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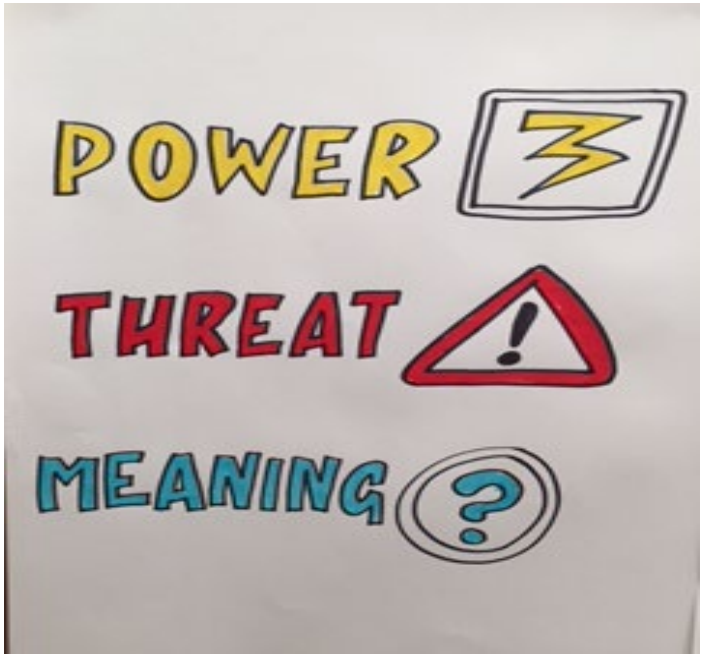
Division of Clinical Psychology

The Power Threat Meaning Framework

https://www.youtube.com/watch?v=tkNWQdVB4F0



(Slides: © Lucy Johnstone and Mary Boyle 2018)

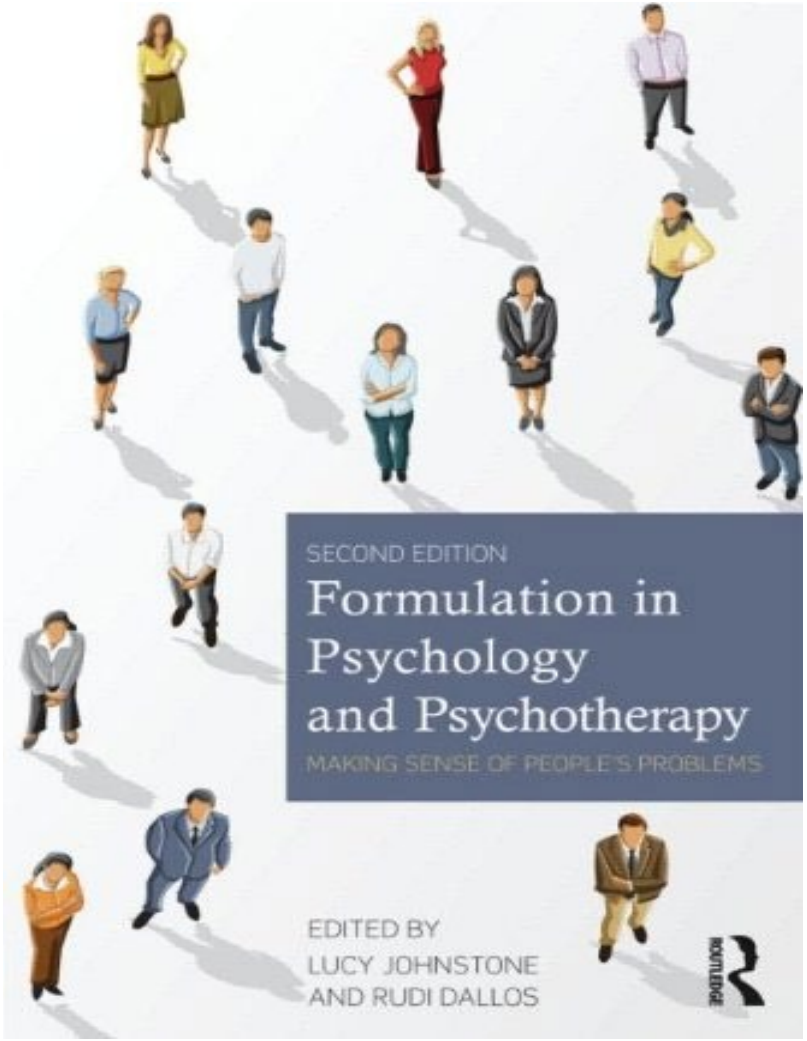
Developments in the UK: Formulation as an alternative to psychiatric diagnosis

