



Effects of Small Traumas on Mental Health and Intervention Approaches

Küçük Travmaların Ruh Sağlığı Üzerindeki Etkileri ve Müdahale Yaklaşımları

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ABSTRACT

The concept of psychological trauma has changed over time. At first, it was used only to describe severe and shocking events. However, less intense experiences that occur in everyday life and build up over time are now called "small traumas." Small traumas include experiences such as humiliation, exclusion, neglect, constant criticism, emotional deprivation, and other stressful life events. When repeated, these experiences can accumulate, weaken psychological resilience, and negatively affect overall well-being. Like major traumas, small traumas can have lasting effects on self-esteem, emotion regulation, coping skills, and interpersonal relationships. These types of traumas may also contribute to the development of mental health problems such as depression, anxiety, post-traumatic stress symptoms, and psychosomatic complaints. Because they are subtle and low in intensity, small traumas may be overlooked by both individuals and mental health professionals. This can delay recognition and timely support, allowing their negative effects to deepen and persist. Therefore, understanding the impact of small traumas is essential for providing appropriate psychological support and preventing mental health problems which are related to small traumas. This review aims to examine the concept and historical development of small traumas, explore their effects on mental health, and evaluate relevant psychological intervention approaches within a general framework.

Keywords: Trauma, small trauma, mental health, interventions

ÖZ

Zaman içerisinde gelişen psikolojik travma kavramı, başlangıçta yalnızca yıkıcı ve sarsıcı olayları tanımlarken; günlük yaşamda daha düşük şiddette olmasına rağmen birey üzerinde birikimli olarak etki eden olaylar "küçük travma" olarak adlandırılmaktadır. Küçük travmalar; aşağılanma, dışlanma, ihmal, sürekli eleştirilme, duygusal yoksunluk ve kronik stres yaratan olumsuz yaşam deneyimleri gibi yaşantıları kapsamaktadır. Bu travmatik deneyimler, süreklilik arz ettiğinde birikimsel bir etkiyle bireyin ruhsal dayanıklılığını zayıflatabilmekte ve psikolojik iyi oluşunu olumsuz yönde etkileyebilmektedir. Bu tür travmalar bireylerin benlik algısı, duygu düzenleme kapasitesi, stresle başa çıkma becerileri ve kişilerarası ilişkileri üzerinde kalıcı izler bırakabilmekte; depresyon, anksiyete, travma sonrası stres belirtileri ve psikosomatik yakınmalar gibi çeşitli ruhsal sorunların gelişiminde rol oynayabilmektedir. Bu travmaların genellikle düşük şiddetli ve örtük biçimde etki etmesi hem deneyimleyen bireyler hem de ruh sağlığı uzmanları tarafından çoğu zaman göz ardı edilmesine neden olmakta, bu nedenle etkilerinin fark edilmesini ve zamanında müdahale edilmesini geciktirerek ruh sağlığı üzerindeki olumsuz etkilerinin derinleşmesine ve kronikleşmesine yol açabilmektedir. Bu tür travmaların ruh sağlığı üzerindeki etkilerini anlamak, etkilenen bireylere uygun ruhsal destek ve müdahale yaklaşımları sunmak ve ortaya çıkabilecek ruhsal bozuklukların önlenmesine katkıda bulunmak açısından büyük önem taşımaktadır. Bu derleme, küçük travma kavramını ve tarihsel gelişimini literatür ışığında incelemeyi, ruh sağlığı üzerindeki etkilerini ortaya koymayı ve bu travmalara yönelik ruhsal müdahale yaklaşımlarını genel bir çerçevede değerlendirmeyi amaçlamaktadır.

Anahtar sözcükler: Travma, küçük travma, ruh sağlığı, müdahale

Introduction

Although the literature on psychological trauma has largely focused on sudden and high-intensity events, it is now widely acknowledged that a significant portion of psychological distress may also arise from negative life experiences that persist quietly and cumulatively in everyday life. Various definitions of trauma have been proposed. For instance, Horowitz (1989) defines trauma as a sudden and powerful event or experience that exceeds an individual's capacity to respond. Trauma can also be described as an event, a series of events, or adverse conditions that are experienced as physically and/or emotionally harmful or life-threatening. Such experiences may lead to lasting and negative consequences on an individual's mental, physical, social, emotional, and spiritual functioning, as well as overall well-being (SAMHSA 2014). When faced with an unexpected and uncontrollable traumatic event, an individual's existing coping mechanisms may become ineffective (Türksoy 2003).

