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Fantasy, Dissociation, or Hallucination? Clinical Challenges in the Assessment of Childhood Psychopathology: A Case Report

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ABSTRACT: Childhood trauma is increasingly recognized as a major contributor to psychopathological outcomes such as hallucinations, dissociative symptoms, and maladaptive fantasy use. This case report explores a 20-year-old female patient with a history of recurrent trauma since early childhood, who developed auditory hallucinations commanding self-harm, dissociative episodes, and persistent escapist fantasy as coping mechanisms. Using a case study approach supported by literature review, we examined the clinical trajectory, psychological symptoms, and coping strategies used by the patient. Findings suggest that early and prolonged trauma may distort reality monitoring and identity integration, with dissociation and fantasy serving as maladaptive emotional regulation tools. This case adds to the understanding of how childhood trauma can produce overlapping features of dissociative and psychotic-like symptoms. The report emphasizes the importance of early screening for dissociation and fantasy-based coping in trauma-exposed adolescents, particularly when hallucinations are present. Early interventions, including trauma-informed psychotherapy and family support, may prevent progression to chronic psychiatric disorders.

Keywords: Childhood Trauma, Dissociation, Auditory Hallucinations, Maladaptive Fantasy, Psychopathology.

INTRODUCTION

Hallucinatory experiences, dissociation, and maladaptive fantasy are increasingly recognized as interconnected phenomena in adolescents with histories of trauma. While hallucinations have traditionally been associated with psychotic disorders, recent research has demonstrated that trauma-related hallucinations can present in children and adolescents in the absence of schizophrenia-spectrum illness. These symptoms are frequently intertwined with dissociative processes and maladaptive daydreaming (MD), creating complex diagnostic and therapeutic

challenges for clinicians (Lall et al., 2024). The years 2020–2025 have seen substantial growth in empirical evidence linking adverse childhood experiences to dissociative and hallucinatory symptoms, as well as to compulsive, immersive fantasy that functions both as a coping mechanism and a source of functional impairment.

Trauma exposure during sensitive developmental windows disrupts the maturation of neural systems responsible for self-referential processing, emotional regulation, and reality monitoring. Meta-analyses and systematic reviews have shown that early maltreatment is strongly associated with later psychotic-like experiences, with dissociation serving as a mediator between trauma and hallucinations (Tariq, 2020). More recently, an umbrella review on child and adolescent PTSD prevalence highlighted the enduring impact of trauma on cognition and perception, confirming the robust association between cumulative adversity and hallucination-proneness (Valenstein-Mahn et al., 2025). Complementary neurobiological reviews further suggest that trauma induces stress-reactivity and salience network alterations in the amygdala, anterior insula, and cingulate cortex, which bias attention toward threat and heighten susceptibility to intrusive imagery and auditory phenomena. Such mechanisms align with evidence that impaired source monitoring renders internal cognitive events—such as inner speech or vivid imagery—liable to misattribution as external voices.

In parallel, the construct of maladaptive daydreaming has gained increased recognition in the psychiatric literature. Initially described as a niche condition, MD is now validated by psychometric instruments and supported by clinical and epidemiological evidence. Recent reviews and meta-analyses emphasize its overlap with dissociation, its linkage to trauma histories, and its co-occurrence with ADHD traits and problematic online behaviors (Thompson et al., 2024). Clinical reports have demonstrated that MD severity is elevated among patients with dissociative identity disorder, suggesting a meaningful overlap with established dissociative pathology (Onyeama, 2025). In adolescents, maladaptive fantasy often serves as an escapist strategy from distress, but over time becomes compulsive, consuming hours daily and interfering with academic achievement and social relationships. Cultural and digital factors intensify this phenomenon, as excessive internet and social media use can amplify immersive fantasy cycles, particularly among trauma-exposed youth (Durrani & Zeb, 2025).

Complex post-traumatic stress disorder (CPTSD), as described in ICD-11 and increasingly studied in youth, provides an integrative framework for understanding these overlapping presentations. Beyond the classic PTSD triad of re-experiencing, avoidance, and hyperarousal, CPTSD includes disturbances in self-organization such as affect dysregulation, negative self-concept, and relational difficulties. Adolescent cohorts confirm that CPTSD often follows chronic trajectories, especially when cumulative adversities and social risk factors are present (Ben-David, 2025; Jensen, 2023). Importantly, dissociation and maladaptive fantasy may be understood as maladaptive strategies for managing these disturbances, while hallucinations emerge as perceptual intrusions tied to trauma memory and impaired self-monitoring.