Division of Clinical Psychology

The British Psychological Society

Good Practice Guidelines on the use of psychological formulation

https://www1.bps.org.uk/system/files/Public%20files/DCP/cat-842.pdf



A formulation is a personal narrative which integrates two equally important forms of evidence: the clinician brings theory, research and clinical experience, and the client brings their knowledge of their life history and events and the sense they have made of it.

It is a shared, evolving hypothesis or 'best guess' which suggests ways forward.

'……a process of ongoing collaborative sense-making' (Harper and Moss, 2003)

'....at some level it all makes sense' (Butler, 1992)

Team Formulation meetings, facilitated by clinical psychologists, can help teams develop a shared understanding of a client.

A possible formulation of ‘first episode psychosis’

You had a happy childhood until your father died when you were aged 8. You felt very responsible for your mother's happiness, and pushed your own grief away. Later your mother re-married and when your stepfather started to abuse you, you did not feel able to confide in anyone. You found it increasingly hard to deal with your teacher, whose bullying reminded you of your stepfather. One day you started to hear a male voice telling you that you were dirty and evil. This seemed to express how the abuse made you feel, and it also reminded you of things that your stepfather said to you. You found it impossible to focus on schoolwork and started truanting as memories and feelings came to the surface. Despite this you have many strengths, including intelligence, determination and self-awareness, and you have taken the brave step of asking for help.

Division of Clinical Psychology of the British Psychological Society Position Statement on psychiatric diagnosis (2013)

'The DCP is of the view that it is timely and appropriate to affirm publicly that the current classification system as outlined in DSM and ICD, in respect of the functional psychiatric diagnoses, has significant conceptual and empirical limitations. Consequently, there is a need for a paradigm shift in relation to the experiences that these diagnoses refer to, towards a conceptual system not based on a 'disease' model' (May 2013)

The Power Threat Meaning Framework

Lucy Johnstone, Mary Boyle, John Cromby, Jacqui Dillon, Dave Harper, Peter Kinderman, Eleanor Longden, David Pilgrim, John Read, with editorial and research support from Kate Allsopp

Consultancy group of service users/carers

Critical reader group to advise on diversity

Other expert contributions including examples of good practice

The Power Threat Meaning Framework: Towards the identification of patterns in emotional distress, unusual experiences and troubled or troubling behaviour, as an alternative to functional psychiatric diagnosis

The main document, available online only.

Detailed overview of philosophical and conceptual principles; the roles of social, psychological and biological causal factors; SU/carer consultancy; and the relevant supporting evidence.

Chapter 8: Ways forward: Implications for public health policy; service design and commissioning; access to social care, housing and welfare benefits; therapeutic interventions; the legal system; and research.

The Power Threat Meaning Framework: Overview

The printed version consists of the Framework itself (Chapter 6 of the main document)

Order a copy from membernetworkservices@bps.org.uk

Appendix 1: A guided discussion about the Framework (also available separately)

Appendices 2-14 Good practice examples of non-diagnostic work within and beyond services

2 page summary of the PTM Framework which can be adapted for local purposes; FAQs; Appendix 1 Guided Discussion; slides from the launch.

https://www.bps.org.uk/news-and-policy/introducing-power-threat-meaning-framework

The PTM Framework and trauma-informed approaches

- Draws on this research (ACEs, neurobiology of stress etc) but also on a much wider range of philosophical, sociological and psychological literature
- Non-diagnostic ('PTSD', 'Complex Trauma' etc..)
- Prefers 'adversity' (less risk of decontextualised shorthand)
- Emphasis on more insidious factors eg inequality, social exclusion, discrimination, devalued identities
- Suggests patterns of distress not related to obvious 'trauma'
- Suggests non-diagnostic alternatives for welfare access, commissioning, legal work, research….etc..
- Explicit links to wider institutional and organisational contexts, macro political and socioeconomic structures and ideologies

Moving beyond the ‘DSM mindset’……

Away from medicalisation – assuming that models designed for understanding bodies can be applied to people’s thoughts, feelings and behaviour.