The concept of traumatic events was initially used to refer only to physical injuries. Discussions on the role of life experiences in the development of psychiatric disorders began after the Franco-Prussian War in 1870. Following the war, soldiers were observed to exhibit various psychological symptoms (Veith 1977), which were later described as "traumatic neurosis" (Kardiner 1959). Subsequent global conflicts, including the World Wars and the Vietnam War, as well as the rise of the feminist movement drawing attention to domestic violence and sexual abuse, contributed to the broader recognition of psychological trauma and stimulated extensive research in this area (Norman 1989, Gerson 1992, Avina and O'Donohue 2002). From a psychoanalytic perspective, Kris (1956) distinguished between shock trauma—resulting from a single frightening event—and strain trauma—emerging from prolonged exposure to stressful conditions, representing the culmination of distressing experiences, particularly in childhood. He emphasized that the development of strain trauma often goes unnoticed. Building on this distinction, Khan (1963) introduced the concept of "cumulative trauma."

Exposure to traumatic events can lead to a range of behavioral and psychological responses. While some individuals exposed to similar or identical traumatic experiences may employ effective coping strategies or develop new ones, others may experience intense anxiety and fear, resort to maladaptive coping mechanisms, and become more vulnerable to the development of more severe psychological problems (Ehlers and Clark 2000).

Some researchers argue that trauma-related symptoms should not be evaluated merely as indicators of a mental disorder; rather, they can be understood as an extension of the human survival instinct or as "adaptive mental processes that play a role in the assimilation and integration of new information through an intensified emphasis on survival triggered by exposure to trauma" (Turnbull 1998).

At the psychosocial level, trauma manifests through symptoms such as re-experiencing, avoidance, emotional numbing, hyperarousal, and disruptions in interpersonal relationships, and it may lead to significant declines in an individual's sense of identity and social functioning (APA 2013). From a neurobiological perspective, trauma leads to notable changes in the body's stress response system. In this process, dysregulation of the hypothalamic-pituitary-adrenal (HPA) axis results in the secretion of cortisol at levels different from normal. Trauma is also associated with increased sensitivity of the amygdala, which is responsible for fear and threat perception; functional and structural changes in the hippocampus, which is related to learning and memory; and decreased activity of the prefrontal cortex, which plays a role in decision-making and emotion regulation (Bremner 2006). In addition, chronic traumatic stress is known to impair memory, attention, and emotion regulation processes, leading to negative long-term consequences for both mental and physical health (McEwen 2007). Recent studies show that social traumas such as humiliation and exclusion can produce post-traumatic symptoms similar to those observed in more classical traumatic experiences such as car accidents and sexual abuse (Azoulay et al. 2026, Wesselmann 2026).

A review of the existing literature indicates that, in addition to classical and highly destructive traumatic experiences, so-called small or cumulative traumas, which typically exert their effects over time, can also lead to clinically significant symptoms. This review aims to examine the definition and development of the

concept of small trauma, as well as its effects on mental health and related intervention approaches, thereby providing a conceptual and holistic contribution to the literature.

The Concept of Small Trauma

The definition of psychological trauma has evolved over time and has been expanded through various sub-definitions. In the DSM (Diagnostic and Statistical Manual of Mental Disorders)-I, trauma was defined as “an event that causes physical impairment or excessive emotional stress” (APA 1952), whereas in DSM-II it was described as “a shocking, intense, and pressure-inducing environmental event” (APA 1966). In DSM-III, post-traumatic stress disorder was included for the first time, and trauma was defined as “an event that would evoke significant distress in almost anyone” (APA 1980). More recently, in DSM-5, trauma is defined as “events that are directly experienced or witnessed by the individual, or experienced by close family members or friends, involving serious threats to life or physical integrity” (APA 2013). Accordingly, it is evident that the understanding and definitional scope of trauma have broadened over time. While it was initially believed that only highly destructive and shocking events could lead to trauma responses, over time it has been recognized that seemingly less harmful but stressful life events may also result in trauma (Liang et al. 2023).

