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TRACED OUT THE DOMINANT LEVEL OF TRAUMA IN PEOPLE WITH PTSD SYMPTOMS BY PSYCHOLOGICAL INTERVENTION

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ABSTRACT

This study aims to trace the dominant level of trauma among individuals experiencing symptoms of Post-Traumatic Stress Disorder (PTSD) through psychological intervention. PTSD can develop following exposure to distressing or life-threatening experiences and may affect emotional well-being, cognition, behavior, and social functioning. The study focuses on identifying the severity and dominant dimensions of trauma symptoms, including intrusive memories, avoidance, negative emotional responses, and heightened arousal. Psychological intervention is considered an important approach for understanding and addressing trauma-related difficulties by providing individuals with structured emotional support and therapeutic techniques. The study examines changes in psychological symptoms before and after intervention to assess patterns of trauma severity and response. Appropriate psychological assessment tools and intervention strategies may be used to obtain systematic information from participants. The findings are expected to contribute to a better understanding of trauma levels among individuals with PTSD symptoms and highlight the potential role of psychological intervention in promoting emotional adjustment, coping abilities, and psychological well-being.

Keywords: Post-Traumatic Stress Disorder (PTSD), Trauma, Psychological Intervention, Trauma Severity, PTSD Symptoms, Intrusive Memories, Avoidance.

INTRODUCTION

Post-Traumatic Stress Disorder (PTSD) is a psychological condition that may develop after an individual experiences or witnesses a traumatic, frightening, or life-threatening event. Trauma can influence emotional stability, thoughts, behaviour, interpersonal relationships, and everyday functioning. Individuals with PTSD symptoms may experience intrusive memories, nightmares, avoidance of trauma-related situations, negative emotional changes, irritability, difficulty concentrating, and heightened alertness. Identifying the dominant level and dimensions of trauma is important for understanding the psychological needs of affected individuals and planning appropriate support. Psychological intervention provides structured methods for addressing trauma-related symptoms and may include cognitive behavioural approaches, trauma-focused therapy, relaxation techniques, psychoeducation, and supportive counselling. Such interventions can help individuals understand their experiences, develop healthier coping strategies, regulate emotional responses, and gradually reduce distress. Therefore, the present study focuses on tracing the dominant level of trauma among people experiencing PTSD symptoms through psychological intervention, with emphasis on assessing trauma severity and changes associated with therapeutic support.

REVIEW OF LITRETURE

Ahn, Hongsin et al., (2025) Complex post-traumatic stress disorder (CPTSD) is characterized by the presence of post-traumatic stress disorder symptoms combined with disturbances in self-organization. However, treatment strategies for this newly defined condition remain lacking. Methods In this systematic review of international studies exploring psychological interventions for CPTSD in children, adolescents, and adults, we screened PubMed and Google Scholar for relevant literature while adhering to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines. In total, 6 studies met our inclusion criteria. The psychological interventions explored in these studies encompassed a range of therapeutic modalities, including trauma-focused cognitive behavioral therapy, prolonged exposure therapy, skill training in affect and interpersonal regulation narrative therapy, mindfulness-based practices, and group therapies with a focus on somatic or body-oriented techniques. For children and adolescents with CPTSD, interventions were typically concise and followed a structured, phase-based approach, whereas adults often benefited from longer intervention durations that facilitated a more gradual and profound therapeutic process. This review highlights the effectiveness of psychological interventions in addressing

CPTSD symptoms. However, treatments specifically targeting CPTSD's unique symptom clusters, especially disturbances in self-organization, remain limited. Future research should prioritize the development of interventions tailored to address these distinct features.