Instead, a framework that understands people in their social and relational environments….

……and sees them as people acting and making meanings, within their life circumstances.

The Power Threat Meaning Framework

We already have non-diagnostic ways of working one to one (such as formulation.)

We also have a great deal of evidence linking psychosocial causal factors (trauma, abuse, poverty and so on) to emotional distress.

What we don’t have is a framework for describing evidence-based patterns of distress and unusual experiences within this bigger picture. This is what we have attempted to provide.

The Power Threat Meaning Framework is not:

- An official Division of Clinical Psychology or British Psychological Society model
- A replacement for existing models. It draws together many of them within a larger overall framework.
- For professional or service use only

It IS

- A set of ideas (a conceptual resource) for everyone to draw on
- Inclusive of but wider than formulation and trauma-informed practice
- A first stage, in need of much work to translate it into practice

In addition to the usual purposes of diagnosis…

- Recognising that emotional distress and troubled or troubling behaviour are, ultimately, understandable responses to a person's history and circumstances
- Restoring the link between distress and social injustice
- Increasing people's access to power and resources
- Creating validating narratives which inform and empower people, groups and communities
- Promoting social action

The Power Threat Meaning Framework poses these core questions:

- 'What has happened to you?'

  (How is **Power** operating in your life?)
- 'How did it affect you?'

  (What kind of **Threats** does this pose?)
- 'What sense did you make of it?'

  (What is the **Meaning** of these experiences to you?)
- 'What did you have to do to survive?'

  (What kinds of **Threat Response** are you using?)

In one to one clinical, peer support or self help work this then leads to the questions:

- What are your strengths?' (What access to **Power resources** do you have?)
- …..and to integrate all the above: 'What is your story?'

A closer look at what we mean by Power, Threat, Meaning and Threat Responses

‘What happened to you?’ (How is power operating in your life?)

- ***Legal power*** coercion and also rules and sanctions supporting or limiting other aspects of power, offering or restricting choices

- ***Economic and material power*** having the means to obtain valued possessions and services, to control others’ access to them and to pursue valued activities

- ***Interpersonal power*** power within close relationships, the power to look after/not look after or protect someone, to leave them, to give /withdraw /withhold affection etc

- ***Biological or embodied power*** possession of socially valued embodied attributes eg: physical attractiveness, fertility, strength, embodied talents and abilities, physical health

- ***Coercive power or power by force*** any use of violence, aggression or threats to frighten, intimidate or ensure compliance

- ***Social/cultural capital*** – a mix of valued qualifications, knowledge and connections which ease people’s way through life and can be passed indirectly to the next generation

- ***Ideological power*** involves control of language, meaning, and perspective

Ideological power

- Probably the least obvious and least acknowledged form of power
- Part of every other form of power
- When our thoughts, beliefs and feelings are manipulated, ignored, or disbelieved, and alternative meanings are offered or imposed

In everyday life, it shapes the sense we make of our circumstances. In mental health and criminal justice systems it can:

- turn social problems into individual ones
- diagnose or define people as ‘bad or mad’

Many people, especially those in less powerful positions, may be deprived of sound, evidence-based, alternative frameworks in order to make sense of their own and others' distressing or unusual experiences

This is a form of 'epistemic injustice' – experienced by groups who lack shared social resources to make sense of their experiences, due to unequal power relations (Miranda Fricker.)

