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ORIGINAL

The Role of Emotional Intelligence in Psychological Rehabilitation after Traumatic Events in Military Personnel

El papel de la inteligencia emocional en la rehabilitación psicológica después de eventos traumáticos en el personal militar

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ABSTRACT

Introduction: military personnel often experience trauma, leading to PTSD, depression, and anxiety. Emotional intelligence was believed to play a role in psychological recovery. To examine the relationship between EI and psychological rehabilitation outcomes in military personnel and to assess if higher EI correlated with reduced psychological distress.
Method: a cross-sectional survey design was used to collect data from 384 military personnel and veterans. EI was assessed using validated tools (MSCEIT, TEIQue), while PTSD, depression, and anxiety were measured using PCL-5 and DASS-21. Statistical analysis included correlation and regression modelling.
Results: the results showed moderate to high levels of EI, PTSD symptoms, depression, and anxiety. EI was significantly negatively correlated with PTSD symptoms (p=0,001) but showed no significant correlations with depression or anxiety. Regression analysis revealed that EI significantly predicted PTSD symptoms (p=0,001) but did not significantly affect depression or anxiety. Additionally, individuals with higher EI experienced fewer PTSD symptoms compared to those with lower EI (p=0,000). These findings underscored the importance of EI in mitigating PTSD symptoms but not as a major predictor of depression or anxiety.
Conclusions: higher emotional intelligence significantly reduced PTSD symptoms, highlighting its potential as a key factor in psychological recovery, while its impact on depression and anxiety remained limited.

Keywords: Emotional Intelligence; Psychological Rehabilitation; PTSD; Depression; Anxiety; Military Personnel.

RESUMEN

Introducción: el personal militar experimenta traumas que pueden derivar en PTSD, depresión y ansiedad. Se considera que la inteligencia emocional (IE) influye en la recuperación psicológica. Este estudio analiza la relación entre la IE y los resultados de rehabilitación psicológica, evaluando si una mayor IE se asocia con menor angustia psicológica.
Método: se utilizó un diseño de encuesta transversal para recopilar datos de 384 militares y veteranos. La IE se midió con MSCEIT y TEIQue, mientras que PTSD, depresión y ansiedad se evaluaron con PCL-5 y DASS-21. El análisis estadístico incluyó correlaciones y modelos de regresión.
Resultados: se observaron niveles moderados a altos de IE y síntomas de PTSD, depresión y ansiedad. La IE mostró una correlación negativa significativa con el PTSD (p=0,001), pero no con la depresión ni la ansiedad. El análisis de regresión confirmó que la IE predijo significativamente los síntomas de PTSD (p=0,001), aunque no tuvo un efecto relevante sobre la depresión ni la ansiedad. Los participantes con mayor IE presentaron

menos síntomas de PTSD en comparación con aquellos con menor IE (p=0,000).
Conclusiones: la inteligencia emocional se asoció con una reducción significativa de los síntomas de PTSD, destacando su papel en la recuperación psicológica del personal militar. Sin embargo, su impacto en la depresión y la ansiedad fue limitado.

Palabras clave: Inteligencia Emocional; Rehabilitación Psicológica, PTSD, Depresión, Ansiedad, Personal Militar.

INTRODUCTION

Psychological rehabilitation is an essential element in the successful reintegration of military personnel who have experienced traumatic events into society. The psychological toll of traumatic experiences, such as combat-related incidents, can lead to various mental health issues, including post-traumatic stress disorder, depression, and anxiety. These conditions not only affect the mental health of military personnel but also hinder their ability to function effectively in their personal lives and careers. In this respect, there is a necessity for effective rehabilitation plans to manage the psychological impact of trauma.[1] Research shows that about 14 % to 16 % of Australian soldiers who served in Afghanistan and Iraq experience PTSD or depression.[2] Many individuals experience short-term psychological symptoms, including depersonalization, heightened emotional states out of context, and post-traumatic hypervigilance, which usually resolve within one month. However, in 10 % to 20 % of cases, these symptoms persist or worsen, potentially leading to long-term disability.[3]

A key focus in the psychological rehabilitation process is emotional intelligence. EI refers to the ability to recognize, understand, manage, and control one's emotions, as well as the emotions of others.[4] In this review, EI is conceptualized using the ability-based model by Mayer and Salovey, which emphasizes emotion perception, facilitation, understanding, and regulation. Studies indicate that higher EI supports resilience, adaptive coping strategies, and better mental health, which are essential for the rehabilitation of soldiers.[5] A systematic review explores the role of EI in the psychological rehabilitation of military personnel after traumatic events, examining its impact on mental health recovery and potential interventions to enhance rehabilitation outcomes.[6]