Yasar, Alisan (2025) Post-traumatic stress disorder (PTSD) remains a significant global mental health challenge, characterized by complex symptomatology and diverse individual trajectories. While trauma-focused psychotherapies such as Prolonged Exposure, Cognitive Processing Therapy, and EMDR remain the gold standard, a substantial proportion of patients do not fully benefit from existing treatments. This editorial reviews the current evidence-based practices in PTSD therapy and critically explores emerging interventions on the horizon, including psychedelic-assisted psychotherapy, neuromodulation techniques, epigenetic-based treatments, and AI-supported digital therapies. By examining the biological, psychological, and technological innovations shaping the future of PTSD care, we argue for a multidimensional, personalized, and interdisciplinary approach to treatment. This synthesis aims to inform clinicians, researchers, and policymakers about promising therapeutic directions and foster dialogue on the future of trauma recovery.

Spytska, Liana (2023) In psychology, increasingly more attention is being paid to psychological trauma and its impact on people. Psychological trauma poses no less danger to a person and can have a much stronger and more profound impact on their health than a physical illness, and therefore it is necessary to investigate this problem for further effective solution. The purpose of this study was to explore the concept of psychological trauma and its impact on a person's life prospects. The methodology of the study combined theoretical analysis of the literature, the main purpose of which was to define the concept of psychological trauma and its aspects, and empirical research. The empirical stage consisted of a survey and the use of psycho diagnostic techniques. Statistical methods, such as the Mann-Whitney U test and Spearman's correlation coefficient, were used to process the data using the SPSS Statistics software. The findings suggested that people with psychological trauma have a less balanced life perspective, assess the past more negatively, and have higher hopes for the future, which may be a form of compensation for the loss of the past. It was found that the degree of post-traumatic growth depends on the intensity of the trauma. The study substantiated the position that psycho trauma can affect various components of the personality, including motivational, volitional, emotional, and self-esteem. The study confirmed that psychological trauma changes life perspective and can cause disorders in everyday life. It was recommended that for further study of this issue, the subject of research

should be narrowed down and psychological approaches to work with survivors of psychological trauma should be developed. The practical significance of this study lies in the development of a comprehensive model of the impact of traumatic events on personality development depending on a range of factors.

Roberts, Neil et al., (2019) Post-traumatic stress disorder (PTSD) is a common and debilitating disorder which has a significant impact on the lives of sufferers. A number of early psychological interventions have been developed to try to prevent chronic difficulties. The objective of this study was to establish the current evidence for the effectiveness of multiple session early psychological interventions aimed at preventing or treating traumatic stress symptoms beginning within three months of trauma exposure. Randomized controlled trials of early multiple session psychological interventions aimed at preventing or reducing traumatic stress symptoms of individuals exposed to a traumatic event, fulfilling trauma criteria for an ICD or DSM diagnosis of PTSD were identified through a search of the Cochrane Common Mental Disorders Group Clinical Trials Registers database, the Cochrane Central Register of Controlled Trials, MEDLINE, Embase, PsycINFO and PILOTS. Two authors independently extracted study details and data and completed risk of bias assessments. Analyses were undertaken using Review Manager Software. Quality of findings were rated according to 'Grades of Recommendation, Assessment, Development, and Evaluation' (GRADE) and appraised for clinical importance. Sixty-one studies evaluating a variety of interventions were identified. For individuals exposed to a trauma who were not pre-screened for traumatic stress symptoms there were no clinically important differences between any intervention and usual care. For individuals reporting traumatic stress symptoms we found clinically important evidence of benefits for trauma-focused cognitive-behavioural therapy (CBT-T), cognitive therapy without exposure and eye movement desensitization and reprocessing (EMDR). Differences were greatest for those diagnosed with acute stress disorder (ASD) and PTSD. There is evidence for the effectiveness of several early psychological interventions for individuals with traumatic stress symptoms following trauma exposure, especially for those meeting the diagnostic threshold for ASD or PTSD. Evidence is strongest for trauma-focused CBT.