The PTMF sees biomedical psychiatry is an ideology, and imposing a diagnosis is an example of epistemic injustice

- The less access you have to conventional or approved forms of power, the more likely you are to adopt socially disturbing or disruptive strategies in order to survive adversity

- Power also operates positively and protectively – friends, partners, family, communities, material resources, social capital, positive identities, education and access to knowledge

- ….and in due course, access to this Framework!

‘How did it affect you?’
(What kind of **Threats** does this pose?)

- Relationships eg threats of rejection, abandonment, isolation
- Emotional – eg threats of overwhelming emotions, loss of control
- Social/community – eg threats to social roles, social status, community links
- Economic/material – eg threats to financial security, housing, being able to meet basic needs

- Environmental – eg threats to safety and security, to links with the natural world – e.g. living in a dense urban or high crime area
- Bodily – e.g. threats of violence, physical ill health
- Value base – eg threats to your beliefs and basic values
- Meaning making – eg threats to ability to create valued meanings about important aspects of your life/ imposition of others' meanings

‘What sense did you make of it?’
(What is the **Meaning** of these experiences to you?)

Human beings actively make sense of their world, and their behaviour is purposeful and meaningful

But what do we mean by ‘meaning’?

Meaning is never just freely chosen, it is always both ‘made and found’ (Shotter, 1993)

Meaning

None of the elements of meaning are simply ‘individual’:

- Language
- Memories
- Bodily reactions and feelings
- Environments
- Cultural norms

All of these shape the meanings held by people in distress

We cannot understand any aspect of Power, Threat or Threat Response separately from their meanings.

Our personal meanings are shaped by:

- Wider discourses (common understandings about what it means to be ‘mentally ill’, a ‘good mother’, a ‘happy family’, a ‘normal’ child, and so on)

- Ideological meanings – deeply embedded assumptions about the world that serve certain interests (neoliberalism is a good example – and biomedical theories about ‘mental illness’ are another.)

‘What did you have to do to survive?’
(What kinds of Threat Response are you using?)

We have all evolved to be able to respond to threats, by reducing or avoiding them, adapting to or surviving them, and trying to keep safe.

These threat responses are biologically-based but are also influenced by our past experiences, by cultural norms, and by what we can actually do in any given circumstances.

They are on a spectrum from automatic (more biologically-based) to more personally and culturally-shaped.

Some examples of threat responses

- Preparing to fight, flee, escape, seek safety
- Giving up ('learned helplessness', apathy, low mood)
- Being hypervigilant
- Having flashbacks, phobic responses, nightmares
- Having rapid mood changes
- Amnesia/fragmented memory
- Hearing voices, dissociating, holding unusual beliefs
- Restricting our eating, using alcohol
- Denial, avoidance
- Overwork, perfectionism

Some of these may be seen as ‘normal’ or even desirable (overwork, perfectionism, ruthlessness with colleagues, etc..)

They are likely to be to some degree culture-specific (self-starvation in Westernised countries; so-called ‘culture-bound syndromes’.)

Threat responses are there for a reason, and it makes more sense to group them by function – what purpose do they serve? than by ‘symptom.’

Both the function and the meaning of the response vary over time and across cultures, but there are common themes.

Threat responses grouped by common functions

Regulating overwhelming feelings: (e.g. by dissociation, self-injury, memory fragmentation, bingeing and purging, differential memory encoding, ritualising, intellectualisation, 'high' mood, low mood, hearing voices, use of alcohol and drugs, compulsive activity of various kinds, overeating, denial, projection, splitting, somatic sensations, bodily numbing).

Protection against attachment loss, hurt and abandonment: (e.g. by rejection of others, distrust, seeking care and emotional responses, submission, self-blame, interpersonal violence, hoarding, appeasement, self-silencing, self-punishment).

Restoring the link between Threats and Threat Responses – a main purpose of the Framework

Psychiatric practice hides the links between threats and threat responses by imposing a diagnosis and then 'treating' an 'illness.' The Power Threat Meaning Framework shows how we can restore those links.

At one level this is common sense. We all know that people living in poverty are more likely to feel miserable and desperate ('depression') and we recognise that abuse and trauma makes it more likely that people will hear voices ('psychosis' or 'schizophrenia.')

