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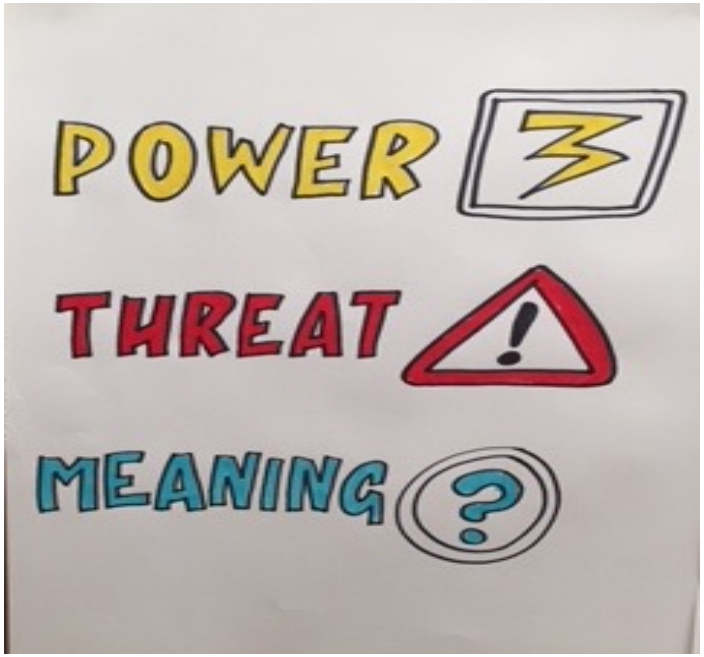
Division of Clinical Psychology

The Power Threat Meaning Framework

#PTMFramework



(Slides: © Lucy Johnstone and Mary Boyle 2018)

United Nations Report of the Special Rapporteur (2017)

'Diagnostic tools, such as the ICD and the DSM, continue to expand the parameters of individual diagnosis, often without a solid scientific basis……

….We have been sold a myth that the best solutions for addressing mental health challenges are medications and other biomedical interventions.'

The urgent need for a shift in approach should…target social determinants and abandon the predominant medical model that seeks to cure individuals by targeting 'disorders'.

Mental health policies should address the "power imbalance" rather than "chemical imbalance".

Dr Danius Puras, UN Special Rapporteur

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UN report points to power imbalances

Hard-hitting stuff from the Special Rapporteur.

Mental Health, Human Rights and Legislation October 2023

‘A fundamental shift is required within the field of mental health’

‘Stigma, discrimination, and other human rights violations continue in mental health care settings…..

Mental health and well-being are strongly associated with social, economic, and physical environments, as well as poverty, violence, and discrimination. However, most mental health systems focus on diagnosis, medication, and symptom reduction, neglecting the social determinants that affect people’s mental health.’

World Health Organisation and United Nations

https://www.who.int/publications/i/item/9789240080737

The core question….

People's problems and distress are very real……. They may be extremely low in mood, have disabling panic attacks, be tormented by hostile voices, and feel suicidal.

But are they suffering from *medical illnesses and disorders which need diagnosing?* Or do we need completely different ways of understanding distress, which are not based on diagnosis?

Circular arguments: without confirming biological markers or signs, diagnoses are not an explanation

Why does this person have delusions/feel suicidal/self-harm?

Because they have schizophrenia/depression/a personality disorder

How do you know they have schizophrenia/

depression/a personality disorder?

Because they have delusions/feel suicidal/self-harm

Compare:

Why does this person have headaches?

Because they have a brain tumour

How do you know they have a brain tumour?

Because it shows up on the Xray/blood test etc

The Adverse Childhood Experiences studies, 1995-1997

Strong graded relationship between high ACE scores and higher rates of mental and physical illhealth, behavioural and social problems.