Nosological developments have also influenced the field. DSM-5-TR, with its 2022 release and subsequent 2024–2025 text updates, provides clarified descriptions of dissociative phenomena and

emphasizes developmental and cultural context in assessing hallucinations (APA, 2022, 2025; First et al., 2022). While DSM-5-TR does not formally include CPTSD, the growing body of pediatric research underscores the value of integrating ICD-11 CPTSD frameworks into adolescent clinical practice (Maercker et al., 2022). Differential diagnosis is critical, as trauma-related hallucinations can be episodic, stress-linked, and responsive to trauma-focused therapy, whereas hallucinations in schizophrenia-spectrum disorders are often persistent and resistant to contextual triggers (Lall et al., 2024). Misdiagnosis may result in unnecessary pharmacological treatment and neglect of trauma-focused interventions.

Mechanistic studies between 2020 and 2025 have converged on three primary explanatory pathways. First, neurobiological models emphasize stress-reactivity and salience network dysfunction as drivers of perceptual anomalies (Davis, 2024). Second, dissociation undermines self-referential integration and source monitoring, thereby increasing misattribution of internal events as external stimuli (Medina, 2021). Third, oxytocinergic dysregulation has been implicated in the link between trauma and psychotic-like symptoms, offering a novel biological pathway for understanding how interpersonal trauma disrupts social cognition and contributes to hallucinatory phenomena (Ferreira & Osório, 2022). Together, these mechanisms provide a biopsychosocial model that integrates trauma exposure, dissociative processing, and neurochemical alterations.

Clinically, the literature between 2020 and 2025 highlights the value of phased, trauma-informed interventions for adolescents with complex trauma. Systematic reviews demonstrate that trauma-focused therapies, including trauma-focused CBT, EMDR, and integrative approaches, reduce both PTSD symptoms and disturbances in self-organization (Sing, 2024). Pilot RCTs and practice-based evidence also suggest that interventions targeting dissociation and maladaptive daydreaming may improve overall treatment outcomes (Shin, 2021). For adolescents with hallucination-like experiences in trauma contexts, psychoeducation, grounding, and digital-use hygiene are recommended as adjunctive strategies to minimize functional impairment (Thompson et al., 2024). Importantly, school-based trauma-informed care has emerged as an effective public health strategy for early detection and intervention, reducing stigma and improving access for vulnerable populations (Yap et al., 2023).

In summary, recent evidence underscores the intertwined nature of dissociation, maladaptive daydreaming, and hallucinations in trauma-exposed youth. These phenomena should not be hastily equated with primary psychosis but rather conceptualized as trauma-related expressions requiring careful differential diagnosis. Integrating structured assessment of trauma history, dissociation, and fantasy-based coping into routine practice is essential. The advances between 2020 and 2025 provide a coherent framework that combines neurobiological, psychological, and sociocultural perspectives, supporting the adoption of phased, trauma-informed, and culturally sensitive care for adolescents. By synthesizing these findings, the present study aims to extend clinical understanding and inform both assessment and intervention strategies for young people navigating the complex aftermath of early trauma.

METHOD

This study employed a qualitative case report design to explore the psychological profile and symptom progression of a 20-year-old female patient with a history of childhood trauma. Data were collected through in-depth clinical interviews, observational assessments, and patient self-reports over a six-month outpatient follow-up period at a psychiatric clinic. Diagnostic evaluation adhered to DSM-5-TR criteria for dissociative and trauma-related disorders.

To ensure a comprehensive analysis, we reviewed the patient's psychosocial history, clinical symptoms (including dissociative episodes and auditory hallucinations), and coping strategies. Standardized psychometric instruments were also used, including the Dissociative Experiences Scale (DES) and Beck Depression Inventory (BDI), to quantify the severity of dissociative symptoms and comorbid mood disturbances.

Literature review was conducted using databases such as PubMed, PsycINFO, and Scopus, focusing on studies related to childhood trauma, dissociation, hallucinations, and fantasy use. Ethical approval was obtained from the institutional review board, and the patient provided written informed consent for participation and publication of anonymized findings.