Olf, Miranda et al., (2005) Posttraumatic stress disorder (PTSD) is one of the few psychiatric conditions where a specific psychosocial stressor is explicitly tied to etiology. Although a majority of people experience a traumatic event in their life, most of them will not develop PTSD or other mental health problems such as depressive or anxiety disorders. Emotional

and neurobiological responses to psychosocial stressors show striking individual variation. In this paper cognitive appraisal and coping factors are explored as potential sources of individual differences in the neuroendocrinological stress response, and subsequently in mental health outcome. Continued study of the psychobiology of trauma and PTSD will enhance our understanding of adaptation to psychosocial stressors and support efforts to treat associated psychological and biological sequelae.

ASSESSMENT OF TRAUMA SEVERITY AMONG INDIVIDUALS WITH PTSD SYMPTOMS

Assessment of trauma severity among individuals with Post-Traumatic Stress Disorder (PTSD) symptoms is an important aspect of understanding the psychological impact of traumatic experiences. Trauma severity may differ considerably among individuals depending on the nature, duration, frequency, and perceived intensity of the traumatic event, as well as personal coping resources and social support. Individuals experiencing PTSD symptoms may demonstrate intrusive thoughts, unwanted memories, nightmares, avoidance of trauma-related situations, emotional distress, negative changes in mood and cognition, sleep difficulties, irritability, and heightened physiological arousal. Systematic assessment helps identify the intensity and dominant dimensions of these symptoms and provides a foundation for appropriate psychological intervention. Standardized psychological assessment tools, clinical interviews, behavioural observations, and self-report measures can be used to examine trauma-related symptoms and their effects on daily functioning. Assessment may also consider emotional regulation, interpersonal relationships, concentration, coping mechanisms, and perceived safety. Identifying whether symptoms are mild, moderate, or severe can assist mental health professionals in determining suitable therapeutic approaches and monitoring changes over time. A comprehensive assessment should recognize individual differences and avoid relying solely on symptom frequency, as the personal meaning attached to traumatic experiences can influence psychological responses. Regular assessment before, during, and after intervention can provide useful information about symptom progression and therapeutic response. Thus, evaluating trauma severity is a crucial step in understanding PTSD symptoms, developing individualized psychological support, and promoting improved emotional adjustment and overall psychological well-being.

PSYCHOLOGICAL DIMENSIONS AND MANIFESTATIONS OF TRAUMA IN PTSD

Trauma in Post-Traumatic Stress Disorder (PTSD) involves multiple psychological dimensions that can influence an individual's emotional, cognitive, behavioural, and interpersonal functioning. One of the major dimensions is emotional distress, which may involve persistent fear, anxiety, sadness, anger, guilt, shame, or emotional numbness following a traumatic experience. Individuals may also experience intrusive psychological symptoms, such as unwanted memories, distressing thoughts, nightmares, or emotional reactions when reminded of the traumatic event. Another important dimension is avoidance, in which individuals may deliberately avoid people, places, conversations, activities, or thoughts associated with the trauma. Cognitive changes can include negative beliefs about oneself or others, difficulties concentrating, reduced interest in previously enjoyable activities, feelings of helplessness, and persistent negative expectations. Trauma may also affect physiological and behavioural responses through heightened arousal, irritability, sleep disturbances, exaggerated startle responses, restlessness, and difficulty maintaining emotional control. Interpersonal functioning can be affected when individuals experience difficulty trusting others, withdrawing from social relationships, or feeling disconnected from family and friends. These manifestations can vary in intensity and may occur differently across individuals depending on their personal experiences, coping resources, social environment, and access to psychological support. The psychological dimensions of trauma are therefore interconnected, with emotional distress potentially influencing cognition, behaviour, and social relationships. Understanding these dimensions is essential for comprehensive assessment and for developing appropriate psychological interventions. Psychological intervention may focus on helping individuals recognize trauma-related thoughts and emotions, develop effective coping strategies, improve emotional regulation, and gradually reduce avoidance and distress. Assessment of these manifestations over time can also help identify changes in symptom severity and patterns of recovery. A multidimensional understanding of trauma provides a more comprehensive perspective on the experiences of individuals with PTSD symptoms and supports the development of individualized therapeutic approaches aimed at improving psychological adjustment, daily functioning, and overall well-being.

