) in the axis of apparently normal family dynamics. The sample of this thesis study consists of 135 female adults, 45 of whom are grandmothers, 45 mothers and 45 granddaughters. In the related study, it was determined that the highest rate of childhood traumas was in grandmothers and the lowest in granddaughters, and it was revealed that grandmothers reported statistically more emotional abuse, physical abuse, emotional neglect and physical neglect than mothers and granddaughters. 45 (100%) grandmothers, 44 (97.78%) mothers and 37 (82.22%) granddaughters have at least one childhood trauma which, in result, clearly shows via these close ratios that traumatic experiences have an intergenerational transmission. At the same time, it was determined in the study that dissociative experiences did not differ between generations, and this result indicates intergenerational psychopathology transfer. Depression levels of the participants differed only between grandmothers and granddaughters, that is, granddaughters reported statistically less levels of depression. This result shows that depression is largely preserved in an intergenerational direction and is transferred from grandmothers to mothers, in other words, psychopathology transmissions between two generations [21].

Another doctoral thesis completed by Cohen, PhD, under the supervision of Prof. Dr. Erdinc Ozturk in 2019 reveals highly significant new scientific data on the "i*ntergenerational transmission of trauma*". Cohen examined the relationship of childhood traumas of three generations of female adults with dissociation and attitudes toward violence. A total of 108 women from three different generations, namely 36 grandmothers, 36 mothers and 36 daughters participated in this study. Cohen found that emotional neglect was the most reported childhood trauma in all three generations. In this study, it was determined that 35 (97.2%) of the grandmothers, 29 (80.6%) of the mothers and 27 (75.0%) of the grandchildren reported emotional neglect and emotional neglect has been found to be largely intergenerational, although it shows a decrease in consecutive generations. In

addition to emotional neglect, it was revealed in Cohen's research that emotional abuse also showed intergenerational transmission. Emotional abuse was reported by 14 (38.9%) grandmothers and 10 (27.8%) mothers and granddaughters. In terms of intergenerational transmission of trauma, emotional abuse is seen at a similar rate in mothers and grandchildren, although there is a decrease from grandmothers to mothers. The main finding of this doctoral thesis is proof that "*emotional traumas show intergenerational transmission*" [1,2].

Psychosocial Fossils That Have Not Completed Their Evolvement

Psychohistory claims that childhood traumas have progressed with a decreasing momentum since the history of humanity, but did not completely disappear, even "*continues to renew itself by transforming*". The concept of "*child-rearing styles*", which has been neglected by many mental and public health disciplines throughout history, is now considered within the scope of childhood traumas, accompanied by modern psychotraumatology paradigms and scientific modalities. Because disciplines such as psychiatry and clinical psychology, which intensively carry out research on childhood traumas, did not realize for a long time that childhood traumas were almost hidden among the negative child-rearing styles in the family, and even these traumatic experiences were the negative child-rearing styles themselves [1,2,7]. According to Ozturk, although dysfunctional families do not fully adopt or defend primitive and negative child-rearing styles from a psychohistorical point of view, they have not yet switched to a developmentally-oriented, valid and positive child-rearing style. For this reason, dysfunctional families use both violence-focused negative child-rearing styles and developmentally-oriented correct and positive child-rearing styles at varying rates and in a dissociative way. These apparently normal families are called "*psychosocial fossils that have not completed their evolvement*" in terms of individuals and society. Studies on the "i*ntergenerational transmission of childhood traumas*" in the context of negative child-rearing styles in a psychohistorical perspective continue to be among the most important studies on the transformation of individual traumas into social traumas [1-3,8].

Ozturk states that the issue of "*dissociative chaos*" in dysfunctional families should be evaluated and a solution to this issue should be urgently found in psychotherapies. In families where dissociative mechanisms function, individuals can take on different moods in varying time periods. These moods or mental states are experienced as "*victim, abuser and inactive bystander*" roles, which are highly likely to transform into each other. While parents who have traumatic experiences in their own past, sometimes paint a reassuring and positive image (angel, compassionate, sincere) both in their interactions with each other and with their children, they may sometimes assume abusive identities (angry, oppressive, manipulative). In particular, children may find themselves in conflicting emotional transitions with a parent whose attitudes are constantly changing and cannot get along with each other, and they are forced from conformity-oriented "*normative dissociation*" to a "*pathological/clinical dissociation*" that can be diagnosed. In this process, no one can leave the family, the possibility of leaving is not even possible. Abandonment during a crisis cannot be perceived as a safe situation in a dissociative family atmosphere. When the mother or father becomes an angel, there is no reason to leave; traumatic memories are dissociatively forgotten and actual life continues until the other situation is repeated [1-4,7,13,22].

Although families with dissociative nature, with inconsistent active or passive-aggressive attitudes, who cannot protect these children from other traumatic experiences outside the family and cannot teach effective defense mechanisms against traumatic experiences, as well as traumatizing their own children, which cause the most childhood traumas in the context of apparently normal family dynamics, are perceived as a normal system from the outside as an agent, they actually show "*dysfunctional features and communication patterns*". In these families, as opposed to one member (usually the child) of the family with a psychiatric diagnosis (dissociative disorder), there are other family members (parents and siblings) with either no diagnoses or subclinical psychiatric symptoms. The family generally has a bipolar structure, consisting of the family member with the most severe psychiatric diagnosis and other family members characterized by sub-threshold symptoms, and in this structure, "*a fragmented or dissociated family system pattern*" comes to the fore. This dysfunctional structure in the family traumatizes the child, and these traumas become chronic, negatively affecting the child's capacity to associate and psychological integration, causing dissociation to occur clinically. Children who are chronically traumatized in dysfunctional families can only endure this precarious life with their nonreactive, suggestive and depressive "*trauma selves*" [1-3,7,14].

The "Dark Waste Movement": Anti-Development and Anti-Humanist Mass

In the psychohistorical process, child-rearing styles show a very slow development in terms of empathy. Despite this development, primitive child-rearing styles in ancient times can still be seen in substantial proportions today. Parents who sabotage, injure, abandon, oppress, manipulate, even kill or sacrifice their child are like hazardous waste that has leaked from the dark ages to the present. Unfortunately, academics, administrators and politicians in different cultures and different countries can share and adopt the life views of these parents and even gather around them an anti-development, anti-women, child and nature-hating audience by defending these primitive ideas. These anti-development and women, children and nature-hating supporters, on the other hand, are in search of a leader like themselves, so that violence, abuse and all kinds of primitive actions are inevitable for those primitive human communities [1-3,5,18]. The "*Dark Waste Movement*" was defined by Ozturk as an anti-developmental anti-humanist mass advocating the primitive and negative child-rearing styles of the dark ages. It is very difficult to combat the dangerous thoughts, feelings and behaviors of this group that are fossilized, untransformed and unrefined in their negative child-rearing styles. Their actions with this dangerous and anti-humanist aggressive mass have been called the "*dark waste movement*". Since this group advocated and practiced the violently-oriented child-rearing styles of the dark ages, they are almost the architects of individual and social violence experiences all over the world today. They are anti-development and anti-change, infiltrating the primitive ideas and thoughts of the dark ages into today's society like wastes, and by expanding, they harm both individuals and societies. They cannot

adapt to the society they live in, they advocate "*violent, primitive and regressive child-rearing styles*", they are hostile to women, children and nature, and even oppose trauma studies and policies to prevent childhood traumas. They live a violence-focused and dysfunctional life with these primitive and outdated waste ideas, emotions and behavior patterns that have pervaded them through an intergenerational transmission from the dark ages and have largely abandoned contemporary societies [1-4].

Under the dark waste movement, dissociative defenses and borderline personality organization that show chronic and phobic avoidance to traumatic memories are at the forefront, after attachment to their abusers/perpetrators and even identification with them, they have exceeded the limits of neurosis, have no self-resilience ability, and have prepsychotic orientation, self-certain dissociated self-parts or reversible personalities consisting of alter personalities lie. Dysfunctional people have a high level of self-certainty and a low level of resilience, just like dissociative and schizophrenic individuals. Psychotic personality components sometimes accompany this psychological structure in dissociative and dysfunctional individuals, but this does not indicate that they are psychotic. With psychotherapy methods focused on neutralizing trauma and dissociation, the psychotic components of dysfunctional individuals can completely disappear [1-3,20,22-24]. People involved in the dark waste movement often have "*dissociative narcissism*". Dissociative narcissism of these individuals is a defense method they unconsciously develop against their inability to digest their ignored trauma. The anti-developmental anti-humanist mass cannot face and process their traumas due to their complex, comorbid and reversible dysfunctional personality structures, and they develop an adverse reaction and hate traumatized people and mental health professionals and doctors who undertake the psychotherapy or physical treatment of these traumatized individuals. Most of the time, their psychopathological anger and hatred towards this area expands by targeting all communities other than themselves, transforms into social violence and enables the dark waste movement to continue its activities with a vandal orientation [1-5].