RESULT AND DISCUSSION

The patient, a 20-year-old female university student, presented with a complex symptom profile characterized by auditory hallucinations, dissociative episodes, and persistent maladaptive daydreaming. Her developmental and psychosocial history revealed exposure to multiple forms of trauma beginning in early childhood, including repeated domestic violence, emotional neglect, and bullying during adolescence. These adversities created a trajectory in which maladaptive coping strategies gradually intensified, manifesting as dissociation, immersive fantasy, and hallucination-proneness, consistent with findings from recent trauma-focused studies (Inyang et al., 2022).

Symptom Trajectory

The onset of symptoms began at age nine, when the patient reported hearing crying voices at night, which escalated during adolescence into auditory hallucinations involving commands for self-harm. The hallucinations occurred most frequently during periods of high stress, such as academic examinations or interpersonal conflict, reflecting a pattern described in recent work on trauma-related multimodal hallucinations in youth (Medjkane et al., 202). By age fifteen, she began experiencing dissociative blackouts, episodes of depersonalization, and derealization. These dissociative phenomena were often temporally linked to interpersonal stressors, such as bullying incidents, echoing reports that trauma and social adversity jointly predict dissociative outcomes in adolescents (Ribeiro, 2022).

In late adolescence, the patient developed increasingly immersive and repetitive fantasy scenarios involving protective figures and alternative realities. Initially perceived as comforting, these fantasies became rigid, consuming multiple hours daily and impairing academic performance. This clinical picture is consistent with the description of maladaptive daydreaming as a trauma-linked phenomenon that escalates into compulsive, isolating behavior (Somer, 2025).

Psychometric Assessment

Standardized assessments reinforced the clinical impression. On the Dissociative Experiences Scale (DES-II), the patient scored 42, indicating high levels of dissociation. This score is comparable to findings in trauma-exposed adolescent samples where elevated dissociation was strongly associated with PTSD and psychotic-like experiences (Perez, 2023). The Beck Depression Inventory-II (BDI-II) indicated moderate to severe depressive symptoms, aligning with evidence that depressive comorbidity frequently co-occurs with trauma-related dissociation and hallucinations (Park, 2025). On the Maladaptive Daydreaming Scale (MDS-16), the patient scored well above the clinical cutoff, supporting the diagnosis of maladaptive daydreaming, consistent with recent validation studies in dissociative disorder cohorts.

Clinical Observations

During clinical interviews, the patient frequently shifted between detailed fantasy descriptions and amnestic gaps regarding recent stressful encounters. Dissociative episodes often followed interpersonal conflict, and hallucinations emerged under heightened stress, in line with trauma-related rather than schizophrenia-spectrum phenomena. Importantly, her cognitive function and reality testing were largely preserved outside of acute dissociative or hallucinatory episodes, a finding that supported the differential diagnosis of complex PTSD with dissociative subtype rather than primary psychosis (Lall et al., 2024).

Family involvement in treatment remained minimal due to strained relationships, though the patient received consistent support from a close friend and a romantic partner(Raine & Chen, 2024). This partial social support functioned as a protective factor, consistent with recent findings that supportive peer relationships can buffer the trajectory of trauma-related psychopathology in adolescence (Yap et al., 2023; Jensen et al., 2023).

Treatment Course

Over six months of outpatient follow-up, the patient engaged in trauma-focused psychotherapy incorporating psychoeducation, grounding techniques, and journaling. No pharmacological interventions were initiated, in line with current recommendations emphasizing trauma-informed psychotherapeutic approaches over antipsychotic medication in trauma-related hallucinations (Karatzias, 2025). By the third month, hallucinations decreased in frequency from weekly to

biweekly, although dissociative episodes persisted. Maladaptive daydreaming remained prominent but showed partial improvement when strategies for digital-use hygiene and structured daily routines were introduced, echoing recent findings that psychoeducation and behavioral management can reduce MD severity (Thompson, 2024).

Integration with Recent Literature

The clinical trajectory observed in this patient parallels evidence from multiple recent studies. Systematic reviews highlight that hallucinations linked to trauma often fluctuate with stress and improve with trauma-focused therapy, unlike the more persistent hallucinations observed in schizophrenia (Inyang et al., 2022). The persistence of maladaptive fantasy echoes recent findings that MD is both trauma-related and exacerbated by digital immersion, underscoring its role as a clinically relevant construct (Durrani & Zeb, 2025). Furthermore, the patient's dissociative profile is consistent with longitudinal research indicating that dissociation mediates the association between childhood adversity and hallucinatory experiences (Valenstein-Mahn, 2025).