Terr (2003) classified childhood trauma into Type I and Type II. Type I trauma refers to “unexpected, single-incident shocking events,” including situations such as natural disasters, accidents, or sudden attacks that abruptly disrupt the course of an individual’s life. Type II trauma, on the other hand, refers to prolonged and repetitive distressing experiences from which the individual cannot escape. Unlike single shocking events, these chronic experiences may lead to complex psychological responses such as intense denial, emotional numbing, and dissociation. According to Terr, Type II trauma has a structure that disrupts an individual’s character development and basic sense of trust in the world, leading to lasting changes in attitudes. This definition highlights that the impact of trauma should be evaluated not only by its intensity but also by its continuity and cumulative nature, thereby providing a clinical foundation for the concept of small trauma. Accordingly, Terr’s work has become one of the key reference points in conceptualizing the destructive effects of small traumas on individuals.

Shapiro (1995), in making a similar distinction, defined traumatic events that have long-term negative effects on individuals as small traumas. In the literature, such experiences are referred to as “small trauma” or “micro trauma.” While “big traumas” refer to catastrophic experiences widely recognized as traumatic by society, small traumas typically involve not a single adverse event but rather challenging early life experiences that recur over many years and exert a cumulative effect (McCullough 2002). Although the concept of small trauma was initially discussed within the context of childhood trauma, it is now also used to describe traumatic experiences that individuals are continuously exposed to in adulthood. Big traumas are experienced less frequently across the lifespan but have highly disruptive consequences, whereas small traumas are inevitable in daily life and tend to be repetitive. In another sense, small traumas are distressing or stressful events that are not always perceived as traumatic by those who experience or observe them. While events such as war, sexual abuse, accidents, injuries, and devastating disasters are examples of big traumas, experiences such as bullying, constant criticism, unmet needs leading to frustration, child neglect, and workplace “mobbing” are considered small traumas (Mlostek 2022). When such experiences are repeated over time, they create a cumulative effect.

Crastnopol (2015) presented one of the key academic works that addresses this concept within a psychodynamic framework. According to Crastnopol, small traumas are minor psychological injuries that do not create an immediate or devastating impact but, due to their repetitive nature, lead to psychological harm over time. Although these experiences do not constitute major trauma on their own, their cumulative effects may result in what is termed “cumulative psychic injury.” Crastnopol emphasizes that such small traumas have long-term effects particularly on personality structure, self-perception, and interpersonal relationships. These interactions, which may appear ordinary, insignificant, or harmless on the surface, often trigger feelings of disappointment, confusion, and humiliation, gradually undermining the individual’s psychological integrity. In this context, he suggests that psychological problems such as chronic

demoralization and low self-esteem are associated with the cumulative impact of repeated experiences of disappointment and humiliation.

The concept of small trauma extends the traditional definition of trauma beyond life-threatening events by focusing on the psychological effects of persistent and cumulative life experiences such as neglect, bullying, and exclusion. Developed through the contributions of theorists such as Shapiro, Terr, and Crastopol, this approach argues that experiences that undermine self-esteem and quality of life may also have neurobiological consequences. However, this broadening of the trauma concept has been critically evaluated by Haslam (2016). Haslam argues that this process, which he terms “concept creep,” weakens the clinical distinctiveness of trauma by extending it to include everyday negative experiences that do not involve life-threatening danger, and may lead to the trivialization of the experiences of individuals exposed to severe trauma. He further suggests that such expansion promotes an overly harm-sensitive perspective, pathologizes normal life difficulties, weakens individuals’ psychological resilience, and encourages people to perceive themselves as vulnerable victims. According to Haslam, although this approach may be driven by well-intentioned moral motivations, it has the potential to contribute to a broader culture of fragility, thereby limiting psychological resilience and individual development.