Higher ACE scores predict greater incidence of depression, **self-harm, suicide**, 'psychosis', PTSD, drug use, foetal death, injury and death as a child, criminal behaviour, heart disease, cancer, STDs, lung disease, liver disease, smoking, obesity, diabetes, poor educational and work performance, drug and alcohol abuse, fibromyalgia, migraines, gastrointestinal problems, arthritis, lung disease, domestic violence, homelessness, prostitution, unemployment, and early death.

'Instead of asking what's wrong with me, ask what happened to me'

www.acestoohigh.com

The Power Threat Meaning Framework

The Framework is an ambitious attempt to outline a non-diagnostic approach to psychological and emotional distress, co-produced with people who use services

- It is an optional set of ideas for people to draw on.
- It is about all of us (not just the 'mentally ill' or those with 'mental health problems')

Documents, podcasts, resources, training materials, examples:

https://www.bps.org.uk/power-threat-meaning-framework

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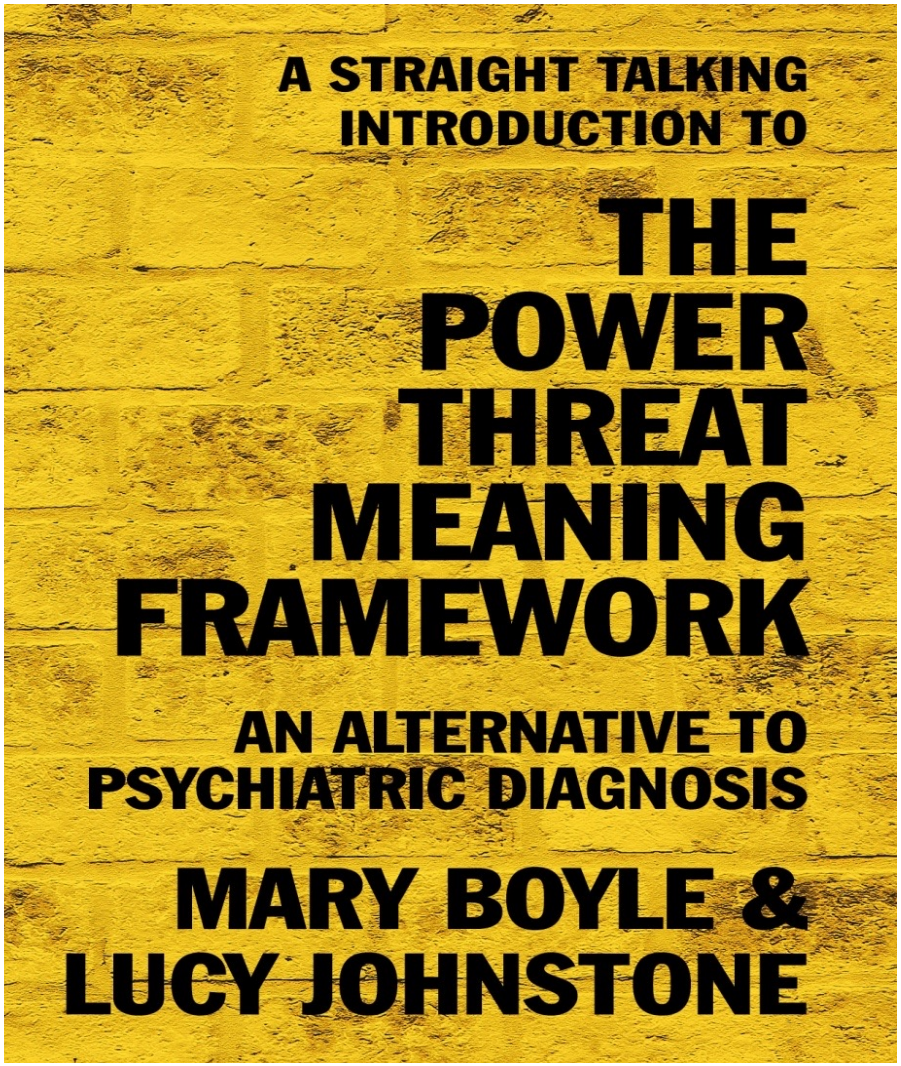
The Power Threat Meaning Framework
Overview

Available on the PTMF website and at cost price from Amazon

www.pccs-books.co.uk



Contributors to the project over a 5 year period

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

Consultancy group of service users/carers

Critical reader group to advise on diversity

Other expert contributions

Funded by the British Psychological Society but not an official BPS position

Reception of the PTM Framework

Interest from Ireland, Denmark, Spain, Italy, Greece, Cyprus, Norway, Sweden, Iceland, Lithuania, Japan, India, South Korea, the US, the Yukon, Kenya, Australia, and New Zealand.