Control and Obedience in the Cycle of Traumatic and Psychopathological Experiences

Unfortunately, in most societies, traumatic experiences and negative child-rearing styles are used to control and even manage individuals and masses. Both individuals and societies can more easily control the people and masses they traumatized and psychopathologized by dissociating them, and this sense of control causes a temporary feeling of "*apparent*" well-being in their sick souls. Traumatic and psychopathological experiences are transferred to the next generation as a revictimization cycle by people living in the same age. In this direction, traumatic experiences and similar psychopathologies are seen in consecutive generations and generations at a close rate. According to Ozturk, family psychopathologies are identical with the psychopathology of the society in which they live. Because most of the neurotic psychiatric disorders and social violence events are based on childhood traumas and negative child-rearing styles focused on violence far from empathy [1-3]. A society that consists of families that apply the oppressive and control-oriented child-rearing style to their own children is governed by an oppressive, obedient and control-oriented regime. In fact, this anti-freedom and anti-autonomy regime is a holistic and regressive psychosocial movement of families adopting a violently-oriented negative child-rearing style.

The process of controlling and obeying includes social values, consciousness and identity as well as thoughts, feelings and behaviors. The process of "*control and obedience*" plays a fundamental role in all negative life experiences related to trauma, from domestic violence to war, from insult to mobbing, from neglect to torture, from terrorism to genocide. Traumatic experiences and dissociative reactions disrupt the interpersonal dynamics of the individual, interrupt the integrative functions of identity and self, disintegrate the power of subjectivity and subjective activity, force the person to obey in the face of oppression or domination, break the interpersonal boundaries of the individual and make them open to control and abuse, and it operates as a psychopathogen that makes it difficult to define and express itself, and as a "*dual and dominant phenomenon*" that sometimes overlaps each other as well as has functional transitions with each other. Traumatic experiences are a dissociogenic effect that tends to lose reciprocity between inner world and outer reality, between people in actual life and intrapsychically between different aspects of identity, which is the main agent that causes a "*psychological impact*" by creating consciousness interruptions after traumatic experiences, the very dissociation itself. Just as non-traumatic experiences and identifications contribute to the integrative aspect of identity, traumatic experiences and identifications contribute to the dissociative aspect of identity and even distance the individual from their identity, and the goals and desires of the aggressor can take the place of the person's own goals and wishes and lead him from being attached to the abuser to identifying with the abuser [1-4,11,25-28].

Although raising a psychologically healthy and developmentally-oriented generation is only possible with normal/functional families, most parents write their own child's history as their first abuser by making them cry, pamper, humiliate, beat them, neglect and dissociate them or pretend they don't do so. Families transform the abuses they experienced in their own childhood and apply them to their own children. A parent who suffers a lot of physical violence from his own parent does not apply this physical violence to his child to a large extent, but abuses him emotionally and in this respect, traumatic experiences go through a transformation and continue in the intergenerational process at the same rate. In dysfunctional and psychopathological families, the principle of "*psychopathology wins*" is valid in a "*renewal*" and "*preserving the old*" duality. Since the power in a dysfunctional family for children will be perceived as identical with psychopathology, the psychopathological parent is always taken as a model, and dissociative defenses begin to function in this modeling process. All of the individuals who are traumatized and controlled in a dysfunctional and psychopathological family lead to the formation of an obedient society. Individual growth and development is either integrative or associative. Traumatic life experiences, on the other hand, are fragmented or dissociative, thus leading to interruptions in consciousness in both individuals and societies, which in turn compels them to obey [1,2]. Today, interruptions in consciousness in individuals and societies are largely provided by digital communication networks, which is a dissociative agent [15].

Variable-Rate of Rules and Non-Regulations as a Dysfunctional Dilemma

Variable-rate of rules and non-regulations are among the most psychopathological dilemmas and dynamics of communication in dysfunctional families. In some families, both parents or only one of them, especially the dominant parent, apply rules or irregularities in the family to varying degrees. It seems that there is a conflict of rules/non-regulation in these families, but there are no clear rules and some rules are either applied or not applied according to the will of the dominant parent at variable time intervals. Parents with this orientation are highly hedonistic, and their own needs, fun, social and emotional lives are much more important than those of their children's. While they are watching TV series or movies, they expect their children to study, accompanied by a "*mental abdication*" or an "*abdication of consciousness*". They accustom them to mobile phone or computer games even in pre-school periods so that they do not disturb their own peace and interfere with their private lives. In order not to give up their own luxuries or priorities, they do not pay the necessary attention to the education and psychological development of their children and make them addicted to the internet, game, cigarette and alcohol at an early age. Children of these parents have multiple addictions and often receive psychiatric diagnoses [1-4,29].

These parents, who seem to represent a modern psychoclass, do not want their children to get ahead of them in terms of career, and they destroy their future with negative child-rearing styles. These parents usually cheat on their spouses or get divorced and always abuse their children emotionally during these processes, as well as letting others abuse them, too. They tend to "*sacrifice*" their children emotionally, they always want their children to be in their own hands, and they do not allow them to become adults and become independent subjects even in the following time periods. Dysfunctional parents have bizarre rituals, such as when their child refuses a dinner that is even more severe than when they use alcohol or drugs. The dominant parent is sadistic as well as hedonistic and traumatizes and dissociates them with unstable moods and inconsistent behavior patterns in order to control both their spouse and children. They force-feed their children (forced feeding behavior is both an indication of the mother's emotional neglect to the child and an unsuccessful compensation effort that turned into emotional abuse), they love by touching their body parts indiscriminately, and in order to feel good for the moment, they make fun of their children, all of which is actually child abuse and they almost prepare the ground for others to abuse their own children. Because children who have an optimal distance with their own parents and are not traumatized within the family may become aware of external abuse. Variable-rate of rules and non-regulations constitute the psychopathological basis of the incestuous family model [1-4].

Dysfunctional Family Dynamics and Communication Patterns

Dysfunctional family dynamics are unhealthy and psychopathogenic patterns of thought, emotion and behavior that function as a "*negative child-rearing style*", cause childhood traumas, are rooted in an intergenerational history, and are "*resilient in themselves*". According to deMause and Ozturk, these patterns are the primitive reflections of negative child-rearing styles hundreds of years ago. In psychohistorical terms, parents who severely damaged their children physically in the earliest periods, nowadays, harm their children more emotionally and traumatize them again. Dysfunctional family dynamics are psychopathogenic dynamics that are learned from parents but can be applied unnoticeably with an unconscious orientation. These psychopathogenic dynamics function as a means of controlling individuals in their own lives and traumatize them. As reemphasized, dysfunctional family dynamics are used as a punishment method within the scope of negative child-rearing style, and individuals within and outside the family are tried to be controlled by their relatives by being traumatized and "*sacrificed*". Dysfunctional family dynamics occur mostly in the scope of emotional abuse, but emotional abuse can be experienced both alone and especially in combination with physical abuse and neglect and sexual abuse at a considerable rate in these psychopathological dynamics. Dysfunctional family dynamics include dissociative communication or relationship patterns [1-4,7,9,23].

Dysfunctional families are characterized by non-empathic violence-focused negative child-rearing styles, symbiotic communication patterns, reality distortions, problems or inability to perform basic family functions due to their "*pathological conformism*", that is the inconsistency and incivility of one of the parents neglecting or abusing the children, and the other family members being a bystander to these psychopathological actions, accompanied by dissociative defenses associated with traumatic experiences. Children growing up in these families perceive these dysfunctions in the family as a social norm, with a conformist attitude or psychopathological effort to conform. In dysfunctional families, the dominant spouse is majorly addicted to alcohol and drugs or has an untreated psychiatric disorder. From the past to the present, the children of dysfunctional families are expected to obey their parents and cope with the traumatic situation characterized by this obedience alone or on their own. The largely infantile mother or father allows the dominant other to abuse and dissociate their children, thus continuing the cycle of trauma. Since there are symbiotic relationships between spouses in dysfunctional families, parents cannot leave each other despite all the traumatic cycles experienced in the home. The marriage bond is symbiotic and quite strong in dysfunctional families, as they often complement each other and serve an apparent harmony [1-4,30-32].