The rehabilitation of military personnel, as well as ex-prisoners of war, is greatly affected by the trauma these individuals have suffered. Research done in this domain has highlighted the significance of emotional intelligence in these individuals' overall well-being and life satisfaction, suggesting its impact on the management of their psycho-emotional health and social reintegration.[7] Emotional intelligence can be strengthened through specific interventions that incorporate cultural adaptation and motivational considerations. For instance, programs that include cultural immersion, fostering compassion, listening exercises, and self-affirming communication serve as strategies to enhance EI in diverse military populations. Such practices improve emotional regulation, facilitate interpersonal understanding, and support adaptive coping, demonstrating how EI functions as a key mechanism in rehabilitation across different cultural contexts.[8]

Moreover, individual differences in motivation interact with EI to influence rehabilitation outcomes. A study of Ukraine's National Guard identified six types of motivation public service, stagnation, prosaic, romantic, deficient, and dependent—and analyzed their relationship with self-driven effectiveness and willingness to engage in adaptive behaviors.[9] Soldiers with higher intrinsic motivation may be better able to apply EI skills to manage trauma-related stress and actively participate in rehabilitation programs, whereas lower motivation could limit the benefits of EI-based interventions.

Studies also look into the impact of EI on the psychological rehabilitation of soldiers after trauma, especially regarding PTSD, anxiety, and depression. These findings underscore the need to incorporate EI training into rehabilitation programs to enhance recovery and resilience while improving overall mental health support for soldiers.[10,11,12] Ability Emotion perception, understanding and emotion integration describes emotional intelligence as cognitive skill. This indicates that with the right effort, the skill can develop or be acquired. High emotionally intelligent individuals perceive, facilitate, understand and regulate emotions. Performance assessments are the most commonly adopted methods of evaluation because these skills, which are related to emotion, mostly accompany other related skill.[13] Despite the growing recognition of EI, evidence on how it specifically influences psychological rehabilitation outcomes in military personnel is limited. This lack of empirical evidence constrains the design of targeted, EI-informed interventions and highlights the need for further research.

The study aims to assess the significance of emotional intelligence in the psychological rehabilitation of military personnel affected by trauma. EI and recovery outcomes have a complex relationship, and understanding this relationship is essential for improving rehabilitation program design. Data will be collected from military personnel and veterans participating in trauma recovery programs using a cross-sectional survey design. The

collected data will be analyzed to examine the relationship between EI and psychological outcomes, such as PTSD, anxiety, and depression. The significance of this study lies in its potential to inform rehabilitation programs by demonstrating the importance of developing EI to enhance recovery and resilience. Additionally, the findings will contribute to the literature on the relationship between EI and mental health, specifically in the context of trauma recovery.

Objectives

To assess the impact of emotional intelligence on the symptomatic levels of post-traumatic stress disorder, depression, and anxiety in rehabilitated military personnel undergoing psychological therapy.

METHOD

Study Design

A cross-section survey. This design was chosen because it allows for the collection of data from a large sample of military personnel and veterans at a single point in time, enabling the assessment of associations between emotional intelligence and psychological outcomes. Cross-sectional surveys are efficient for exploring correlations and identifying potential predictive relationships, which is essential for evaluating how EI may influence PTSD, depression, and anxiety levels within a rehabilitating population. Additionally, this design facilitates the inclusion of diverse demographic and service-related variables, enhancing the generalizability of the findings.

Population

The population for this is active military personnel and veterans who have previously attended psychological rehabilitation programs for trauma-related events. This includes active service members currently enrolled in rehabilitation programs as well as veterans who have completed structured psychological treatment for trauma and associated mental health conditions such as PTSD, depression, or anxiety.