Currently being translated into 7 languages – Spanish, Italian, Japanese and Norwegian are out, Danish and Swedish soon

Keynote speech and workshop on 'Rethinking Mental Health Care' in Vilnius, Lithuania in September 2022.

In the UK, the PTMF has informed training programmes, policy documents, services of all kinds (forensic, adult mental health, learning disability, housing) research, peer groups and so on.

It has also attracted disagreement and social media trolling @PTMFramework

The PTMF replaces psychiatric diagnoses with narratives of all kinds which….

- Are non-medical and non-pathologising
- Show how distress of all kinds is an understandable response to a person's history and circumstances
- Puts distress in the wider context of social injustice
- Increase people's access to power and resources
- Inform and empower people, groups and communities by offering new understandings
- Promote social action

'We are all meaning-makers and story-tellers'

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 these questions also apply:

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

Why is Power so central in the PTMF?

Power is everywhere in our lives, even when we're not aware of it

All the major causes of 'mental health problems' involve inequalities of power. E.g. - Poverty and low social status; large differences in wealth/incomes; child abuse and neglect; gender-based and 'race'-based discrimination and violence; war and conflict….

…..all arise from power differences between:

- Rich and poor

- Adults and children

- Men and women

White people/dominant groups and minorities/people of colour

- States/governments and citizens

What has happened to you? (How is Power operating in your life?)

- ***Legal power*** rules and sanctions supporting or limiting other aspects of power
- ***Economic and material power*** having enough money and resources for you and your family
- ***Interpersonal power*** the power to hurt, neglect or abuse someone or to protect and support them etc
- ***Coercive power or power by force*** use of violence, aggression or threats
- ***Biological or embodied power*** eg: physical attractiveness, strength, physical health
- ***Social/cultural capital*** – a mix of qualifications, knowledge and connections which give you opportunities
- ***Ideological power*** involves control of language, meaning, and perspective

Ideological power – control of language, meaning and perspective

The least visible but most important form of power, because it is about how we ought to think and feel, how we see ourselves, others and the wider world and what we take as 'natural' or 'facts.'

For eg: What do we mean by a 'high-achieving pupil', a 'happy family', a 'normal child' etc?

What stereotypes do we hold about certain groups in society – refugees, women and men, members of particular ethnic groups, the 'mentally ill', and so on? How are these stereotypes used to sell certain political and economic policies to us? And in whose interests do they operate?

In mental health, educational and criminal justice settings, it is often used to turn social problems into individual ones and diagnose or define people as 'failing', 'bad' or 'mad'

‘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, communities
- 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, or a war zone
- Bodily – e.g. threats of violence, physical ill health
- Value base – e.g. threats to your beliefs and basic values
- Meaning making – e.g. threats to ability to create valued meanings about important aspects of your life/ identity versus 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’?

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

Personal meanings are shaped by wider discourses in society, which often have ideological roots serving particular purposes:

- The ‘good wife and mother’ who sacrifices herself for the family
- The ‘freedom and sovereignty’ promised to the UK by leaving the European Union (Brexit)
- The ‘special operation’ by Russia in Ukraine

Imposing a diagnosis, however well-intentioned, is not scientifically justified and sets the scene for further power abuses

‘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. In psychiatry they are called ‘symptoms’

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.

For example: Flashbacks, hearing voices, feeling suicidal, self-harm, alcohol abuse

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

Or- restoring the links between personal distress and social inequality and injustice – instead of hiding them behind a diagnosis.