But a number of factors combine to conceal these links – from the person and from society as a whole.

- Mental health professionals are trained to obscure the link by giving and using diagnoses which imposes a powerful expert narrative of individual deficit and illness

- There is widespread resistance to recognising the reality and impact of threats and the negative impacts of power

- There are many vested interests (personal, family, professional, organisational, community, business, institutional, economic, political) in disconnecting Threats from Threat Responses - and thus preserving the ‘illness’ model.

General Patterns within the Power Threat Meaning Framework

What kind of patterns of distress do we find if we put together the evidence about the influences of Power, Threat, Meaning and associated Threat Responses?

The patterns are organised by meaning not by biology.

This means they are not based on simple cause-effect links. The patterns will always be overlapping and evolving. They will always reflect and be shaped by specific worldviews, social, historical, political and cultural contexts and ideological meanings.

‘Patterns of embodied, meaning-based threat responses to the negative operation of power.’

The General Patterns are described as verbs not nouns, to show that they represent active (although not necessarily consciously chosen or controlled) attempts to survive the negative operation of power. They describe what people DO not what they ‘HAVE.’

They are not a one-to-one replacement for diagnostic clusters. People will vary in their ‘fit’ with one or more patterns, and general patterns will always need adapting to the individual.

Evidence-based General Patterns

We have provisionally outlined 7 evidence-based General Patterns which cut across:

- Diagnostic categories
- Specialties (MH, addictions, OA, Child, criminal justice, health)
- ‘Normal’ and ‘abnormal’
- People who are psychiatrically labelled and all of us

Seven Provisional General Patterns

1. Identities
2. Surviving rejection, entrapment and invalidation
3. Surviving insecure attachments and adversities as a child/young person
4. Surviving separation and identity confusion
5. Surviving defeat, entrapment, disconnection and loss
6. Surviving social exclusions, shame and coercive power
7. Surviving single threats

In Westernised countries, these patterns draw on struggles with Western norms and standards, such as:

- Separating from your family in early adulthood
- Compete and achieving in line with social expectations (eg getting a job; material possessions)
- Meet your needs within a nuclear family structure
- Fit in with standards about body size, shape and weight
- Fit in with expectations about gender identity/roles
- Avoiding ‘irrational’ experiences
- As an older adult – cope with loneliness and lack of status
- Bring up children to fit in with all the above

General Pattern: Surviving separation and identity confusion

This pattern is common in individualistic cultures with a nuclear family structure, in which there is an expectation of separation from the family in late teens/twenties, along with high achievement expectations. A central survival dilemma (reflected in the messages of the wider culture) is finding a balance between emotional dependence, which may be experienced as trappedness and loss of self, versus separation and independence, which may be experienced as abandonment and fear of failure. This dilemma often becomes acute in teens/early adulthood. Families may be isolated from support and caregivers may be struggling with their own cultural and gender role expectations and/or trauma histories. This may contribute to carer attitudes of protection, control and/or criticism, along with confusing communication styles. Cultural values of independence, striving, hard work, competitiveness and achievement may add pressure to the young person.....

Common diagnoses are 'psychosis', 'schizophrenia', 'anorexia', 'bulimia', and 'OCD', although the pattern may describe people who have never been diagnosed.

Patterns and ‘culture’

The Power Threat Meaning framework predicts that there will be widely varying cultural experiences and expressions of distress. It does not see them as bizarre, primitive, less valid, or as exotic variations of the dominant diagnostic, Western paradigm.

Since it is an over-arching framework that is based on universal evolved human threat responses, the basic principles of PTMF apply across time and across cultures.

In addition to this, there will be many locally specific expressions of distress, all shaped by local cultural meanings.

Unlike the DSM, the PTMF does not try to fit them into categories of diagnosis.

An example from DSM IV ‘Culture bound syndromes’

‘Spirit possession’ is sometimes seen as equivalent to the psychiatric term ‘psychosis’. One version, ‘cen’, is found in Northern Uganda, where civil war has resulted in widespread brutality and the abduction and forced recruitment of children as soldiers. Some young people report that their identity has been taken over by the evil ghost of a dead person. ‘Cen’ has been found to be associated with high levels of war trauma and with abduction, and the spirit was often identified as someone the abducted child had been forced to kill.