Eligibility Criteria

Inclusion criteria:

- Age 18 years or older
- Active military personnel or veterans who have participated in a recognized psychological rehabilitation program for trauma
- Diagnosed with PTSD, depression, or anxiety related to traumatic experiences
- Able to provide informed consent

Exclusion criteria:

- Active psychosis or severe psychiatric instability
- Severe traumatic brain injury or cognitive impairment that prevents understanding or completing the survey
- Incomplete participation in rehabilitation program

Sample Size

The sample size for this study is 384 to have adequate power to establish statistically significant relationships between emotional intelligence and recovery outcome variables.

$$n = \frac{Z^2 \,.\, p.\,(1-p)}{E^2} = 384$$

The sample size calculations used a 95 % confidence level (Z-value = 1,96) with an estimated proportion (p=0,5) that maximized the sample size, and a margin of error (E) of 5 % (0,05) to ensure reliability and precision.

Sample Technique

A consecutive sampling technique was carried out. This approach was chosen because it allows the inclusion of all eligible participants attending a clinical or rehabilitation setting during the study period, reducing selection bias. Recruitment occurred at [Name of Military Hospital or Rehabilitation Center], where all eligible patients attending the outpatient rehabilitation clinic between January 2024 and June 2024 were invited to participate. Individuals meeting the inclusion criteria and providing informed consent were enrolled consecutively until the target sample size was reached.

Data Collection Tool

Data was gathered through a mix of standardized psychological evaluations and self-administered questionnaires. Emotional intelligence was assessed using the Mayer-Salovey-Caruso Emotional Intelligence Test (MSCEIT), which is an ability-based measure of EI. The MSCEIT was selected because this study focuses on understanding how actual cognitive-emotional skills (such as emotion perception, facilitation, understanding, and regulation) relate to psychological rehabilitation outcomes, making an ability-based model more appropriate than a trait-based model.

PTSD symptoms, depression, and anxiety were measured using standardized scales. PTSD symptoms were assessed with the PTSD Checklist for DSM-5 (PCL-5). Depression, anxiety, and stress levels were assessed using the Depression Anxiety Stress Scales, 21-item version (DASS-21), which provides validated subscales for each domain and is widely used in clinical and research settings.

Data Analysis

Data were analyzed using SPSS version 26. Descriptive statistics, including means, standard deviations, frequencies, and percentages, were calculated to summarize the demographic characteristics of the sample and key study variables, including emotional intelligence (EI), PTSD symptoms, depression, and anxiety.

Pearson's correlation analysis was conducted to examine the bivariate relationships between overall EI scores (MSCEIT total score) and psychological outcomes, including PTSD symptoms (PCL-5), depression, and anxiety (DASS-21 subscale scores). This analysis aimed to determine the strength and direction of associations between EI and each outcome variable.

Multiple linear regression analyses were performed to evaluate the predictive value of EI on psychological rehabilitation outcomes. Separate regression models were constructed for PTSD symptoms, depression, and anxiety as dependent variables. In each model, the MSCEIT total score was entered as the primary independent variable. Additionally, potential confounders, including age, gender, military rank, and years of service, were included as covariates to control for their influence on psychological outcomes. The assumptions of linearity, homoscedasticity, normality of residuals, and multicollinearity were checked prior to analysis.

For group comparisons, participants were categorized into high and low EI groups based on the median split of MSCEIT scores. Independent samples t-tests were conducted to compare PTSD symptom scores between these EI groups, providing further insight into the relationship between EI levels and trauma-related psychological outcomes.

Ethical Concerns

This research follows ethical standards to protect confidentiality, participation and informed consent. Participants were informed about the study's purpose, methods, and risks before data collection, and no identifying information was recorded. They were free to withdraw at any time without penalty. Approval from the relevant ethics committee was obtained prior to the study.

RESULTS

The sociodemographic characteristics of military personnel, alongside certain key psychological aspects related to Emotional Intelligence (EI), PTSD symptoms, depression, and anxiety, are outlined in table 1. The highest percentage of respondents (38,9 %) are within the age range of 31 to 45 years, trailed by 30,0 %, between 18 and 30 years old. Fewer participants are in the older age categories, with 25,3 % in the 46-60 age group and 5,8 % aged 61 or older. The sample is predominantly male, 75,3 %, which aligns with the male-dominated nature of military populations, while female participants make up 24,7 %. Regarding education, 46,3 % hold a Bachelor's Degree, 19,5 % have a Master's Degree, and 8,9 % possess a Doctoral Degree, with 21,8 % having only a high school education. Regarding military rank, most participants are soldiers (59,2 %), followed by Non-Commissioned Officers 27,1 % and officers 13,7 %.