CONCLUSION

The present study concludes that tracing the dominant level of trauma among individuals experiencing Post-Traumatic Stress Disorder (PTSD) symptoms is important for understanding the psychological effects of traumatic experiences. Trauma may manifest through intrusive memories, avoidance, emotional distress, negative cognitive changes, sleep difficulties, and heightened arousal, with the intensity varying across individuals. Psychological intervention provides a structured approach to assessing and addressing these trauma-related difficulties by supporting emotional regulation, adaptive coping, and gradual reduction of distress. Systematic assessment before and after intervention can help identify changes in symptom severity and provide useful information about individual therapeutic responses. The study emphasizes the importance of recognizing the multidimensional nature of trauma and considering individual differences when planning psychological support. Appropriate intervention, combined with continuous assessment and professional guidance, may contribute to improved psychological adjustment and well-being among people experiencing PTSD symptoms. Thus, identifying dominant trauma levels can support more focused and individualized approaches to psychological care and recovery.

REFERENCES

1. Spytska, Liana. (2023). Psychological trauma and its impact on a person's life prospects. *Scientific Bulletin of Mukachevo State University Series "Pedagogy and Psychology"*. 9(3) 82-90.
2. Ahn, Hongsin & Hong, Ji & Han, Doug. (2025). Psychological Interventions for Complex Post-traumatic Stress Disorder Symptoms: A Systematic Review. *Journal of Korean Medical Science*. 40(43) 1-11.
3. Roberts, Neil & Kitchiner, Neil & Kenardy, Justin & Lewis, Catrin & Bisson, Jonathan. (2019). Early psychological intervention following recent trauma: A systematic review and meta-analysis. *European Journal of Psychotraumatology*. 10(1) 1-25.
4. Olf, Miranda & Langeland, Willie & Gersons, Berthold. (2005). The psychobiology of PTSD: Coping with trauma. *Psychoneuroendocrinology*. 30(10) 974-982.
5. Yasar, Alisan. (2025). New Horizons in Post-Traumatic Stress Disorder Treatment: From Current Status to the Future: New Horizons in PTSD Treatment: From Current Status to the Future. *Turkish Journal of Traumatic Stress*. 1(2) 60-68.
6. Sin, Jacqueline & Spain, Debbie & Furuta, Marie & Murrells, Trevor & Norman, Ian. (2017). Psychological interventions for post-traumatic stress disorder (PTSD) in people with severe mental illness: Reviews. 1(2) 1-12.

7. Ehlers, Anke & Clark, David. (2000). A cognitive model of posttraumatic stress disorder. *Behaviour Research and Therapy*. 15(3) 249-275.
8. Huynh, Phillipa & Kindred, Reuben & Perrins, Kirsten & de Boer, Kathleen & Miles, Stephanie & Bates, Glen & Nedeljkovic, Maja. (2025). Prevalence of Complex Post-Traumatic Stress Disorder (CPTSD): A Systematic Review and Meta-Analysis. *Psychiatry Research*. 351(1) 116-186.
9. Hašto, Jozef & Vojtova, Hana & Hruby, Radovan & Tavel, Peter. (2013). Biopsychosocial approach to psychological trauma and possible health consequences. *Neuro endocrinology letters*. 34(6) 464-481.
10. Shalev, Arieh & Liberzon, Israel & Marmar, Charles. (2017). Post-Traumatic Stress Disorder. *New England Journal of Medicine*. 376(25) 2459-2469.
11. Bisson, Jonathan & Rose, Suzanna & Churchill, Rachel & Wessely, Simon. (2004). Psychological debriefing for preventing post traumatic stress disorder (PTSD)(Review). *Cochrane Database of Systematic Reviews*. 3(3) 1-38.