According to Ozturk, the basis of dysfunctional family models is primitive child-rearing styles that are far from empathy and are generally applied at variable intervals, focused on "*reward/punishment*". In family interviews, most of the families with a mentally disordered member (usually a child) can be perceived as unproblematic at first sight, and it can be quite difficult to understand the share of these dysfunctional parents in the past or present psychopathological conditions of the individual who has a psychiatric diagnosis as a "*patient*". Unless all family members are interviewed in depth, their psychopathogenic relationship with the case is not analyzed, and unless their effects on the mental disorder process are noticed and families are actively involved in the treatment process, both the effectiveness of psychotherapies cannot be fully ensured and the "*experiences of dissociative crises*" of traumatized individuals cannot be eliminated. Continuing dissociative crises in family members and especially in children indicate the existence and persistence of traumatic experiences. There are certain common behavioral patterns that dysfunctional

family models develop as a result of negative life experiences within a "*destructive internal social system*" and which are essential to be recognized in the psychotherapy process. These particular common behavioral patterns are efficient in constructing dysfunctional family patterns by enabling inconsistent communication dynamics [1-3,7,29,33].

In all contemporary countries of the world, both clinical and academic interest in childhood traumas and closely related dissociative disorders have increased since the early 1990s and efforts to prevent negative life experiences characterized by dysfunctional family dynamics have now become an obligation. As a result of studies conducted within the scope of childhood traumas, these negative life experiences and dysfunctional family dynamics have begun to be evaluated in a common context. The ambivalent and insecure relationship dynamics between the parents, the inconsistent and mixed dissociative messages given to the children constitute the basic elements of the dysfunctional family. Dysfunctional attitudes and behaviors that arise in the family and are directed to children to a large extent can cause many psychopathologies, especially dissociative disorders, post-traumatic stress disorder, depression and anxiety disorders, to occur in their own children. It can be clearly stated that childhood traumas and violence-focused negative child-rearing styles both feed and support each other in dysfunctional families [1,2,34].

Realities are distorted in dysfunctional families, creating a psychosocial dissociogenic structure that differs from average families. In any psychosocial structure where reality distortions prevail, abuse and control are inevitable. Because dysfunctional families do not want to show their psychopathological components in their internal systems, they become lonely over time and are trapped in a social isolation process that creates negative psychological effects on them. This social isolation will turn into a traumatic whirlpool for their own children. The intense psychopathology in dysfunctional families is often not easily noticed by other people in social contacts and by their neighbors. In fact, the first impressions of these apparently normal families for other individuals and families are quite positive. In general, other families want to continue their communication, either because they admire them in their first communication with them or because they want to help by noticing the psychopathological processes of these dysfunctional families. However, when they get inside, they can hardly save themselves from their dissociative dilemmas and chronic psychopathology. However, after a certain time, these helping families also begin to adopt their psychopathological dynamics. During the period when they communicate with dysfunctional families, these individuals often suffer psychological harm and are adversely affected by their psychopathology. Because dysfunctional family dynamics are psychosocially pervasive and show a dominating spread [1,2,7,35].

Dysfunctional Generation

In postmodern societies, envy, jealousy and incivility continue to function as a dysfunctional family dynamic. A group of young people and adults of all socioeconomic levels, with both their passive-aggressive tendencies and their "*narcissism of their pamperedness*", without knowing how to thank and apologize, lead their lives in a cycle of jealousy and envy, impolitely repeating and even intensifying the same mistakes. In these individuals, just like their dysfunctional parents, non-appreciation, growth panic, having someone else do their duties, self-sabotage, not keeping their promises, gossip, disloyalty, hiding information, lying, distorting reality and engaging in unethical behaviors are highly prevalent. A new generation, who grew up in dysfunctional families without ever being loved, double messages, child separations, false reciprocities, insensitivity and parental rejection, pampered by the same parents, and even traumatized and dissociated by varying proportions of rules and irregularities, exhibit hostile attitudes without any reason by trying to take their anger and hatred towards their family from people who do good to them, from their social circle or from individuals in business life [1,2].

For individuals in dysfunctional families, "*jealousy is the most intense and the most psychopathological form of appreciation*" that they now become the enemy of every good, beautiful and successful element, and they become attached to their abusers by modeling evil-spirited people or characters in their lives, and even identify with these abusers. Because it is very difficult to be good and successful in their own dysfunctional lives and they notice this positive enhancement in every person they see, and their desire to appreciate turns into hostility due to the psychopathological legacy of their dysfunctional family, which is a "*social waste*". They direct the anger and hatred of negative life experiences such as envy, jealousy and incivility experienced in their own dysfunctional families by using the people around them like a poison container. With these psychopathological dynamics, the field of displaying their hostility expands from humans to animals and nature. In dysfunctional families, the process of "*unappreciation*" turns into envy, and because the individuals in these families are valued and accepted by their parents in varying degrees or none at all, the existing envy turns into jealousy and a long-term incivility and even hatred [1-3,36].

This inconsistent young population, named by Ozturk as the "*dysfunctional generation*", is characterized by its psychopathogenic features as well as its criminogen structures. The word "*dysfunctional*" in the concept of dysfunctional generation was used because this young group grew up in a dysfunctional family and these parents transferred on their psychopathology to their children. As long as there are dysfunctional families in all societies and times of the world, this dysfunctional generation will continue to prevail. Because of borderline personality structure components and "*weak*" or "*disrupted*" ego functions, members of the dysfunctional generation ally themselves with all kinds of forces without being able to distinguish between right and wrong. They may compromise their values and beliefs in order to be accepted in the face of power and authority. Dysfunctional generations have emerged as a psychosocial consequence of intergenerational transmission of trauma and intergenerational transfer of psychopathology. This generation is consumeristic, unempathetic, anti-development and merciless [1].

Reversible individuals of the dysfunctional generation, who easily compromise their identity and character in the name of potency and power, give their votes not to political parties representing their own social class in all countries of the world, but to political parties that adopt the primitive and outdated negative child-rearing style they advocate, which these inconsistent dynamics cause them to under all circumstances and in all times. It also

allows them to transmission into a social alter. Since dissociative reactions associated with social alter and childhood traumas will always cause a long-term psychopathology process through child-rearing style, this psychopathological process itself constitutes a serious risk factor for an empathetic, democratic and just world. According to the concept of "*social alter*" developed by Lloyd deMause, the emotions that individuals assume to disappear due to their traumatic past constitute a "*hidden*" social alter that is almost dissociated within the personality of that individual. People's social alters unite in group or mass environments and act independently from these individuals, drag them along and even turn into a social personality that manages them [1-4,37].

In the process of creating scapegoats of groups formed by the merging of social alters, abusive individuals direct their own traumatic childhood and anger, which they negatively buried in their "*internal history*", against all traumatized children, whom they perceive as "*bad*", and even their mothers, as an unconscious effort to destroy them. The anger and violence within them range from the lynching of innocent people in civilian life for ambiguous reasons, starting with ridicule and exclusion, to the mass killing or sacrificing of these children with their mothers in wars -a projection of their own mothers image on the whole, who can not protect or abuse them from their fathers who show anger and violence-. Their social alters generally constitute a holistic movement of dysfunctional individuals, and these individuals enter a process of denial or ignoring after the acts of violence they have created. The only way to endure individual and social traumatic experiences on behalf of both the abuser and the victim is to ignore it. "*Dissociated selves*" protect both victims and abusers from the desperation or guilt of traumatic experiences [1-3,37,38].