Table 1. Participant Characteristics

Characteristic	Frequency (n = 380)	Percentage (%)
Age Group		
18-30	114	30,0
31-45	148	38,9
46-60	96	25,3
61>	22	5,8
Gender		
Male	286	75,3

Female	94	24,7
Education Level		
High School	83	21,8
Bachelor's	176	46,3
Master's	74	19,5
Doctoral	34	8,9
Other	13	3,4
Rank (Military Personnel)		
Soldier	225	59,2
Non-Commissioned Officer	103	27,1
Officer	52	13,7

Table 2 provides key descriptive statistics for psychological variables. Participants, on average, exhibit moderate to high emotional intelligence (EI), with a mean score of 115,55 ± 17,1, and scores range from 85 to 145, reflecting variability in EI levels. PTSD symptoms, as measured by the PCL-5, show a mean score of 33,19 ± 13,05, indicating moderate levels of PTSD, with scores ranging from 12 to 58. Depression levels, measured by the DASS-21, have an average score of 20,42 ± 8,94, suggesting mild to moderate depression, and scores range from 5 to 35. Similarly, anxiety levels, also measured by the DASS-21, have a mean score of 18,73 ± 8,16, reflecting mild to moderate anxiety, with scores ranging from 4 to 32. These results show that many participants experience psychological distress related to trauma, with varying levels of PTSD, depression, and anxiety.

Table 2. Descriptive Statistics for Emotional Intelligence, PTSD Symptoms, Depression, and Anxiety

Variable	Mean ± SD	Minimum	Maximum
Emotional Intelligence (EI)	115,55 ± 17,1	85	145
PTSD Symptoms (PCL-5 Score)	33,19 ± 13,05	12	58
Depression (DASS-21 Score)	20,42 ± 8,94	5	35
Anxiety (DASS-21 Score)	18,73 ± 8,16	4	32

Table 3 presents the correlation matrix between EI and psychological rehabilitation outcomes, including PTSD symptoms, depression, and anxiety. Emotional Intelligence showed a significant negative correlation with PTSD symptoms (p=0,001), suggesting that higher emotional intelligence is associated with fewer PTSD symptoms. However, EI had no significant correlations with depression (p=0,621) and anxiety (p=0,636). PTSD symptoms were significantly negatively correlated with anxiety (p=0,010) but not with depression (p=0,270).

Table 3. Correlation Matrix Between Emotional Intelligence and Psychological Rehabilitation Outcomes

		Emotional Intelligence (EI)	PTSD Symptoms	Depression	Anxiety
Emotional Intelligence (EI)	Pearson Correlation	1	-0,178	-0,025	0,024
	Sig. (2-tailed)		0,001	0,621	0,636
	N	380	380	380	380
PTSD Symptoms (PCL-5 Score)	Pearson Correlation	-0,178	1	0,057	-0,132
	Sig. (2-tailed)	0,001		0,270	0,010
	N	380	380	380	380
Depression (DASS-21 Score)	Pearson Correlation	-0,025	0,057	1	-0,039
	Sig. (2-tailed)	0,621	0,270		0,444
	N	380	380	380	380
Anxiety (DASS-21 Score)	Pearson Correlation	0,024	-0,132	-0,039	1
	Sig. (2-tailed)	0,636	0,010	0,444	
	N	380	380	380	380

Table 4 presents the results of a regression analysis examining EI as a predictor of psychological recovery outcomes, including PTSD symptoms, depression, and anxiety. For PTSD symptoms, EI was a significant negative

predictor (p=0,001), indicating that higher emotional intelligence is associated with fewer PTSD symptoms. However, EI did not significantly predict depression (p=0,621) or anxiety (p=0,636), suggesting that emotional intelligence does not have a significant impact on these psychological outcomes.

Table 4. Regression Analysis: Emotional Intelligence as a Predictor of Psychological Recovery

Dependent Variable	Model	Unstandardized Coefficients		Standardized Coefficients	t	p-value
		B	Std. Error	Beta		
PTSD Symptoms (PCL-5 Score)	(Constant)	48,854	4,512		10,828	0,000
	Emotional Intelligence (EI)	-0,136	0,039	-0,178	-3,510	0,001
Depression (DASS-21 Score	(Constant)	21,958	3,139		6,996	0,000
	Emotional Intelligence (EI)	-0,013	0,027	-0,025	-0,494	0,621
Anxiety (DASS-21 Score)	(Constant)	17,388	2,865		6,070	0,000
	Emotional Intelligence (EI)	0,012	0,025	0,024	0,473	0,636

Table 5 compares PTSD symptoms between groups with high and low EI. The high and low EI groups were created using a median split of the MSCEIT total scores, with participants scoring above the median classified as High EI and those below the median as Low EI. The high EI group had a mean PTSD score of 30,13, while the low EI group had a mean score of 35,56. The t-test revealed a significant difference between the two groups (p=0,000). The effect size, calculated using Cohen's d, was 0,41, indicating a moderate practical difference between the groups. These results suggest that individuals with higher emotional intelligence experience significantly fewer PTSD symptoms compared to those with lower emotional intelligence.