On the other hand, Cascardi and Brown (2016), in response to Haslam’s focus on the negative consequences of concept creep, emphasize the potential of conceptual expansion to make social problems more visible and to draw attention to previously overlooked forms of harm. In this sense, they argue that conceptual expansion does not merely create ambiguity but also contributes to a better understanding of certain social issues.

In this context, the debate on concept creep involves both risks and potential advantages in terms of clinical assessment and intervention processes. Over-expansion of the concept may reduce the distinctiveness of trauma in clinical evaluations, leading to the interpretation of ordinary life difficulties as traumatic experiences. At the same time, conceptual expansion may help to recognize previously overlooked or underestimated forms of psychological distress, contributing to a better understanding of individuals’ experiences and the development of appropriate psychosocial interventions. Moreover, the early identification and intervention of small traumas are critical for supporting individuals’ psychological resilience and preventing potential long-term chronic effects. Therefore, it is important to adopt a balanced and holistic approach in evaluating the concept of small trauma—one that preserves the clinical meaning of trauma while also taking individuals’ subjective experiences into account.

The Relationship between Small Traumas and Mental Health

Numerous studies indicate that exposure to trauma is positively associated with the risk of developing psychopathology. Psychopathologies linked to trauma include post-traumatic stress disorder, depression, anxiety disorders, sleep disorders, eating disorders, substance use disorders, and dissociative disorders (Davidson et al. 1985, Hovens 2009, Carrion and Steiner 2000, Backholm et al. 2013, Carliner et al. 2016, Schenker et al. 2024). The development of these conditions is also influenced by multiple factors such as the nature of trauma exposure, the severity of the trauma, pre- and post-trauma experiences, the adequacy of coping skills, and emotion regulation abilities (Schimmenti 2018). Research has shown that trauma experienced during early childhood, in particular, increases the risk of developing psychopathology in adulthood (Dereboy et al. 2018).

Small trauma experiences and the chronic stress resulting from them have numerous negative effects on both physical and psychological health (Juster et al. 2010, Mariotti 2015). Chronic stress has been associated with various medical conditions, including cardiovascular diseases, type 2 diabetes, and autoimmune disorders (Chida et al. 2005, Gallo et al. 2014). In addition to physical illnesses, chronic stress also contributes to the development of psychiatric disorders (Malykhin et al. 2025). Continuous exposure to stressful events may lead to psychiatric conditions such as anxiety disorders, depression, and sleep disturbances (Al Bazzal et al. 2025). In this regard, small traumas that generate chronic stress may keep stress-response mechanisms persistently activated. The cumulative effect of this process increases vulnerability to both physical and mental illnesses, demonstrating that small traumas and daily stressors

can have significant long-term health consequences. To prevent such adverse outcomes, it is important to strengthen stress coping skills (Misiak et al. 2018).

It is also well established that trauma negatively affects individuals' emotion regulation abilities (Shepherd and Wild 2014). Traumatic experiences, particularly those occurring in early childhood, may lead to difficulties in emotion regulation and contribute to the development of various psychopathologies (Özadmaca 2023). Although studies directly examining the relationship between small traumas and emotion regulation are limited, it is known that chronic stress resulting from daily stressors can lead to difficulties in emotion regulation (Miller et al. 2024). Emotion regulation difficulties are defined as deficiencies in an individual's capacity to modulate and control emotional responses when faced with triggering stimuli (Gratz and Roemer 2004). This includes a lack of emotional awareness, difficulty understanding and accepting emotional experiences, and challenges in controlling impulses and maintaining goal-directed behaviors in the presence of negative emotions (Mennin et al. 2005). Difficulties in emotion regulation play a role in the development of psychiatric disorders such as substance use disorders, anxiety disorders, and depression (Miu et al. 2022). Considering that trauma experiences and chronic stress contribute to the development of emotion regulation difficulties, and that these difficulties constitute a risk factor for various psychiatric disorders, psychological interventions aimed at strengthening emotion regulation skills may be beneficial for individuals exposed to trauma or chronic stress.