In dysfunctional generations, their empathy levels are labile, they are sometimes hyper-empathetic and sometimes lack empathy, which triggers their violent impulses and abusive attitudes. Dysfunctional generations, with their excessive ambitions and the career and power they have gained by exploiting people, both pretending to be an "*ideal worker*" or a "*professional expert*" and believing these false identities to the extent of their existing megalomania and narcissism, even believing them real, but they are far from the reciprocity of communication; they focus on their professional life as "*apparently hardworking*" with their cursory actions accompanied by the tangential ties that they can establish with all kinds of social life in the form of a robot. In this direction, they become the biggest actors of all kinds of abuse, especially mobbing and academic abuse, with their professional inadequacies and complex nature as well as their own psychological inadequacies. In today's society, the recruitment or appointment of truly successful and hardworking people who deserve the status of dysfunctional and incompetent people in business life may require an extensive period of time [1].

Despite their hate and evil nature, their desire to be loved, approved and appreciated by other people and their efforts to use both higher and lower level people in order to gain a status and career, that is, the "*symmetrical and asymmetrical abuse system*" constitutes their main psychopathogenic dynamic. Due to the close and long-term consequences of these dysfunctional psychopathogenic mental dynamics, they become prisoners of a lonely and isolated life after they are dismissed from work because their friends, spouses, and children, if any, leave them and because they sabotage other employees as well as themselves in the professional process. Today, dysfunctional generations continue to exist as a larger group than the "*normal*" generation for all world societies, and with the contribution of psychotherapy and social support, a minimal portion of these dysfunctional generations can be transformed into a more well-intentioned psychological structure. Unless long-term "*prevention strategies for traumatic experiences*" are developed, dysfunctional generations will be the architects of a traumatized and dissociated new generation, just like them, due to both negative child-rearing styles and inconsistent psychopathological dynamics [1,2].

Dysfunctional Family Models

In psychotherapy of cases with dysfunctional family model, it is very important to conduct family interviews with parents and close circles who cannot protect themselves from traumatization, cause traumatization and even traumatize themselves, but these interviews cannot be carried out without the consent of the cases. Dysfunctional families are social structures characterized by inconsistent, turbulent, and crisis-oriented communication dynamics that ensure intergenerational transmission of trauma and intergenerational transfer of psychopathology. Today, parents continue to use these dysfunctional relationship styles as a negative child-rearing style in order to control their children and make them more dependent on themselves. In general, dysfunctional family models are family models that lead to childhood traumas. Most of the parents are in the subclinical process in terms of psychiatry, but rarely one can get a psychiatric diagnosis. Very rarely, both parents may get a psychiatric diagnosis. Dysfunctional families, which can be perceived as normal or even sympathetic from the outside, are revealed to be psychopathological as they enter into them or as family interviews are made in psychotherapies. As a result, these families raise children with psychological problems or who can be diagnosed with psychiatric problems due to their own mistakes, negative child-rearing styles, and psychopathological relationship dynamics [1,2,7,33]. In this section, eleven models of "*apparently normal*", actually dysfunctional, dissociogenic families, which are characterized by apparently normal family dynamics, will be described. In dysfunctional families, one of these models is generally dominant, but the psychopathological dynamics that can change over time make transmissions between models possible at certain levels.

Extratensive Family Model

In the "*extratensive family model*", there is an active egoism and control of the dominant parent towards both their spouse and children, and this active egoism and control can turn into sadistic behaviors. When all the norms determined by the dominant parent in the house are not followed, the active parent makes all family members pay for this by creating an atmosphere of crisis. The recessive parent is often unable to protect their children and themselves from both unnecessary and unfair abuse and neglect by the dominant parent. The only way to keep the silence at home is to obey all the orders of this active parent, and most family members get used to this pathological conformism process and they do not find the situation strange over time [1-4,7]. Although rare, the recessive parent may also have an abusive tendency when

he takes control of the family, which he is actually quite willing to do. In the pathological conformism that Ozturk emphasizes, the recessive parent unthinkingly and voluntarily accompanies the sadistic behaviors of the dominant parent to their children. However, the recessive parent here is not introversive, it is in the "*latent extratensive*" position due to the over-dominant nature of its partner, and often wants to take control in a weak moment of the partner. Even children who grow up in this family model enter into a "*struggle for dominance*" in the family from the pre-adolescent period. These children generally have an extratensive tendency and the psychopathology in the family can lead them to an explosive structure. When children become adolescents and adults, they will follow their parents, who are extratensive, as a model. Since power is identified with pathology in the minds of children in pathological families, these children will generally tend to model the most pathological parent [1,2,7].

The extratensive family model is one of the most pathological family models in terms of child-rearing and family dynamics. Spouses and children rarely admit their faults towards each other. Intense verbal arguments within the family lead to physical violence. This violence-oriented psychopathogenic atmosphere is often explosive. Emotional closeness and reciprocity, which is almost non-existent at home, prevents all individuals in the house from feeling like a family. However, in this apparently normal or dysfunctional family model, divorce is not very frequent. In extratensive families, psychopathology is experienced in a confined space and usually has no witnesses. None of the family members are able get out of this traumatic chaos, they might even avoid daring to do so [1,6,7]. Extratensive family is one of the dysfunctional family models in which physical and emotional traumas are experienced the most. Physical and emotional neglect can also be experienced, but sexual traumas are almost non-existent in this family model. These families do not invite guests to the house so that their psychopathology is not realized. They rarely reveal their dissociogenic structure in social environments they participate in. They apparently communicate well with people, often hiding their psychopathology in friendship and neighborly relations. They do not want to be in close contact with other people because they hide their psychopathology anyway. In general, there is a paranoid tendency in the family, especially in the parents. They rarely let people into their lives whom they test and think they can control. Due to their pragmatic, narcissistic, and competitive extrovert nature, they cut off communication with them by using small problems as an excuse, even if they receive a medium or short-term contribution or help from them [1-3,6,7]. When children in this family model become adults, they are usually diagnosed with dissociative disorder, post-traumatic stress disorder, narcissistic personality disorder, and borderline personality disorder. Self-harming behaviors, suicide attempts and outbursts of anger predominate in these individuals.

Introversive Family Model

In the "*introversive family model*", both parents are introversive. There is limited communication within the family, complete intimacy and emotional reciprocity can never be achieved. In general, both parents are normative or even obsessive. In this family model, since children are raised introversively, serious conflicts and fights never occur within the family. In addition, exchange of emotions, empathy and communication are insufficient. However, great emphasis is placed on the child's physical care, education and development. The emotion or feeling of intimacy, closeness can never be fully experienced. However, the sense of responsibility of parents is close to or even higher than average families in other respects. Generally, physical, emotional and sexual abuses are not seen in introverted families. The dominant psychopathological picture in these families is emotional neglect, which is slightly below the average [2,7]. In this family model, there are no distinctly differentiated social roles. The borders are well drawn and there are no distance and adjustment problems. It is the dysfunctional family model in which family chaos and relationship traumas are experienced the least. Children who grow up in an introverted family model are usually introverted. High or intense expressions of emotion and uncontrolled behavior are never allowed. In this family model, which does not have a dissociogenic nature, children are raised by their parents with clear and largely unchanging rules [1,2].

In the introversive family model, there is a religious or traditional mother who is more moralistic, normative or moderate, and delegation and mission loading dominate in the family. In this apparently normal reality, everyone's duties and roles are clear in the family model with certain dysfunctional features. In fact, in this respect, they show a psychologically healthy approach, especially for children aged 0-6, and are very sensitive to their children's physical needs. In the introversive family model, there is no serious reason for divorce and hence divorce is not common [1,2,7]. This family model, which is accepted by the society, serves the child who is raised within the rules to adapt to the society more easily. The fact that these families attach importance to the physical care of their children and their emotional closeness, which continues with a little inadequacy as much as they can, do not cause excessive psychopathology or attachment problems in their children. This emotional inadequacy is often compensated by other relatives. These children generally receive support from their social environment due to their adaptive nature. As adults, they are successful in their profession, although they have a somewhat limited emotional side. Compared to other dysfunctional family models, they establish a very positive family life and become good parents [1-3,7]. When children in this family model become adults, they are generally prone to diagnoses of schizoid personality disorder and obsessive-compulsive personality disorder. Trances, daydreaming, and absent-mindedness are common in these people.