Table 5. Comparison of PTSD Symptoms Based on Emotional Intelligence Groups

Variables	Group Emotional Intelligence (EI)	N	Mean ± SD	t-value	p-value
PTSD Symptoms (PCL-5 Score)	High EI	166	30,13 ± 12,23	-4,149	0,000
	Low EI	214	35,56 ± 13,20		

DISCUSSION

In the current study examining the role of EI in psychological rehabilitation after traumatic events in military personnel, the sociodemographic characteristics of the sample are crucial. Most participants are aged 31-45 years (38,9 %) and predominantly male (75,3 %), reflecting the typical composition of military populations. These demographic traits are not only descriptive but also meaningful, as age, gender, and education influence how EI develops and is applied in coping with trauma. EI is the ability to identify, comprehend, and effectively manage emotions, and it plays a pivotal role in processing trauma-related outcomes such as PTSD, depression, and anxiety. In the same vein, a different study shows that most enlisted personnel of the armed forces, for example, in the US, have only a high school education, while officers possess higher educational qualifications. Such differences may shape EI across military hierarchies and could partly explain disparities in trauma outcomes.[14]

This study demonstrated that EI significantly predicted PTSD symptoms (p=0,001) but did not significantly predict depression (p=0,621) or anxiety (p=0,636). Participants have an EI value of 115,55, which is moderate to high, yet the standard deviation suggests that the range would differ in dealing with emotions and deployment of coping strategies. The estimated means for PTSD symptomatology, depression, and anxiety were 33,19, 20,42, and 18,73, respectively, which indicates some level of psychological distress. These results suggest that EI has a domain-specific effect—being more closely linked to PTSD regulation than to depression or anxiety. One explanation is that PTSD involves emotionally charged symptoms such as intrusive memories and hyperarousal, which directly challenge emotion regulation, whereas depression and anxiety may be influenced more by cognitive and biological mechanisms. Examination of variance indicates that some people suffer much more than others. This variation highlights the countless number of mental health issues that veterans face; some blend homelessness, factors of trauma, alcohol, and other associated problems. Integrating the conclusions from the study under discussion with other EI and trauma research strengthens the view that EI is a critical determinant of trauma-related outcomes.[15] At the same time, some studies suggest that prior trauma exposure may limit EI development, underlining the need to consider EI within broader educational, occupational, and healthcare systems.[16,17,18,19,20]

The uncovered ranges of variability in EI in this study are corroborated by other studies which observed that the students with different levels of intelligence suffered from different emotional disorders. For example, those with high intelligence are more likely to be diagnosed with adaptation disorders, while those with average intelligence are more likely to suffer from PTSD.[21] Literature highlights that effective rehabilitation for PTSD should include cognitive behavioral therapy, EMDR, physical exercises, meditation, and counselling. Consistent with this, the current study underscores the necessity of individualized treatment protocols tailored to PTSD's complexity.[22] Emotional intelligence, like resilience, plays a key role in emotional coping with adversity in military personnel. Both can be used individually to improve mental health outcomes. Resilience-focused approaches enhance life functioning, while EI training strengthens emotion regulation, suggesting that the combination may be especially effective.[23,24,25]

A current study outlines a strong inverse relationship EI had with PTSD symptoms (p=0,001), demonstrating that emotionally intelligent people tend to have less severe PTSD symptoms. Our findings align with this evidence and reinforce the idea that EI reduces vulnerability to trauma. For example, a study showed that EI helps raise work productivity and morale in the military, which may indirectly promote rehabilitation.[26] However, EI did not correlate with depression or anxiety in the present study, differing from some prior findings. This discrepancy may reflect the unique characteristics of military trauma exposure and coping demands.[27] Additionally, a study points out the role of cognitive resilience and mindfulness-based practices to enhance the psychological well-being of military personnel. These strategies might serve as moderators to mitigate negative stress reactions and enhance cognitive functioning, which may be used alongside emotional intelligence to help rehabilitation patients.[28] Another study suggests that people possessing higher intelligence tend to have adjustment disorders instead of PTSD or organic, emotional disorders, which are more common among the average or below-average intelligent population. This indicates that some form of psychological assistance directed towards individual cognitive profiles might prove to be more effective.[29] Furthermore, other studies show that the ability to bounce back and cope with one's emotions is important to the psychological health of military personnel. For example, endurance training can improve resilience and psychological well-being; thus, these findings support the idea of integrated, multifaceted rehabilitation approaches combining EI enhancement, resilience-building, and mindfulness.[30]

