

Psychological Trauma

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Course Code

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Psychological Trauma

Psychological trauma poses a complicated clinical problem, especially when exposure is long, interpersonal, or developmentally disruptive. Despite the classic PTSD accounts in which the clusters of symptoms like re-experiencing and avoidance were major highlights, new studies are beginning to appreciate the concept of trauma as a disruption of autobiographical coherence, identity integration, and relational security. Complex PTSD (CPTSD) also deepens this insight through the inclusion of dysfunctions in self-organization, such as emotional dysregulation, negative self-concept, interpersonal problems, and more.

In the current review, five recent articles (2025-2026) are reviewed, directed by the following guiding question: How do current therapeutic practices conceptualize and recreate the experience of the traumatic event, and what are the key mechanisms underpinning successful recovery? The review insulates the research on narrative reconstruction, imagery rescripting, trauma-informed care, and psychotherapy models of CPTSD.

Findings Chapters

Theme 1: Narrative Disruption and Reconstruction

A number of studies have developed trauma as a break in autobiographical coherence. Wiesepape et al. (2025) believe that traumatic experiences disrupt narrative identity and hamper the metacognitive memory integration ability of emotionally charged memories. Their model proposes that they need to build reflective powers that enable individuals to put trauma into the contexts of wider life stories.

In a similar fashion, a mixed-method study of trauma dematerialization in a psychedelic experience was conducted by Simon et al. (2025) demonstrating narrative integration as a phenomenon of a positive therapeutic change. Those participants who managed to rewrite

traumatic memories in negative situations revealed recovery and development. Nonetheless, the ones that did not have an organized integration were destabilized. The two studies concur that meaning reconstruction and not outright symptom suppression is a process of trauma recovery.

There is a conflict on the level of exposure. Although narrative integration could be healing, re-traumatization could occur through unstructured engagement with traumatic memories. It illustrates why it is necessary to limit therapeutic spaces in supporting narrative reconstructions.

Theme 2: Memory Alteration and Imagery Rescripting

Visco-Comandini et al. (2025) give systematic evidence of imagery rescripting (ImRs) as an effective intervention for PTSD and CPTSD. Their analysis shows that there are constant decreases in symptoms of trauma and positive changes in emotional control. The process of ImRs is based on the modification of the emotional significance of traumatic memory hotspots, which enable patients to add corrective experiences into the memory images.

The mechanism is conceptually consistent with the models of narrative reconstruction, but is stated more in terms of memory reconsolidation. The image rescripting approach involves the traumatic memory, unlike the purely cognitive approaches, which use affective and sensory factors (Visco-Comandini et al., 2025). Nevertheless, although symptom reduction is apparent, fluctuations occur when addressing the disturbance of self-organization in the CPTSD population.

In relation, Wiesepape et al. (2025) focus on the reflective integration, which is supposed to augment the emotional memory updating with the cognitive and metacognitive restructuring. Collectively, these studies suggest that both emotional reconsolidation and narrative integration processes are needed to accomplish trauma recovery.

Theme 3: Trauma-Informed Care and Contextual Safety

In the study by Edgar et al. (2025), the authors move the trauma treatment to the analysis of the trauma-related service design among individuals under the homeless condition. Their qualitative results point out that safety, empowerment, and relational trust are a precondition to involvement in trauma therapy. In the absence of structural safety, therapeutic methods might not be enough.

The point of view counters clinical results that focus on stabilization stages during CPTSD therapy. While Visco-Comandini et al. (2025) emphasize the techniques of memory modulation, Edgar et al. (2025) emphasize the systemic and contextual concerns. There is also consensus that emotional safety is a keystone because numerous researchers point out that institutional structures share the same responsibility as therapists.

The combination of these views implies that trauma treatment is multidimensional and both intrapsychic processing and environmental stability are required in this case.

Theme 4: Psychotherapy Models for Complex PTSD

Katalan et al. (2026) present a narrative review of the CBT, DBT, EMDR, trauma-based therapy, and psychodynamic solutions to CPTSD. They find that evidence-based therapies are beneficial in lowering core PTSD symptoms and less so with disruptions in self-organization. The phase-based strategies of stabilization, trauma processing, and reintegration do better in emotional regulation and relational functioning outcomes.

Notably, such key factors of treatment as therapeutic alliance, trust, and repair rupture are distinguished (Katalan et al., 2026). It aligns with Edgar et al. (2025), who focus on the safety and trust in relationships. In literature, relational mechanisms are found to be always linked with better results.

Nevertheless, there is still controversy over the sequencing of treatment. Models based on phases are more concerned with stabilization and then proceeding to trauma processing, whereas other models that operate on an autonomous imagery basis may propose that direct work with a traumatic memory can work. Tension is a consequence of a continuing theoretical struggle over the issue of timing and preparedness in the therapy of traumas.

Integrative Discussion

In all five studies, the conceptualism of trauma is dual, in that it is remembered and relational. They have reached an understanding that rebuilding will necessitate reconstruction of meaning and identity. Updating emotional memory, metacognitive combination, and relational stabilization are based on the significance of safety and integration.

The point of contention is on sequencing and the level of trauma processing. There is also an inconsistency in methodology designs, systematic reviews, qualitative studies, and theoretical analysis, which prevents direct comparison. However, the most promising seem to be integrative approaches that can combine narrative, relationship, and evidence-based methods.

Methods Used by Researchers in the Field

Various methodologies are used in the chosen studies. Visco-Comandini et al. (2025) present a systematic review of opinionated studies. Simon et al. (2025) adopted a sequential mixed-method design, where they first conducted quantitative surveys but later integrated qualitative analysis of the mixed-method as the real thematic analysis. The method used by Edgar et al. (2025) was the qualitative interview with the help of an interpretivist analysis. The theoretical review proposed by was based on the metacognitive theory. Katalan et al. (2026) did a narrative review that focused on the efficacy of the treatment and the factors of the therapeutic process.

Such methodological heterogeneity permits the combination of evidence-based projects with outcomes, and process- and theory-oriented studies. Nevertheless, heterogeneity also inhibits standard comparison of modalities in terms of treatment efficacy.

Conclusion

The purpose of this review was to explore the conceptualizations and recreations of traumatic experience as conceptualized by modern methods of treatment, especially narrative integration, memory processing, and relational mechanisms. The review used thematic synthesis to identify converging evidence that trauma recovery was not just limited to the reduction of symptoms by examining five recent studies. In a variety of approaches, successful treatment seems to be associated with the process of creating autobiographical coherence, normalization of emotional regulation, and recovery of relational trust. Such conclusions imply that the term trauma should be perceived not only as a memory-based but also an identity-based break that needs to be addressed with integrative therapeutic solutions.

In addressing the guiding question, the review explores shared processes, including narrative restructuring, updating emotional memory, and therapeutic alliance, which emerge as the main focus of recovery. But with the heterogeneity in the study designs and populations, no one could directly compare the efficacy of interventions. Moreover, there is a limitation of generalizability because of the dependence on five recent studies.

Altogether, the review achieved its objective of incorporating modern views on trauma treatment and highlighting the existing controversies regarding the order and intensity of treatment. Future studies are needed to further explain the best time when intervention is necessary and investigate the long-term effects of using integrative and phase-based methods.

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