Mixed Family Model

In the "*mixed family model*", one parent is extrovert while the other is introvert. The introverted parent is often female and chronically abused by their spouse with their children. Abuse can range from any angle to the most extreme forms of sadism. It is the family model in which the most intense domestic traumas, especially physical and emotional traumas, are experienced so intensely that it can even be called "*family terrorism*". These parents traumatize their own children, even each other, in order to temporarily control the psychopathogenic effects of their traumatic experiences in the present [1,2,39,40]. Other family members cannot resist the abuse of the dominant extratensive parent. The extroverted parent uses all of their hyper-empathy to abuse other family members and is never compromised under any circumstances. A dysfunctional and

dissociative life process is dominant in the family. Particularly, the "*semi-dissociative life*", which is similar to the dissociative defenses in the incestuous family model but has a slightly different form, enables abused family members to endure the chronic psychopathological process. The short-term pleasant moments experienced spontaneously within the family in some time periods, on the other hand, enable all family members to endure the "*dissociative chaos*" and crises that follow [1,2].

All individuals in the household live in dependence on this dominant extratensive parent. When he or she is nervous, everyone is nervous, when he or she is cheerful, everyone is cheerful. If the dominant parent is nervous, this tension includes all family members. All family members have the idea and feeling that whatever happens in this "*family terrorism*" should occur as soon as possible and then return to the old state, that is, to "*a situation that is a little more bearable compared to this moment*". This "*dissociative whirlpool*", fed by frequent, severe and long-lasting crises and short-lived happy moments, has now become ordinary and more tolerable for all family members. This tolerable state forms the basis of the revictimization cycle [1,2,6]. In psychopathogenic families, the anger and tension of the abusive parent "*penetrates*" on all family members. The psychological dynamics of this process are somewhat similar to the "*boss-employee*" nature of "*mobbing*", that is, "*psychological terror*" in the workplace. In both cases, similar psychopathogenic processes prevail. In fact, there is a process of "*attachment to the abuser or perpetrator*" here. Because when the old state is restored, the times spent together and enjoyed are also experienced. The tension of the abuser penetrates all family members, and family members want whatever will happen in this moment of tension to end as soon as possible and to return to the times when they can feel peaceful even in between. This process is expressed in the eyes of children and adolescents as follows: "*Actually, my father and mother are normally good people. But when they are angry, I don't know them anymore, it's like they become someone else or even turn into a monster. But once their anger wears off, they value me once again, even if it's for a short time.*" [1,2,23]. In the mixed family model, the negative life experiences within the family cannot be expressed even to other people who are in close contact. Since children's efforts to express are punished, they can no longer complain about this situation. The audience is only in the family and this "*closed internal system*" causes abuse to be experienced much more frequently, severely and for a long time. Children who grow up in this model can be extratensive or introvertive. As in all dysfunctional families, if an outside helper ego, although rare, can interfere with this psychopathological process, the negative effects in the closed internal system can be relatively reduced [1,2,6,41]. When children in this family model become adults, they are usually diagnosed with post-traumatic stress disorder, dissociative disorder and borderline personality disorder. Self-harming behaviors, suicide attempts, outbursts of anger and substance use are prevalent in these individuals.

Reversible Family Model

In the "*reversible family model*", it is not clear which parent is introverted and which parent is extrovert, and roles within the family are constantly changing. There are no specific times or reasons for these role changes. A parent that is dominant in a particular event at a particular time may be recessive in the same event that occurs at another time. In general, there are changing attitudes and behaviors. Emotions, on the other hand, change easily from love to hate in a short time, and children who grow up in this family model have an insecure attachment style. "*The conflict of love and hate*" prevails in all communication patterns. Psychopathogenic processes, ranging from insecure attachment to identification with the abuser/perpetrator, constitute the most critical work areas for individuals who apply to psychotherapy by growing up in families that can transform [1,2,7,23,41]. In this respect, the keys to the unlocking of attachment to the abuser or perpetrator are the resolution of the love/hate conflict and the realization of denied feelings. The dilemma of the child both loving and hating the abuser is internalized as a serious psychological problem in childhood. In order for the individual to be a healthy adult in every way and move on, it is possible to take the next step from coping with the trauma only by completely resolving this conflict. Thus, dissociative thoughts, feelings and memories of the past should be revealed and the individual should have a simultaneous view about what happened to them. The person will sometimes assume that this conflict has been resolved, but later on, on some occasion, they will inevitably find themself in the middle of this conflict, so their ambivalent and defensive psychogenic attitude will become stronger than ever before [1,2,23,41].

This family model can be seen at every socioeconomic level. Parents who adopt the reversible family model inflict the most emotional trauma on their children. Since children are raised in this family with an insecure attachment style, they have a psychogenic structure quite similar to their parents in their adulthood. This process is characterized by shared and transferred psychopathologies rather than intentional. In reversible families, verbal arguments dominate, they are constantly offended and then reconciled. This process itself creates quite severe "*relationship and communication traumas*". The reversible focus of abuse within the family breaks the boundaries of all family members, breaking their distance and making them an easy target for other abusers [1,2,7]. The family does not have its own rules and norms. In this respect, they are not generally accepted by the society and are excluded. Stable communications that cannot be experienced in the family cause children to be mobile or unstable in all their other communications. An ongoing crisis situation is created in the family and people with whom they come in close contact are also included to resolve these crises. This process, for which no solution can be found, reduces the number of people the family contacts over time. After a while, the family becomes even more psychopathological in this irregular and changing structure. Generally, spouses cannot leave each other due to their symbiotic relationship patterns and do not dare to live alone [1,2,6]. When children in this family model become adults, they are usually diagnosed with dissociative disorder and borderline personality disorder. Self-harming behaviors, suicide attempts, outbursts of anger, angoisse and substance use are prevalent in these individuals.

Dissociative Family Model

The "*dissociative family model*" is one of the four dysfunctional family models above, but at least one of these family members is necessarily dissociative or subclinical dissociative experiences are highly prevalent. There are secrets kept in the family, and these

secrets are revealed from time to time in the form of acting-out in front of all family members. Examples of these secrets are a parent with a psychiatric diagnosis, an adopted our or adopted child, suspicious deaths transferred as a secret story among relatives, and marginal past lives of family members acquitted from each other. Divorce is relatively more frequent than other family models [1,2,7,42]. Often there is a history of suicide attempts by the mother or other female relatives. In the family, parents focus all their anger and dilemmas on one of their children, and almost overprotect their other children. "*Parental favoritism*" is quite dominant, and they almost choose one of their children, often the most talented child, as a scapegoat. Therefore, they choose this child, on whom they focus their anger and dilemmas, as a "*victim*". In this family, children are exposed to chronic and cumulative trauma as well as in the extratensive family model, but in this model, there is a clearly chosen and victimized dissociative child [1,2,6].

Generally, the socio-economic level of the family is slightly below or slightly above average. In the dissociative family model, polarizing roles and a reversible abuser-victim cycle dominate. In fact, the childhood of these parents is traumatized especially emotionally by both their families and relatives. The children of these families become more volatile, have turbulent communication, high rates of suicide attempts, depressive and explosive in their adulthood. This family model also has an open side to development. Social relations are better than other family models and family members are more willing to be treated as a whole. Dissociative individuals can take very important developmental steps for their lives after treatment. Dissociated individuals experience more post-traumatic growth during and after psychotherapy than other psychiatric diagnosis groups [2,7,43,44]. When children in this family model become adults, they are usually diagnosed with dissociative disorder and dissociative depression, especially dissociative identity disorder. Identity confusions, alter personalities, amnesias, self-harming behaviors, suicide attempts, and outbursts of anger predominate in these individuals.

Schizoid Family Model

In the "*schizoid family model*", parents have little or no communication with the social circle. In this family model, which gives a rather idiosyncratic and bizarre impression when viewed from the outside, there are psychopathological relationships between parents and their children, with a tendency to neglect. It is the dysfunctional family model in which the most physical and emotional neglect is experienced in terms of children. These parents are not malicious or abusive, they just prefer to be alone due to their psychological structure and they have inadequacies in empathy, which they do not have the chance or opportunity to change [1,2,7]. In the schizoid family model, which is the most well-intentioned dysfunctional family type, parents display a more "*infantile*" or "*immature*" personality structure. In these families, children are either not given any responsibility or, after a certain age, one of the older children has to undertake all the responsibility of the house. They push this individual, who still lives as a child, into the adult role and expose him to an emotional overload. In such a process, parents, on the other hand, transition into the role of the children of the house. In time, parents who cannot work due to their psychopathology or cannot take on the financial and moral responsibility of their family, even expect their children to financially support the home [2,6].