	Big Trauma	Small Trauma
Definiton	Life-threatening, sudden, and shocking events that are widely recognized as traumatic by society (e.g. war, natural disasters, sexual abuse, serious accidents) (APA 2013)	Recurrent and cumulative stress-inducing experiences in daily life that are often not perceived as traumatic (e.g. bullying, constant criticism, child neglect, mobbing) (Shapiro 1995)
Frequency	Experienced less frequently across the lifespan.	May occur more frequently and repetitively across the lifespan (Crastnopol 2015).
Severity–Impact	Sudden, intense, and destructive effects; may result in clear psychological and/or physical consequences (Horowitz 1989).	No immediate destructive impact; cumulative and chronic effects may influence psychological and social functioning over time (McCullough 2002).
Psychological Outcomes	Risk of post-traumatic stress disorder, anxiety disorders, depression, and dissociative disorders (Davidson et al. 1985, Carrion and Steiner 2000, Hovens 2009)	Chronic stress, emotion regulation difficulties, low self-esteem, anxiety, depression, and interpersonal problems (Crastnopol 2015, Miller et al. 2024, Thongrakyyoo et al. 2024)

Research examining how small traumas predict various psychopathologies remains limited. Findings from a study conducted by Ekinçi and Kandemir (2015) revealed associations between childhood trauma and low self-worth, anxiety disorders, and substance use disorders. Small traumas can lead to psychological distress and, in some cases, result in long-lasting or even lifelong impairments (Straussner and Calnan 2014). According to Crastnopol (2015), small traumas affect individuals' levels of anxiety and self-esteem, which may in turn lead traumatized individuals to adopt maladaptive coping strategies. In this context, small traumas are considered to be associated with various psychopathologies. The results of a study by Soyer et al. (2025) support the predictive role of small trauma experiences in psychological symptoms. Similarly, a study conducted by Thongrakyyoo et al. (2024) found that small trauma experiences are associated with a higher risk of depression among adolescents and young adults. Furthermore, research indicates that exposure to bullying or discrimination—considered forms of small trauma—may contribute to the development of post-traumatic stress disorder in the long term (Idsoe et al. 2012, Reisner et al. 2016). Workplace bullying, commonly referred to as “mobbing,” which is also categorized as a form of small trauma, has been found to increase the risk of suicide (Conway et al. 2022). A study conducted by Çoban (2021) demonstrated that small traumas play a mediating role in insecure attachment patterns and have various effects on romantic relationships. Additionally, research by İşçimen (2024) identified a significant relationship between small trauma experiences and emotional eating behavior. Although current studies

suggest that small traumas can have negative effects on mental health, there remains a need for more comprehensive and diverse research in this area.

Intervention Approaches for Small Traumas

Mental health professionals play a primary role in the assessment, diagnosis, and planning of appropriate therapeutic interventions for individuals who have experienced psychological trauma. In the "Concept of Trauma and Guidance for a Trauma-Informed Approach" published by the Substance Abuse and Mental Health Services Administration (SAMHSA) in 2014, trauma-informed care is defined as "a strengths-based service delivery approach grounded in an understanding of and responsiveness to the impact of trauma, emphasizing physical, psychological, and emotional safety for both providers and survivors, and creating opportunities for survivors to rebuild a sense of control and empowerment (SAMHSA 2014)." This approach encompasses not only major, life-threatening events but also smaller, less visible, and chronic experiences that leave lasting marks on individuals' lives. Small traumas include experiences such as emotional neglect, constant criticism, rejection, discrimination, humiliation, and disruptions in trust, all of which can have lasting effects on an individual's self-perception, sense of safety, and relational world. Accordingly, within a trauma-informed care framework, it is essential for mental health professionals to recognize, assess, and holistically address not only overt and major traumatic experiences but also less visible and chronic small traumas.

Not every individual who experiences trauma responds with the same behavioral or emotional reactions. Therefore, not all trauma experiences necessarily lead to psychosocial problems. Various protective factors—such as social skills, family socioeconomic status, the absence of psychopathology in family history, cognitive abilities, a stable family environment, emotion regulation capacity, and psychological resilience—significantly reduce the risk of developing psychosocial disorders following trauma (Jaffee et al. 2007, Gartland et al. 2019). Conducting research to identify these protective factors and determining individual-specific protective factors when working with trauma survivors can provide important guidance for professionals during the intervention process.