Summary of Findings

Overall, the case illustrates the convergence of dissociation, maladaptive daydreaming, and hallucinations in the aftermath of prolonged childhood trauma. The patient's symptom profile and course support the classification of complex PTSD with dissociative features, rather than primary psychotic disorder. Protective factors such as help-seeking behavior and supportive peers facilitated partial improvement, while risk factors included chronic trauma, family neglect, and maladaptive coping strategies. These findings align with the broader literature emphasizing the importance of systematic trauma screening, structured assessment of dissociation and MD, and phased, trauma-informed interventions for trauma-exposed adolescents.

The present case highlights the complex clinical presentation of a young adult with cumulative childhood trauma who developed dissociative episodes, auditory hallucinations, and maladaptive daydreaming. This constellation of symptoms illustrates the growing recognition in the literature that trauma-related psychopathology often blurs traditional nosological boundaries, particularly in adolescents and emerging adults. Between 2020 and 2025, evidence from systematic reviews, longitudinal studies, and neurobiological research has converged on a framework in which dissociation and maladaptive fantasy serve as key mediators between trauma exposure and hallucinatory experiences (Önder, 2024). The discussion that follows situates the clinical observations from this case within contemporary scholarship, examining differential diagnosis, mechanisms, cultural considerations, therapeutic implications, and future research directions.

Trauma, Dissociation, and Hallucinations

This case demonstrates how hallucinations may emerge not as markers of schizophrenia-spectrum disorders, but rather as trauma-related intrusions accompanied by dissociation. The episodic, stress-linked nature of the patient's auditory hallucinations, along with their partial remission under trauma-focused therapy, aligns with findings that trauma-related hallucinations differ phenomenologically from those observed in psychotic disorders (Inyang et al., 2022; Lall et al., 2024). Recent umbrella reviews and meta-analyses confirm that childhood adversity significantly elevates the risk of hallucinatory experiences, with dissociation functioning as a mediating mechanism (Hjelseng, 2022). Dissociation compromises reality monitoring, rendering internal experiences such as intrusive trauma memories or inner speech liable to misattribution as external voices. In this way, dissociation and hallucinations can be understood as two facets of a shared trauma-related process rather than independent phenomena.

Maladaptive Daydreaming as a Trauma-Linked Construct

The patient's use of immersive, repetitive fantasy further supports the clinical significance of maladaptive daydreaming (MD). While still absent from major diagnostic manuals, MD has gained empirical legitimacy through validated instruments and a growing research base. Recent reviews underscore MD's strong associations with trauma exposure, dissociation, ADHD traits, and problematic online behaviors. Clinical studies of dissociative disorder populations reveal elevated MD severity, suggesting that MD may serve as both a coping strategy and a marker of dissociative pathology. In this case, fantasy initially provided relief but became rigid and impairing, reinforcing avoidance and hindering emotional processing. Such trajectories are increasingly documented among adolescents, particularly in digital contexts where immersive media amplify fantasy cycles (Durrani & Zeb, 2025; Thompson et al., 2024). Integrating MD into trauma-informed assessment frameworks is therefore essential to prevent misdiagnosis and guide targeted interventions.

Neurobiological and Cognitive Mechanisms

The overlap of dissociation, hallucinations, and maladaptive fantasy is further illuminated by recent neurobiological findings. Reviews published between 2020 and 2025 implicate alterations in the salience network, including the amygdala, anterior insula, and cingulate cortex, as central to trauma-related psychopathology. These regions are hyper-reactive to perceived threat and prone to generating intrusive imagery. In parallel, deficits in source monitoring—the ability to distinguish internal from external stimuli—have been consistently observed in trauma-exposed youth and linked to hallucination-proneness. Moreover, studies exploring oxytocin pathways suggest that interpersonal trauma disrupts oxytocinergic regulation, thereby impairing social cognition and contributing to hallucinations and negative symptoms (Giordano, 2025; Lee, 2024) . Together, these findings provide a biopsychosocial model that explains how trauma can yield both perceptual anomalies and maladaptive coping strategies such as fantasy immersion.