These families have scattered and self-focused lifestyles. Everyone spends time in their rooms, there is not even a regular meal time, and most of the time, everyone eats their meals separately. Family members do not generally feel a sense of responsibility towards each other. Most of the time, these individuals do not do their physical care at an average level. Short sentences are preferred in the family, even if they are in the same room, hours and days can pass without speaking at all. This family model has bizarre and unusual rituals. For example, nobody brings or wants to bring guests to the house, by sitting at the window, neighbors are watched and the door is not opened unless it is necessary, even when it is knocked. The home environment is often messy and there is no regular cooking. No individual wants to show this strange structure of his family to others in their social life [1,2,7]. Children who grow up in the schizoid family model sometimes find a way out in order to cope with life. Especially intelligent and adaptable ones can be successful in business and family life by getting the appreciation and support of the environment. They are generally perceived as loved ones in their business and social lives. However, they maintain their schizoid structure to a large extent in their actual lives. These children never develop anger towards their parents. Because they realized that they were insufficient in matters where they had no chance to change. When their parents get old, they usually both take care of them and take good care of them. In fact, the communication that their parents establish with them in their old age gets a little deeper and the neglect-oriented psychological wounds of the past are healed to a certain extent [1,2]. Children in this family model are often prone to a diagnosis of schizoid personality disorder when they become adults. Introversion, social isolation and alexithymia are dominant in these people.

Depressive Family Model

In the "*depressive family model*", both parents and children are in a depressive mood and tendency. Some family members may even be diagnosed with depression. They usually consist of families in the lower or middle socioeconomic level. At home, it is spoken in a low tone most of the time, and there is constant complaining and mourning or lamentation. They tire other family members with mutual complaints and mourning rituals at home. There are myths and externally-oriented misbeliefs, such as that they are constantly being treated unfairly, that they always expect something bad to happen to them, that everyone wants their bad, and that they hold themselves accountable for even the smallest things [2,6,7]. In this dysfunctional family model, where envy, jealousy and incivility dominate in the home from time to time, generally "*fragile*", "*depressive*" and "*hesitant or recessive*" children are raised. Since they are focused on the past rather than the present, their expectations for current life are very low. In these families, a subclinical obsessive or paranoid picture is occasionally encountered. When even the smallest rules in the family are not followed, children are raised with constant rejection or threat of being unloved. Parents have excessive control over children and raise them in a dependent and overly normative structure far from being individual [1,2,7]. They are friendly and nice only to other people. They have good neighborly relations and are generally liked in the area they live in for their benevolent orientation [1]. Children in this family model

are usually diagnosed with dissociative disorder and depression when they become adults. Self-harming behaviors, melancholy and suicide attempts are prevalent in these individuals.

Narcissistic Family Model

In the "*narcissistic family model*", parents are often arrogant, assertive, exhibitionistic, even abusive in psychological nature. In this dysfunctional family model, guests are constantly invited to the house and these invitations are given a festive quality. These families, who are generally in the middle upper or upper socioeconomic level, do not avoid any necessary and unnecessary expenses in these invitations that have a special meaning for them. In the invitations, these parents constantly talk about the things they have financially and sometimes their imaginary achievements that they do not even believe in, exaggerating, taking all the control and not perceiving that they are boring the other party with an encompassing orientation [6,7,45]. The families they come into contact with are usually modest families with a lower socioeconomic level. These modest families also notice the narcissistic psychopathology in them and move away from them after a certain time. Because the conversations of narcissistic families are often far from the optimal reciprocity that should be in a communication. Parents with a narcissistic family model see these modest families only as spectators and use them in this respect. Since the children of these families usually have an exaggerated self-confidence, they have communication problems with other children and show maladaptive behaviors. Although the children of narcissistic families mostly take their own parents as a model, they can also take these modest families, who rarely communicate for a certain period of time, as a model and maintain their healthy communication with them [1,2,6,7]. Children in this family model are usually diagnosed with narcissistic personality disorder and depression when they become adults. In addition to exhibitionism and manipulation, these people have feelings of insecurity and inadequacy.

Incestuous Family Model

In the "*incestuous family model*", parents are often overly natural-looking, authoritarian, normative, and even strict and abusive psychological structure. The incestuous family model is mainly characterized by an abusive father, a negligent/bystander mother, and a child often forced to assume the adult role. The pathological conformism process explains all the dysfunctional relationship dynamics of the mothers who remain bystanders to all the abusive acts of the abusive spouse. In the pathological conformism process, the inability of mothers to protect their children lies not only in their own petty interests but also in their childhood traumatic experiences, which cause a dissociative consciousness interruption in them and this dissociative consciousness interruption prevents them from making healthy decisions. "*Revictimization"* and *"intergenerational transmission of trauma*" can be seen at a very high rate in the children of incest victims who are married to an abusive spouse [1,2,46]. In incestuous families, since the parent is extremely strong and authoritative compared to the child, the parent can easily ensure that the child obeys them without applying physical violence. Sexual abuse is mostly repeated in secrecy for years and only children who are victims of incest can express revictimization when they believe that they have found a sufficient level of social support and an individual they can trust to share their negative experiences. The child victims of incest is reluctant to express sexual abuse because they believe that if abuse is revealed, they will receive a severe punishment and that this event will tear their family apart, which is very dominant in dysfunctional families [1,2,47]. Incestuous families are often not easily noticed due to their apparent adoption of traditional dynamics. There are also many incestuous families who camouflage themselves in the society they live in by adopting postmodern dynamics. According to Ozturk, in the incestuous family model, as in most dysfunctional family models, parents seem to comply with generally accepted norms, but psychopathological rituals are experienced in the home and violently-oriented negative child-rearing styles are adopted. Incestuous fathers go unnoticed by their social circles as they seem to support the maintenance of either traditional values or postmodern norms. Incestuous fathers often isolate their wives and daughters by restricting both their freedom of movement and social relationships, and they continue to abuse them [2,39,48]. When children in this family model become adults, they are usually diagnosed with dissociative disorder, post-traumatic stress disorder, and borderline personality disorder. Self-harming behaviors, suicide attempts, outbursts of anger, angoisse and alcohol/substance use are prevalent in these individuals.

Obsessive-Compulsive Tendency Family Model

In the obsessive-compulsive tendency family model, the parents are usually authoritarian, rule-oriented, intolerant of exceptions, quite self-certain and they even posses a callous psychologically structure to a certain extent. In this family model, which follows the diagnostic criteria of sub-threshold obsessive-compulsive disorder, children raised by parents can be diagnosed with obsessive-compulsive disorder. Eating, sleeping, education and entertainment times are always carried out within the rules determined by the parents and these rules are never compromised. In the obsessive-compulsive tendency family model although the mother is usually the dominant character, fathers may also play a dominant role to a certain extent, and in rare cases, mothers and fathers may share this dominance together. In this family, everything is performed as a ritual, and obsessive and compulsive tendencies are often seen together [1]. This family model is broadly similar to the previously described introversive family model. Physical, emotional and sexual traumatic experiences are generally not seen in this family model as common features. The dominant picture in this family model is oppression and control rather than emotional neglect. The borders are well drawn and there are no distance and adjustment problems. As in the introverted family model, it is among the family models in which intrafamilial chaos and maladaptive relationship traumas are experienced the least. It is usually seen in middle socioeconomic families, but emotional expressions are not as limited as in the introverted family model. The bond between family members is very strong and they are helpful. The obsessive-compulsive tendency family model is the healthiest family model among dysfunctional family models. Parents in this family model raise successful and adaptive children in business life. In the following time periods, the bonds between both children and parents and children never break and they support each other in every period of life. The dysfunctional family model with obsessive and compulsive tendencies is the most accepted family model in most cultures and societies, although they have obsessive tendencies, largely because they have a healthy internal system and they raise good and honest children [1,2]. Children in this family

model are usually diagnosed with obsessive-compulsive disorder when they become adults. These people have feelings of guilt and shame as well as feelings of compassion and justice.

Digital Family Model and Digital Abuse

In the "*digital family model*", both parents have a great interest in technologically-oriented communications and objects and program their current life based on this interest, and often make their child or children addicted to the internet, games and social media like themselves. Today, digital communication networks have begun to control and manage all family models with an encompassing and mobile effect. Today, almost digitalized family dynamics, new functions of these family dynamics and new communication languages have emerged. Written, audio or visual communication forms of social media tools have started to create an addiction among family members. In fact, when these forms of digital communication are interrupted, withdrawal symptoms such as anxiety, uneasiness and irritability are observed among users. Most of today's family members use these digital communication tools and these digital communication tools have almost started to replace face-to-face communication [1,15,49].