Since each trauma experience and the responses to it involve individual differences and subjective elements, it is not possible to refer to a single standardized intervention for trauma. Factors such as age, gender, and cultural differences should be taken into account when planning interventions. For example, approaches such as play therapy or expressive arts therapies may be used with children who have experienced trauma, whereas adults may benefit from psychoeducation, group therapy, cognitive behavioral therapies, and exposure-based techniques (Creamer and Forbes 2004, Harris 2007).

One treatment model known to be effective in working with adults who have experienced trauma is Eye Movement Desensitization and Reprocessing (EMDR) (Shapiro 1995). EMDR therapy is a psychotherapy method that aims to activate the brain's natural information processing and recovery mechanisms through the use of eye movements. During sessions, individuals are asked to recall an image, emotion, or thought related to the traumatic event while simultaneously following the therapist's finger movements with their eyes or focusing on rhythmic auditory stimuli (such as bell or drum sounds). This process reduces cognitive dissonance and diminishes the emotional intensity of the traumatic memory. EMDR can typically be applied within a relatively short number of sessions (Straussner and Calnan 2014).

The number of clinical studies directly examining the effectiveness of EMDR for small traumas is limited. In a study conducted with participants who had experienced trauma but did not meet the diagnostic criteria for post-traumatic stress disorder, EMDR was found to be effective in reducing anxiety and psychological distress (Wilson et al. 1995). In a study by Kavanagh et al. (2001), the effectiveness of EMDR was examined in a sample of undergraduate students for stress-inducing memories such as parental divorce, exposure to animal attacks, conflicts with friends, or watching frightening films. The findings showed that EMDR reduced stress levels associated with such life events. Van den Hout et al. (2001) investigated the effects of EMDR on autobiographical memory and found that, following the intervention, healthy participants recalled negative memories (e.g., taking an exam unprepared or witnessing a car accident) as less distressing. A study conducted by McCullough (2002) demonstrated positive outcomes of

EMDR in individuals with small trauma experiences who did not meet criteria for post-traumatic stress disorder, although it also emphasized the need for further research with larger samples. More recently, Yılmaz and Sapmaz (2023) found that EMDR has a direct effect in reducing the negative impacts of small traumas. Based on the existing findings, EMDR appears to be effective not only for individuals who meet diagnostic criteria for post-traumatic stress disorder but also for those experiencing stress related to everyday life events and small traumas. In this regard, EMDR can be considered a promising intervention approach for addressing small traumas.

Another psychological intervention approach for small traumas is positive psychotherapy. According to Seligman (2005), positive psychology refers to the scientific study of positive experiences and individual strengths, as well as the structures that support their development. Positive psychotherapy, developed by Pesechskian and colleagues, is a dynamic, humanistic, and transcultural therapeutic approach (Gençdoğan 2020). Clinical studies support the effectiveness of positive psychotherapy in individuals who have experienced trauma (Hagenaars et al. 2010, Ochoa et al. 2017). It is also considered an approach that promotes post-traumatic growth and contributes to the reduction of post-traumatic symptoms (Hagenaars et al. 2010). In positive psychotherapy, individuals' responses to life difficulties, problems, or unmet expectations—using their core capacities and values—are conceptualized as "conflicts." The post-Pesechskian orientation in positive psychotherapy also focuses on conflicts arising from small traumatic events. In addition to major traumas and their effects, even minor events, such as someone arriving late to an appointment, may give rise to such conflicts (Cope 2014).

