



COUNSELLING  
TUTOR

# Everyday Trauma: A Guide for Counsellors

## Introduction

Not all trauma stems from catastrophic events. Many clients present in therapy with the psychological impacts of what can be termed ‘everyday trauma’ – i.e. ongoing, cumulative or developmentally significant experiences that may not meet clinical thresholds for the diagnosis of post-traumatic stress disorder (PTSD) but that still profoundly affect their mental health and wellbeing.

## What Is ‘Everyday Trauma’?

‘Everyday trauma’ refers to the chronic, subtle, interpersonal events that may not seem overtly traumatic but that can overwhelm a person's ability to cope. These often go unacknowledged or are minimised by society – and sometimes by clients themselves.

According to Herman (1992), trauma is not defined by the event itself but by the person’s subjective experience of it. Everyday trauma can therefore be understood through its impact, not its intensity.

## Common Types of Everyday Trauma in Therapy

### 1. Relational and Attachment Trauma

*Possible causes:*

- Emotionally unavailable, inconsistent or critical caregivers
- Chronic invalidation or lack of attunement in childhood
- Sibling bullying or triangulation\* within families

*Possible impact:*

- Difficulties with trust, intimacy, emotional regulation and self-worth (Schoore, 2003)

## **2. Education-Based Trauma**

*Possible causes:*

- Being ignored, humiliated, or punished unfairly by teachers
- Academic shaming or systemic ableism (e.g. undiagnosed learning differences)
- Persistent bullying or social exclusion

*Possible impacts:*

- Shame
- Fear of failure
- Low self-esteem
- Social anxiety

## **3. Workplace and Institutional Trauma**

*Possible causes:*

- Toxic environments, microaggressions or job insecurity
- Unfair dismissal or long-term workplace stress

*Possible impacts:*

- Burnout
- Depression
- Imposter syndrome

- Somatic complaints

#### **4. Medical and Health-Related Trauma**

*Possible causes:*

- Being disbelieved or dismissed by professionals
- Repeated medical procedures or undiagnosed chronic illness
- Medical gaslighting (especially among neurodivergent, female or ethnic-minority clients)

*Possible impacts:*

- Hypervigilance
- Health anxiety
- Mistrust of authority

#### **5. Trauma from Poverty and Insecurity**

*Possible causes:*

- Housing instability, food insecurity or living in unsafe neighbourhoods
- Intergenerational financial stress or sudden downward mobility

*Possible impacts:*

- Chronic stress
- Survival-based coping strategies
- Trauma around money

#### **6. Everyday Discrimination and Oppression**

*Possible causes:*

- Ongoing experiences of racism, sexism, homophobia, transphobia or ableism
- Being forced to hide or suppress identity (e.g. masking in neurodivergence)

*Possible impacts:*

- Internalised oppression
- Chronic vigilance
- Emotional exhaustion (Sue et al., 2007)

## **7. Loss and Disenfranchised Grief**

*Possible causes:*

- Deaths or losses not publicly acknowledged (e.g. miscarriage, pet loss or estrangement)
- Loss of role, health, dreams or identity (e.g. post-divorce or empty nest)

*Possible impacts:*

- Complicated grief
- Identity confusion
- Unresolved mourning

## **Why It Matters in the Therapy Room**

Clients may struggle to recognise these experiences as ‘trauma’ and may downplay them.

As counsellors, we must:

- hold space for narratives that may have been minimised elsewhere
- validate the impact of cumulative stressors and relational injuries
- work within a trauma-informed framework even if trauma isn’t explicitly named (SAMHSA, 2014).

## **Key Considerations for Practice**

- Use curiosity, not correction when clients dismiss their suffering (for example, if they say: ‘It wasn’t that bad ...’).

- Be alert to developmental timing: the same event affects a five-year-old differently from a 15-year-old.
- Explore whether body-based symptoms may reflect emotional pain (Van der Kolk, 2014).
- Adopt a non-pathologising stance: these are adaptive responses to real distress.

## Conclusion

By recognising everyday trauma, counsellors can support clients in making sense of experiences that have shaped their lives in profound ways. Trauma isn't always loud: often, it's quiet, persistent and 'hidden in plain sight'.

## References

- Herman, J. L. (1992). *Trauma and Recovery*. New York City: Basic Books.
- SAMHSA. (2014). Trauma-Informed Care in Behavioral Health Services [online]. *Substance Abuse and Mental Health Services Administration*. [Viewed 16/5/25]. Available from: <https://library.samhsa.gov/sites/default/files/sma15-4420.pdf>
- Schore, A. N. (2003). *Affect Dysregulation and Disorders of the Self*. New York City: W. W. Norton.
- Sue, D. W., Capodilupo, C. M., Torino, G. C., Bucceri, J. M., Holder, A. M. B., Nadal, K. L. and Esquilin, M. (2007). Racial microaggressions in everyday life: Implications for clinical practice. *American Psychologist*, 62(4), 271–286.
- Van der Kolk, B. (2014). *The Body Keeps the Score*. New York City: Penguin.

## Footnote

\* **Triangulation** is a psychological and relational dynamic in which communication or conflict between two people is managed or manipulated by involving a third person, either deliberately or unconsciously. It is often seen in families, but it can happen in any relational system, including friendships, workplaces and therapy.