We could understand this within the Power Threat Meaning framework without having to call it ‘schizophrenia’ or ‘psychosis’

In contrast to the Global Mental Health Movement which is currently exporting diagnostic models across the world, the Framework is intended to convey a message of respect for the many different ways people express and heal distress both within the UK and across the globe.

Workshops on exploring, comparing and contrasting the PTMF with indigenous understandings in New Zealand and Australia are described here:

https://www.madintheuk.com/2019/02/crossing-cultures-with-the-power-threat-meaning-framework/

https://www.madintheuk.com/2019/03/crossing-cultures-with-the-power-threat-meaning-framework-australia/

The PTM Framework and the relevance of:

- Histories of colonisation and intergenerational trauma, and the resulting loss of identity, culture, heritage and land
- Inseparability of individual from the social group
- Relationship to the natural world
- Integration of mind, body, spirit, natural world
- Indigenous psychologies and research paradigms
- Culturally-supported practices, rituals and ceremonies
- Community narratives, values, faiths and spiritual beliefs, to support the healing and integration of the social group

(Main, p.216-217; Overview, p 77-79.)

Returning to the theme of narratives…..

Story-telling and meaning-making are universal human skills

The PTMF provides evidence for the central role of narrative of all kinds as an alternative to diagnosis. Narratives are a means of witnessing and healing, both in and beyond services.

The evidence-based General Patterns support the construction of particular narratives

Art, music, theatre etc are just as valid as written narratives, as are community ceremonies, myths and rituals.

The PTMF includes but goes beyond evidence-based practice and historical truth, in order to value '*narrative truth*' (Spence, 1982); and whether stories seem to 'fit' in a way that '*makes change conceivable and attainable*' (Schafer, 1980).

My story

Adverse childhood experiences led to complex trauma throughout my life. Constant repetitive cycles of coercion, powerlessness and multiple forms of abuse have not only had a lasting effect upon my interactions with others, but are also impacting on my physical, emotional and psychological wellbeing. My energy levels are depleted from being consistently broken and distressed by a disempowering, authoritative and controlling mental health system that has been coercive and traumatizing when I needed compassionate trauma informed provision. As a consequence, I am dispirited and struggle to trust others. Even though the on-going clinical dispute with statutory mental health services has deeply hurt and retraumatised me, my relationships with my peers and family are protective factors that motivate me to find the strength to utilise my experiences to self-educate and self-advocate, whilst campaigning for trauma informed services and improved mental health provision for other survivors.

Jigsaw, a national Irish organisation working with young people age 12-25

PTMF supports its aims to:

- Promote a community perspective on distress
- Make links with social contexts
- Offer options other than therapy
- Bring about strategic change towards non-diagnostic perspectives

PTMF is also being used to:

- Offer ideas about language use, eg in workshops
- Develop simple versions of PTMF ideas along with the young people
- Use PTMF terms to structure referral information (‘threat responses’ etc)
- Use the PTMF to structure individual therapy and case discussions
- Use the PTMF to develop collaborative formulations
- Incorporate PTMF into outcome measures
- Apply the PTMF to themselves

‘*Narrative competence… the capacity for human beings to deeply absorb, interpret and appropriately respond to the stories of others*’ (Grant, 2015.)

‘The restorative power of truth-telling’ (Herman, 2001).