As noted earlier, daily stressors that can be considered small traumas may lead to difficulties in emotion regulation. Difficulties in emotion regulation can, in turn, contribute to the development of various psychiatric disorders. Accordingly, interventions aimed at strengthening emotion regulation skills may help prevent the negative effects of small traumas. In an experimental study conducted by Berking et al. (2013) within a cognitive-behavioral framework, adding emotion regulation skills training to treatment increased the effectiveness of cognitive behavioral therapy in improving symptoms of major depression in the experimental group. In another experimental study, the addition of emotion regulation training to cognitive behavioral therapy in individuals diagnosed with post-traumatic stress disorder was found to enhance treatment effectiveness (Bryant et al. 2013). Similarly, a study by Thomaes et al. (2015) showed that interventions targeting emotion regulation skills in cases of post-traumatic stress disorder related to childhood trauma led to neurobiological changes, as evidenced by brain imaging findings. Acceptance and Commitment Therapy (ACT) and mindfulness-based approaches are also recognized as effective methods for improving emotion regulation skills (Gawande et al. 2023, Yuan et al. 2024). A program implemented by nurses aimed at equipping older adults with practical emotion regulation skills—such as understanding and identifying emotions, regulating distressing emotions, reducing sensitivity to negative emotions, and learning strategies to cope with intense feelings—has also yielded positive outcomes (ElKholi et al. 2024). Overall, existing research suggests that interventions designed to enhance emotion regulation skills have significant preventive and therapeutic potential in reducing the negative effects of small traumas and preventing psychiatric disorders.

Considering that small traumas and daily stressors may contribute to the development of various psychiatric disorders by causing chronic stress, interventions aimed at strengthening coping with stress can serve a protective function. Such interventions include stress management sessions; breathing exercises and relaxation techniques; problem-solving training programs; structured psychoeducation based on cognitive-behavioral approaches; stress coping programs developed within the framework of the transactional model; mindfulness-based practices; and Acceptance and Commitment Therapy. These interventions have been shown to be effective in enhancing coping skills across both clinical and general populations (Gardner et al. 2005, Brinkborg et al. 2011, Chin et al. 2019, Kaveh et al. 2023, Özkan and Altuntaş 2024).

Since small traumas exert their effects cumulatively, they may lead to negative outcomes in psychosocial health over time. Therefore, early intervention is crucial in preventing potential long-term adverse effects. Interventions aimed at strengthening coping with stress, enhancing emotion regulation skills, and reducing the negative impact of trauma constitute effective approaches in addressing the consequences

of small traumatic experiences and daily stressors. Furthermore, considering that small traumas may manifest through somatic symptoms in some individuals, interventions that support mind-body integration should also be incorporated into treatment planning (Van der Kolk et al. 1996).

Conclusion

Small traumas, although often not perceived as traumatic and embedded in everyday life as repetitive stressors, can produce significant and lasting negative effects on an individual's psychological functioning, self-perception, emotion regulation capacity, and interpersonal relationships over time. Current evidence indicates that small traumas may constitute a risk factor for various forms of psychopathology through chronic stress and may threaten the continuity of mental well-being.

The literature demonstrates significant associations between small traumas and depression, anxiety disorders, post-traumatic stress symptoms, disruptions in attachment patterns, addictive behaviors, and somatic symptoms. However, the number of studies directly examining the role of small traumas in the development of psychopathology remains limited, highlighting the need for more comprehensive, longitudinal, and cross-cultural research in this area. In particular, understanding how the cumulative effects of small traumas are mediated through difficulties in emotion regulation and coping mechanisms represents an important focus for future research.

In interventions targeting small traumas, the adoption of a trauma-informed care approach emerges as a fundamental requirement for the effectiveness of mental health services. This approach provides a holistic framework that encompasses not only major life-threatening traumatic events but also subtle, persistent small traumas that leave lasting imprints on individuals' lives. EMDR, cognitive-behavioral approaches, positive psychotherapy, interventions aimed at strengthening emotion regulation skills, stress management programs, and mindfulness-based practices are considered promising methods for reducing the psychological impact of small traumas and enhancing resilience.

In conclusion, recognizing the effects of small traumas on mental health and addressing these effects at an early stage is of great importance for preventing psychological problems at both individual and societal levels. Mental health professionals should remain sensitive to the cumulative and often implicit effects of small traumas and adopt holistic approaches that consider individuals' life histories, protective factors, and mind-body integration in assessment and intervention processes. In this context, increasing awareness of small traumas and developing evidence-based intervention models are considered important areas for advancement in the field of mental health. The literature on small traumas remains limited. Future studies are recommended to investigate the effects of small traumas on mental health in greater depth across diverse sample groups and sociocultural contexts. Additionally, increasing the number of experimental studies examining the effectiveness of interventions for small traumas will contribute to the development of evidence-based mental health practices and strengthen the existing body of literature.

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