Based on his clinical observations and experiences in hundreds of trauma cases, which he successfully completed his treatment, and in family psychotherapy he conducted on a long-term basis, Ozturk defined these families, which he encountered quite often in recent years, as the "*digital family model*". In the digital family model, children become victims of all cyber addictions and cyber psychopathologies in their cyber lives, in which they are trapped under the influence of their parents' negative child-rearing styles. Parents who use digital communication networks and social media applications as a reward and punishment system clearly abuse their own children emotionally. In the digital family model, healthy communication cannot be established between spouses, parents and children, and emotional neglect and abuse are the most characteristic determinants in this family model. Dysfunctional families expose their children to digital abuse, making them highly digitally addicted. In other words, the variable rate rules or non-regulations of the parents in the family cause digital abuse and digital addictions as a dysfunctional relationship dynamic. The "*digital family model dynamics*" that create communication chaos and conflicts in the home by bringing the child and parent to equal status in today's society, as well as pampering, rudeness and unnecessary tolerance, are among the main elements of violence from child and adolescent to parent [1,2,49-51]. Children in this family model often become digital and technological addicts when they become adults. Feelings of boredom and emptiness as well as anxiety and uneasiness prevail in these people.

The Guiding Mode: Natural and Guiding Parenting Style

Individuals who grow up in family models that we accept as psychologically normal may have dissociative reactions to the usual dynamics of actual life. This process of existence expresses that the unity of consciousness is an illusion and that there is a dissociative spectrum for normal mental functions, perhaps making it possible to process traumatic experiences with "*dual or multiple consciousnesses*". Dissociation, described by Pierre Janet as a condition observed in cases of hysteria, also facilitates our perception of the dissociation of actual life, which is harmony-oriented and serves to relieve anxiety; the phenomenon of dissociation also includes situations such as "*ruptures in speech*", "*daydreaming*" and "*temporary feelings of alienation*" encountered in daily life. Perhaps the essence of dissociation is that the traumatized person can be conscious and unconscious at the same time [1,2,52-54]. For this reason, "*dual or multiple paradigms and modalities*" have begun to dominate in today's modern psychotherapy approaches and personality theories [23,41,55-59]. Parents who adopt dysfunctional and postmodern family models both traumatize and control their own children and cause intergenerational transmission of psychopathology, traumatic experiences and dissociative reactions. The intergenerational transmission of psychopathology and traumatic experiences ensures that dissociative disorders and post-traumatic stress disorder remain at the forefront both in clinical psychology and psychiatry disciplines, as well as in individuals and societies all over the world. Therefore, in today's society, the development of functional family models has become a prerequisite in order to raise a psychologically integrated new generation without traumatizing and dissociating individuals [1,2].

The fact that dysfunctional and pathological family dynamics are seen at maximum rates today necessitates the development of new functional and normal family models. The time has come for us to move from postmodern and apparently normal family models to the singularity of consciousness, to extrinsic or even intuitive parenting styles. Ozturk defined the as "*Natural and Guiding Parenting Style*", the positive parenting style of today's society as the "*Guiding Mode*". In this style, parents are in a wiser personality structure. They have humanistic idols, they love, trust, protect and guide their children. There is no "*victim*" in the natural and guiding parenting style; knowledge and experience show a positive intergenerational transmission. Such parents raise children who are empathetic, able to relate to their social circle, love nature, and are against war and violence. Natural and guiding parenting style was proposed by Ozturk both as a developmentally-oriented functional family model and as a long-term prevention strategy for childhood traumas and closely related dissociative disorders and post-traumatic stress disorder [1-4].

Now, the supportive: "*helping child-rearing*" style that prioritizes growth, development and individualization has been gaining a lot of importance [3,5,18]. Unfortunately, we witness more abuse of this style, especially in well-educated parents. The most psychopathological form of helping child-rearing style is practiced today as the "*friendly parenting style*". In fact, mothers and fathers in this parenting style apparently longed to have children. However, they do not want to carry the responsibilities of being a mother and father semi-consciously or subconsciously, and they even reject these responsibilities by hiding them with a psychogenic defense cover. Being a friendly parent subconsciously relieves them of these responsibilities and makes them hopelessly feel "*good*". Friendly parents are in a constant state of competition with their children, and there is a rejection of parenthood. This rejection often comes into play as a factor that disrupts their communication with their children. Parents plan all of their children's time according to their almost complete distance from themselves, filling them with unnecessary private lessons, artistic, sportive or cultural activities with an almost schizophrenic blockage technique, and try to cover up or rationalize the intolerance of not spending one-on-one

time with their children and the rejection of parenthood with this regressive technique. Because children have friends and what they need is the care and attention that a real mother and father, who are competent enough to both spare the necessary time for themselves and provide guidance, will give wholeheartedly. Friendly parenting style will be perceived as a double message during the developmental stages of children and will create a duality, that is, a dual perception or dissociation in their psychological structure [1-5].

Postmodern parenting styles cause children to lead a more self-centered life, become alienated from both themselves and the society, and acquire non-family guides. The friendly parenting style is also abused as a postmodern parenting style. Postmodern social theories emphasize that, with the dissociogenic effect of the internet age and the consumer society, the lifestyles and daily lives of individuals have changed greatly compared to the past, and the identity phenomenon has had its share of this change. In the literature, there are scientific studies on identity confusion and role transitions in postmodern families. For example, a father with a postmodern parenting style ambivalently said to his eleven-year-old daughter, "*You haven't called your grandmother for months, and she must be upset about this. Do you want to call her now? But still, that's up to you.*" A classical father says, "*Call your grandmother right away, you know she gets very upset when you don't call her.*" Although the child has a mental confusion with the postmodern ambivalent warning of the father in the first example, she does not usually call her grandmother, but with the warning of the classical father in the second example, she usually calls her grandmother. For this reason, the adoption of positive parenting methods and child-rearing styles of classical parents has become a prerequisite today [1-4,60].

Ozturk suggested a new and functional parenting style, realizing that individuals who come to psychotherapy because of their traumatic past, as well as the results of clinical-based studies, are mostly satisfied with mothers and fathers who use classical and positive parenting styles. In this direction, the "*Natural and Guiding Parenting Style*" developed by Ozturk in order to experience intergenerational development is structured as a long-term strategy to prevent childhood traumas. In the classical parenting style, there is a clear definition of the roles of parents in the social and family, and children are usually raised in ways that have been transferred on from previous generations and whose accuracy has been largely proven in the intergenerational process. This parenting style, which does not contain the contradictions and dualities of the postmodern parenting style and is perceived quite clearly by children, primarily aims to protect children from traumatic experiences and negative life experiences. Mothers and fathers in the natural and guiding parenting style, where face-to-face and sincere interactions are at the forefront and who have the ideal level of basic rules and expectations, have to teach their children to use digital communication methods, which have become an undeniable reality of today's society, at an optimal level. It is essential that parents who use digital communication optimally, especially their children, should acquire the ability to use this optimal level of digital communication until the pre-adolescence period [1-6].

The family is the most important agent of the society in which knowledge, development, justice, honesty, compassion and strategies to cope with traumatic experiences are transferred from parents to children on an intergenerational axis. It is of great importance that both parents and children are able to use their instincts, intuition, and ability to predict in order to prevent trauma in the natural and guiding parenting style. In the face of traumatic events, one fawns or freezes because he/she is unpredictable. In this parenting style, instincts and intuitions dominate, and it is a basic requirement for these instincts and intuitions to be functional. In child-rearing styles, it is the most basic condition to use intuition as well as instincts. It is very important to use natural parenting styles, especially in children, until the period of abstract thinking. The word intuition means to understand, to feel, to observe, to grasp directly, to catch in a moment and to sense and discover [1,61]. Intuition is also expressed as the ability to grasp the truth directly without hitting experiment or reason, to sense events without the help of any source, to predict something that has happened or will happen without any clear evidence. On the other hand, intuition is the ability to grasp reality based on indirect evidence and information, rarely even without the need for it. French philosopher René Descartes stated that intuition is a tool of the mind that is born out of nowhere and leads to truth, a way of acquiring precise and clear information, and a mind function. According to Descartes' understanding, only the light and guidance of the mind is sufficient to obtain intuition [1,61,62]. In this context, "*intuition*" in raising children should be a key element of positive and valid parenting style. The thing that parents with positive parenting styles can use most in the development of their children is intuition, which can sometimes be thought of as the ability to grasp the truth based on indirect evidence and information, even if rarely without evidence. Situations that may be traumatic can actually be foreseen. Since traumatic situations are often unforeseeable or unpredictable, they turn into traumatic experiences and cause dissociative reactions [1-5].