Recovery is a process of ‘*reclaiming our experience in order to take back authorship of our own stories*’ (Dillon and May, 2003)

Examples of PTMF translated into practice

Clinical Psychology Forum free download: https://shop.bps.org.uk/publications/clinical-psychology-forum-no-313-january-2018.html

Enhancing existing formulation and team formulation work (AMH, OA, LD, autism, youth offending, 'PD', etc)

- Adding 'Power' explicitly to current formulation models
- Using the Guided Discussion template for team formulations
- Developing a formulation group based on PTMF

Pilot study on 2 inpatient wards with potential across a London Trust

Peer support groups in UK, USA, New Zealand, Australia

Interest also from Ireland, Greece, Denmark, Spain, India, Brazil

Guiding services for trafficked women and for refugees

Other professions - Art Therapists, Social Workers, Counsellors/Therapists

Training/teaching

- Introduced to courses in undergraduate psychology, clinical psychology, forensic psychology, nursing and social work, teacher training
- Used in training with prison officers, educational psychologists, teachers
- 150 + invited conference/training events since the launch

Voluntary organisations

- Video using PTMF to explain domestic abuse
- Interest from St Mungo's, Women's Aid, Jigsaw and others

Translations

- Spanish. Italian, Danish and Portuguese planned.

Criminal justice system

- Used in court reports, service planning, groupwork, supervision

Research – informing/supporting the following:

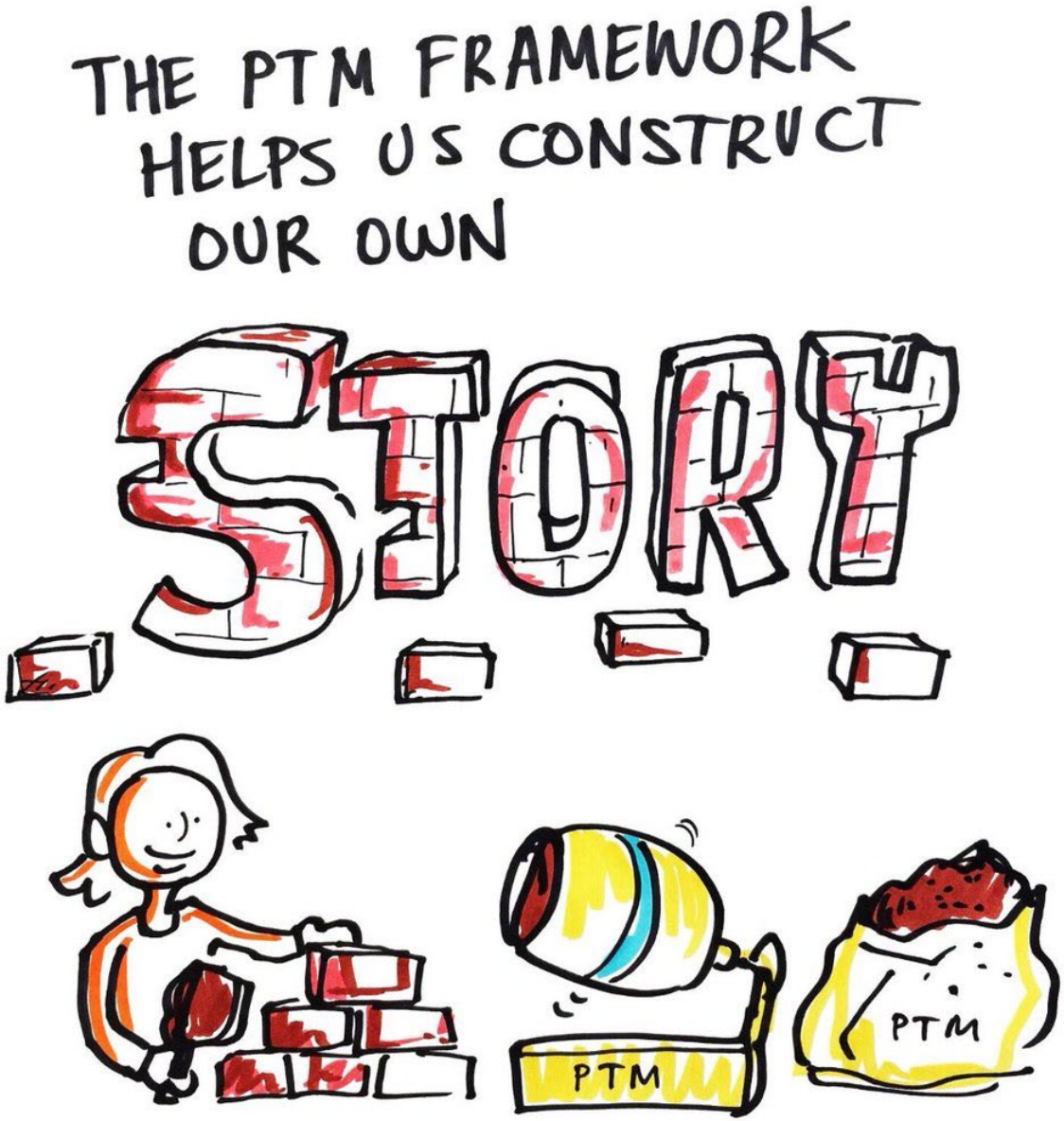
- Action Research project in Birmingham
- Clinical psychology trainee projects