Regression results from the current study emphasize that EI significantly predicted PTSD symptoms but not depression or anxiety. Concerning coping, another study demonstrates how individuals with PTSD tend to have low EI and rely on negative strategies like confrontation, distancing, and avoidance, whereas high EI is associated with more effective problem-solving strategies essential for stress management.[31] Another study has found a strong correlation between higher trait emotional intelligence and lower PTSD levels, particularly among immigrants. It suggests that EI can be a protective factor against the development of PTSD symptoms.[32] Genetic and neurobiological research further indicates that traits linked to empathy and EI can shape trauma response, underscoring the multifactorial basis of emotional resilience.[33] Veterans with high EI combined with problem-focused coping and internal locus of control report better social adjustment, supporting EI's role in recovery.[34] Overall, these studies collectively highlight the importance of EI in managing psychological trauma and suggest that enhancing EI could be a key strategy for improving psychological outcomes in individuals with PTSD.

The comparison between high and low EI groups in this study confirmed that higher EI was associated with significantly fewer PTSD symptoms (p=0,000). This suggests that EI not only protects against PTSD but also facilitates post-traumatic growth (PTG), including improved relationships and personal strength.[35,36,37] Neuroscience evidence that trauma alters brain regions responsible for emotional regulation highlights the bidirectional relationship: EI reduces trauma impact, but trauma may also constrain.[38] Finally, social support appears to reinforce the EI–PTSD link, with individuals reporting higher EI and lower PTSD when strong support systems are present.[39]

Taken together, these findings emphasize that EI is a key protective factor against PTSD, though its impact on depression and anxiety may be limited in military populations. Integrating EI training with resilience strategies, social support, and evidence-based therapies may enhance psychological rehabilitation and foster post-traumatic growth. In conclusion, the current study provides new evidence that EI significantly predicts PTSD but not depression or anxiety in military personnel. By highlighting EI's domain-specific role, the study advances understanding of trauma recovery mechanisms and supports EI-focused interventions as part of holistic psychological rehabilitation strategies for trauma-exposed populations.

Limitations

This study has several limitations. First, self-reported measures of EI and symptoms may introduce bias. Second, the cross-sectional design prevents causal inference—whether EI reduces PTSD or PTSD lowers EI cannot be determined. Third, the sample was predominantly male and military-based, limiting generalizability to female personnel or civilians. Finally, depression and anxiety may require more sensitive tools or longitudinal

assessment to capture their relationship with EI more accurately.

Future Directions

Future studies should use longitudinal and experimental designs to clarify causal mechanisms between EI and PTSD. Intervention trials that integrate EI training with cognitive-behavioral or mindfulness-based approaches could test their combined effect on rehabilitation outcomes. Cross-cultural and gender-based analyses are needed to ensure generalizability. Neurobiological investigations may also reveal how EI interacts with trauma-related brain changes, guiding targeted rehabilitation programs.

CONCLUSIONS

This study demonstrated that Emotional Intelligence (EI) is strongly and negatively associated with PTSD symptoms among military personnel, whereas its relationship with depression and anxiety was not significant. Regression analysis confirmed that EI is a significant predictor of PTSD, highlighting its specific protective role in trauma-related outcomes.

These findings mean that strengthening EI could be a valuable strategy in psychological rehabilitation, particularly for reducing PTSD symptoms in trauma-exposed military populations. We recommend the integration of EI training and interventions into standard rehabilitation programs, alongside resilience-building and evidence-based therapies. Future efforts should focus on developing structured EI-based programs to enhance coping strategies and improve recovery outcomes.

In conclusion, this research underscores that EI is not only a psychological attribute but also a practical tool that can be harnessed to mitigate trauma, foster resilience, and support the long-term psychological well-being of military personnel.

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