Ozturk emphasizes that parents who integrate logic and emotions well in their natural and guiding parenting style should use their preconceptions correctly as well as their intuitions that can grasp the truth about their children. Although the importance of a supportive or helping child-rearing style that prioritizes change, development, progress and individualization cannot be denied, this style alone is no longer sufficient for countries that are rapidly digitizing and transforming psychosocially. Instead, "*Natural Parenting Style*" focused on *"intuition*" should be used until the abstract period of children, and "*Guiding Parenting Style*" focused on "*guidance*" after the abstract period. In other words, parents should both make their intuition functional and provide common sense guidance to their children in order to raise a good generation today. The natural and guiding parenting style is structured on the basis of modern paradigms of clinical psychology, psychohistory, and psychotraumatology; it is characterized by the fact that parents show a proactive attitude, that is, before a crisis situation (traumatic situation) occurs, with their intuition and strong foresight ability, they can both take action and intervene in the crisis and take instant and long-term precautions against these crisis situations. Having a child is an individual and social responsibility that parents cannot fulfill without conscience, morality, compassion or "*moderation*". Conscience, morality and compassion, and "*moderation*" are the basic individual and social virtues. Shaftesbury, who argues that good and bad can be recognized thanks to the moral sense, which

is a natural emotion, and that morality is the basis of morality, thinks that it is only possible to prevent the deterioration of the moral sense, which is a natural ability, for various reasons, and to gain the competence of this moral sense only with a good education. Moral sense does not deny that individuals will want to act according to their own benefit, but it argues that the interest of the individual and the interest of the society are in harmony and that moral goodness emerges through this harmony. According to Shaftesbury, not everything we like is good and there is a close connection between conscience and good. According to him, "*goodness*" means harmony, naturalness and peace, even conscience [1,63]. For this reason, restraint with the feelings of conscience, morality and compassion, which have individual and social aspects, can be experienced through well-educated parents. In the natural and guiding parenting style that Ozturk defines, it is possible to create a developmentally-oriented society by means of both parents and children receiving a good education. The natural and guiding parenting style, which enables the existence of both healthy parents and children and developmentally-oriented societies, on the psychosociological axis, negative child-rearing styles, dysfunctional family dynamics, childhood traumas, trauma-related psychopathologies (i.e. dissociative disorders and post-traumatic stress reactions) as well as functioning as a long-term prevention strategy for incidents of communal violence. The more an individual has to learn from their parents, both in childhood and adolescence, the better interpersonal relationships they will generally have with their parents. When the vital information they will learn from their parents is low, when their parents' guidance is insufficient, when their intuition and predictions about their own life do not turn into reality, children begin to have serious communication problems within the family, move away from their parents and turn to relational, social and emotional or other focuses outside the family [1-4,18].

In the natural and guiding parenting style, the child and the parents have to be perceived and accepted as integrated parts of a whole, not on the axis of dissociated opposition. In the natural and guiding parenting style, as in the helping child-rearing style, it is very important to see the child as an individual or a subject. According to the natural and guiding parenting style, the child is an adult who has not yet completed his or her development at that time, and it is a basic condition to respect his individual rights as much as the rights of an adult. Adjectives of negative nature and inadequacies attributed to the concept of child by adults make it easier for them to be traumatized and revictimized by adults with this primitive thinking style and even by their own parents. Knowing the developmental stages of the child, acting according to his age, and approaching with disinterested and empathetic attitudes without discrimination of gender, race, language, character and belief will be the first steps in preventing them from being traumatized and revictimized. In this child-rearing style, there may also be methods in the classical parenting style, which are generally transferred from previous generations and whose accuracy has been largely proven in the intergenerational process. Guiding parenting style is actually a mature and continuation of natural parenting style. In this respect, the guiding parenting style includes the intuitive, empathetic and emotional reciprocity of the natural parenting style. Especially when children pass into the abstract period, it becomes important to use the guiding parenting style. The basis of this parenting style is the trust-based, natural, empathetic and emotional reciprocity established between children and parents, as well as the exemplary behavior of parents both in the formation of children's characters and in the structuring of their value judgments, being an ideal advisor and guide in career choice and future plans [1-5].

Ozturk highlights that in the natural and guiding parenting style, mothers and fathers should have a holistic, open-ended and scientific, but long-standing reasoning in which they can use their multidimensional personal skills related to parenting experience in order to be able to effectively intervene in every crisis in actual life that may be directly or indirectly involved in children. In this parenting style, optimal living spaces, emotional reciprocity and age-appropriate distribution of duties for both parents and children should be provided urgently in order to avoid distance and adjustment problems, and these criteria should be followed immediately. The fact that the intuitions and predictions of the parents turn into reality in the child's life spans facilitate the tolerance of frustration, anxiety and ambiguity in them, causing them to develop feelings of trust and respect, which in these functional families is as premier as mutual kindness and mutual love. Although there are basic rules of parents in this parenting style, they also have the ability to take initiative when necessary in order to protect and develop children in changing situations and conditions [1].

Parents can only teach their children a healthy and functional family environment with their psychologically healthy and functional lives. According to Ozturk, fathers become more merciful and compassionate towards their children when they spend a similar amount of effort to their mothers. In the natural and guiding parenting style, the love of people, animals and nature is at the forefront, and children are raised in a compassionate and fair manner, within the framework of honesty, love and respect. Parents develop themselves to be a good guide for their children at all times, and even when they get old, they continue to guide their adult children with their wisdom when necessary. The natural and guiding parenting style is the most psychologically healthy parenting style in which sincere and strong bonds are formed on behalf of parents and children in a balance of commitment and independence. In this style, instead of all kinds of digital objects and communications, there are real and mutual communications that raise a normal or functional generation that is connected to each other in the long term and also has autonomy. In the natural and guiding parenting style, families are both the most important and the most valuable agents of the society in which knowledge, experience, compassion, justice, loyalty, tradition, true beliefs, life philosophies and strategies for coping with traumatic experiences are transferred from parent to child in intergenerational development [1].

In the natural and guiding parenting style, parents have to protect their children from the negative life events of that period, in an empathic emotional ground, with a directive and active orientation, in a way that they can adapt to the life styles of their child in the developmental age. Now, the period of constant parenting styles or parents who only expect help from a specialist in the crisis phase is over. Because parents have to apply the first crisis intervention techniques, which do not require expertise regarding the negative experiences that the child will experience in each developmental

period, consciously, correctly and rapidly. There are also classical parenting approaches that have been validated for many years in the natural and guiding parenting style. However, this parenting style does not include the dualities and dilemmas of postmodern families, or the variable-ratio psychological oppressions and neglects. Mothers and fathers with natural and guiding parenting styles should both protect their children from all possible traumatic experiences and teach them the techniques to cope with these traumatic events. The natural and guiding parenting style that enables parents to best use their intuition, insight and forecast, provides the establishment of trust-based emotional reciprocity between children and themselves with natural, empathetic and open communication patterns, and teaches the optimal level of basic rules and expectations for the psychosocial development of their children with their knowledge and life experiences, will soon be one of the most preferred parenting styles [1-5,40,64,65]. In this context, the "*theory of dissoanalysis*" developed by Ozturk is the very definition of "*psychosocial therapy*"! The main purpose of dissoanalysis is to create integrative individuals and societies that are open to improvement. Dissoanalysis is the neutralization of the fundamental transmitted dissociogenic components underlying individual and social traumas with a holistic orientation with the help of developing psychosocial theories focused on strategies to prevent negative life events in order to both treat and end individual and social traumas as soon as possible and constructing clinical-based modern psychotherapy methods with psychotraumatology and psychohistory perspectives on dissociative disorders, which show the closest relationship with chronic childhood traumas [2,66,67].

Conflict of interests

The authors declare that there is no conflict of interest in the study.

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