Textbooks

- 'Abnormal psychology: Contrasting perspectives' Raskin, 2018
- 'Communication and interpersonal skills' 4th edn Grant and Goodman, 2018
- 'Psychology and Sociology in MH Nursing' Goodman, 3rd edition, 2019
- Revised edition of 'Psychology, mental health and distress' Cromby, Harper and Reavey, 2013

Crossing cultures

- Supporting the challenge to the Global MH movement
- Workshops in New Zealand and Australia alongside indigenous people www.madintheuk.com


THE PTM FRAMEWORK
HELPS US CONSTRUCT
OUR OWN
START
PTM
PTM
#PTMFramework
#adisorder4everyone

Impact of POWER

I am a survivor of many traumatic experiences. In addition, I am being disempowered by two very powerful systems (statutory mental health services and children's social care). This resulted in two male professionals exploiting their position of trust, power and authority to coerce and sexually abuse me. Subsequently these organisations used their power to deny my autonomy, and pathologize my behaviours as being symptomatic of a 'personality disorder' which is victim blaming. Consequently, I had to form a subservient relationship with a controlling psychiatric system in order access support to try to heal from the effects of these harrowing experiences.

Core THREATS

I am unable to trust or heal from my experiences. I struggle with relentless post-traumatic stress, such as dissociation (blank states) hypervigilance, flash backs and vivid disturbing dreams. I have been prevented from articulating my story because the impact of the abuse is being ignored. This leaves me feeling misunderstood, angry, apathetic, anxious and struggling to regulate my emotions. My physical energy levels are chronically depleted because the hyper arousal is extremely painful and exhausting. Consequently, my body's fight and flight response is chronically stuck on resulting in autonomic dysfunction. These psychological and physical factors combined test my resilience, often resulting in suicidality.

Meanings and DISCOURSES

I believed that I am a worthless person who is undeserving of help and treatment. I felt that I am defective, something is wrong with me, that I deserve to be hurt because my character deficits are the root cause of those damaging experiences. The world seems an unsafe place as others are untrustworthy. Ultimately, I often believe that I would be better off dead because death seems the only means of escape from these harrowing experiences and from myself.

THREAT Responses

My survival mechanisms involve forming subservient relationships with others who are in a position of power and authority. My body is hyper vigilant at all times, constantly scanning for early signs of danger, threats, power imbalances and coercion. I am cautious and wary, often resulting in avoidance of situations and other people. I responded to threats to my safety and wellbeing by automatically employing self-protective or self-defeating behaviours. On occasions when I have felt that I was in immediate danger I responded with verbal aggression (described by some mental health staff as 'being abusive towards them'). I often disconnect by dissociating or sleeping. I restrict my dietary intake because that feels like the only control I have in life. In extremely distressing circumstances I use alcohol to block the world out to numb the pain.

Strengths and Power resources

I have a well-developed insight into the psychology of trauma and human distress. My intelligence and resilience enable me to self-advocate and stand firm against coercion. I am encouraged through the reciprocal relationships I am developing with my peers that motivate me to learn new skills in order to support others facing similar adverse life experiences. Additionally, I am inspired by trauma informed professionals whose ground-breaking work informs me to develop a new understanding of my experiences. Some of whom have helped and supported me in this process. I have a beautiful family who give me the strength and determination to get through each day.