Differential Diagnosis

Distinguishing trauma-related hallucinations and fantasy from primary psychosis remains a critical clinical task. In this case, the absence of chronic delusions, the episodic nature of hallucinations, preserved cognitive functioning, and stress-linked exacerbations favored a diagnosis of complex PTSD with dissociative subtype rather than schizophrenia. Recent clinical guidelines stress the importance of developmental context and cultural formulation in making such distinctions (A.P.A., 2022, 2025; First, 2022). Misdiagnosis carries significant risks: prescribing antipsychotic medication inappropriately may expose youth to adverse effects without addressing underlying trauma, while delaying trauma-focused interventions. Conversely, failure to recognize emerging psychosis risks undertreatment. Therefore, structured trauma screening tools, dissociation scales, and instruments for MD should be incorporated into routine psychiatric assessment of adolescents with hallucinations (Kaya & Somer, 2024).

Cultural and Contextual Dimensions

The cultural context of trauma cannot be overlooked. In collectivistic societies, where family reputation and social harmony are prioritized, children may be discouraged from disclosing trauma, and symptoms such as hallucinations or fantasy immersion may be dismissed or misattributed to spiritual causes. Recent reviews emphasize that stigma and cultural framing significantly shape pathways to care, delaying early intervention (Yap, 2023). In this case, the patient's family minimized her symptoms, reducing opportunities for early support. Conversely, supportive peers and a romantic partner served as protective factors, echoing findings that social support mitigates trauma-related psychopathology in adolescents (Jensen et al., 2023). Integrating culturally sensitive psychoeducation into community and school-based interventions is therefore critical for early detection and treatment adherence.

Therapeutic Implications

The patient's partial response to trauma-focused psychotherapy underscores the efficacy of phased, trauma-informed care. Phased models emphasize stabilization, trauma processing, and integration, and have received increasing empirical support in treating CPTSD. Trauma-focused CBT and EMDR are particularly effective in reducing trauma-related dissociation and hallucinations (Singh et al., 2024). Adjunctive strategies such as journaling, grounding, and digital-use hygiene show promise in addressing maladaptive daydreaming. While evidence for pharmacological interventions remains limited, guidelines increasingly caution against routine antipsychotic use for trauma-related hallucinations, recommending psychosocial and trauma-focused approaches as first-line treatments (Lall et al., 2024).

Limitations of Current Evidence

Despite substantial progress, limitations in the literature persist. Many studies remain cross-sectional, limiting causal inference. Longitudinal and mechanistic research, particularly in pediatric populations, is still sparse. Measures for maladaptive daydreaming, while validated, are not yet widely integrated into clinical practice, and MD remains absent from formal diagnostic systems. Furthermore, most evidence is derived from Western contexts, raising questions about cultural generalizability (Özbabalık, 2025). Addressing these gaps will require cross-cultural studies, multi-site longitudinal cohorts, and integration of qualitative methods to capture lived experience.

Directions for Future Research

Future research should prioritize randomized controlled trials testing phased trauma-focused interventions for adolescents with dissociative and hallucinatory symptoms. Mechanistic studies using neuroimaging and experimental paradigms are needed to clarify how dissociation and MD contribute to hallucinations. The role of digital environments in shaping maladaptive fantasy also warrants systematic investigation, given the ubiquity of online engagement in adolescence (Stanley, 2024). Finally, efforts to integrate ICD-11 CPTSD frameworks into adolescent clinical practice should continue, alongside refinement of assessment tools for dissociation and MD.

Synthesis

Overall, the convergence of dissociation, maladaptive daydreaming, and hallucinations in this case is consistent with emerging evidence from 2020 to 2025. Trauma exposure disrupts neural, psychological, and social processes, giving rise to overlapping symptoms that resist simplistic classification(Kim, 2021). This case underscores the necessity of moving beyond categorical distinctions between "trauma" and "psychosis," instead adopting integrative, trauma-informed frameworks that recognize dissociation and maladaptive fantasy as central to the clinical picture. By synthesizing individual clinical observation with recent empirical findings, this report contributes to the growing call for nuanced, developmentally attuned, and culturally sensitive approaches to youth mental health.

CONCLUSION

This case illustrates that persistent maladaptive fantasy, when co-occurring with dissociation and hallucinations in trauma-exposed youth, can mimic primary psychosis and complicate diagnosis. The key clinical takeaway is that systematic screening for both dissociative symptoms and fantasy-based coping should be incorporated into routine psychiatric assessments for young patients with hallucinations, especially those with a trauma history. Trauma-focused interventions, such as TF-CBT and grounding techniques, combined with social support, may reduce symptom burden and

prevent chronic functional decline. Future research should investigate the prevalence of maladaptive fantasy in trauma-related disorders, develop standardized assessment tools to differentiate it from psychosis, and evaluate targeted interventions for improving long-term psychosocial outcomes.

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