

The Trauma Model of Mental Illness

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The Trauma Model of Mental Illness is a paradigm shift developed over decades from the work of trauma researchers, clinicians and survivor movements (Mad Liberation Movement), who challenged the psychiatric model of mental illness.

This framework views many forms of psychological distress (including survival responses often labelled as a “mental disorder”) as the natural consequences of trauma and adversity, rather than as purely biological diseases, behavioural maladaptations, cognitive distortions or chemical imbalances.

Key ideas of the Trauma Model of Mental Illness:

- **Symptoms as survival responses**

Dissociation, hypervigilance, or emotional numbing are seen as adaptive coping strategies that developed in unsafe environments.

- **Rooted in adverse experiences**

Mental health struggles are understood as linked to childhood abuse, neglect, poverty, systemic oppression, violence, or ongoing trauma.

- **Challenges the biomedical model**

The biomedical model believes “illness” is caused by physical illness, such as low levels of serotonin in the brain.

- **Focus on safety and healing**

Recovery is approached through building safety, validating experiences, restoring trust, and addressing the social causes of distress (rather than only treating symptoms).

- **Challenges the models of abnormality:**

Biological, behavioural, cognitive and psychodynamic models that all attempt to treat psychological illnesses.

Why is this important?

The trauma model reframes mental health in a way that is:

- Non-pathologising (doesn't see the person as “broken”)
- Contextual (honours personal and social history)
- Empowering (focuses on the survivor community and meaning-making)

Medical Model	Trauma Model
Mental illness is a disease in the brain (chemical imbalance, faulty wiring, genetics).	Mental health is a response to trauma, adversity, and unsafe environments.
Symptoms are pathology to be reduced or eliminated.	Symptoms are survival strategies and coping mechanisms.
Focus on diagnosis and medication.	Focus on safety, healing relationships, and addressing root causes.
The problem is located within the individual.	The problem is located in violence, relationships, and systems.
Recovery is compliance with treatment.	Recovery is empowerment, connection, and social change.

The trauma model recognises that distress is not only personal but also shaped by structural and racialised trauma. Experiences of racism, colonisation, generational oppression, and cultural erasure can act as chronic traumatic stressors.

Where the biomedical model might label these reactions as symptoms of a disorder, the trauma model understands them as survival responses to systemic violence. Healing, therefore, must include not only individual safety and care but also collective acknowledgement, cultural reclamation, and dismantling of racial injustice.

Racialised Mad people highlight that:

- Psychiatry has often been a tool of colonial control and racial oppression.
- Trauma is not only interpersonal but deeply structural, racialised, and generational.
- Healing requires reclaiming culture, resisting pathologisation, and challenging racism in mental health systems.

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