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 it is not a surprise that this is also linked to suicide

But a number of factors combine to conceal these links – from the person and from society as a whole. The diagnostic process plays a big role in this, whether we are talking about the despair of those who have lost their jobs, or the unusual beliefs of abuse survivors.

Disconnecting threat responses from threats

‘Covid-19: Mental health services must be boosted to deal with ‘tsunami’ of cases after lockdown’ British Medical Journal 16.5.20

‘*Those most at risk: Children and adolescents; Older people; People at risk of domestic abuse; People from lower socioeconomic groups and others who are hit hard financially; Frontline healthcare workers who have faced heavy workloads, life or death decisions, and risk of infection; Women, particularly those juggling home schooling with working from home and household tasks; people with previous mental health problems whose usual support is not available.’*

Almost all minority ethnic groups had higher risks of dying from COVID-19 than the white British majority of a comparable age.

‘*In ordinary language, people with more to be exhausted, depressed and anxious about are feeling more exhausted, depressed and anxious. However, the general picture is... of a population that is “largely resilient”.....It is not a pandemic of “mental health” problems that we need to fear, but a pandemic of “mental health” thinking.’*

Johnstone 2020

https://www.cambridge.org/core/journals/bjpsych-bulletin/article/does-covid19-pose-a-challenge-to-the-diagnoses-of-anxiety-and-depression-a-psychologists-view/8DA1C1589B34DD753A50B803B33DCFA4#

Disconnecting threat responses from threats

Sam Gould took her own life with an overdose of prescription drugs in September 2018. Coroner Nicholas Moss QC said there were ‘shortcomings’ in her case.

An inquest for Chris Gould, Sam's twin sister, who died in January 2019, will take place next month. Sam had borderline personality disorder, which Mr Moss said in his findings at the end of the inquest was the ‘main cause of her death……The disorder caused a persistent, but unpredictable and fluctuating risk of serious deliberate self-harm and suicide.’

In 2016 Chris said she and Sam ‘had been seriously sexually abused from a young age and into their teenage years.’

BBC News, 16th April 2021

The PTM Framework and the relevance of:

- Histories of colonisation, slavery and intergenerational trauma, and the resulting discrimination, loss of identity, culture, heritage and land
- Respecting indigenous experiences and expressions of distress, rather than seeking to export Western understandings
- Respecting local and culturally-specific practices, rituals and ceremonies for healing distress, many of which are narrative-based and support the integration of the social group

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

The PTMF is a ‘distant cousin’ which supports indigenous understandings

General Patterns in the PTMF

The General Patterns can we seen as meta-narratives – they describe the wider patterns of meaning in a particular society at a particular time.

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

They help to avoid pathologisation, relieve guilt, and give people a sense of not being alone

For example: ‘Suicide and suicidality in middle aged men’

Suicide in men in midlife, particularly in economically disadvantaged men, may be the culmination of feelings of disconnection, shame, powerlessness, defeat, entrapment, worthlessness, loss, and feeling that you are unloved and do not matter. Messages about masculinity and male roles dating back to childhood and reinforced by society make it harder for men to ask for help or to be recognised as needing it, and unexpressed despair can build up and become overwhelming. Often lacking confidantes, they may be left emotionally disconnected within partnerships and families or if partnerships and families break down, and feeling a deep sense of shame and failure if job loss means they are unable to provide for their families. Some men may be living on their own, with little or no experience of self care or of coping emotionally. These difficulties may be long-standing, and may have been managed largely without support. The feelings may intensify in midlife when additional stresses or losses occur and the possibilities for making changes may be more limited. At this point…..distress breaks through and becomes overwhelming.

For example: ‘Suicide and suicidality in middle aged men’

Power

In the UK, these feelings arise within a specific social, economic and cultural context of significant changes in society over the last 60 years. The ongoing impact of the shift from prewar to liberal postwar culture has resulted in changes to the social position of men and women; breakdown of traditional gender role expectations and family structures; and economic restructuring and the decline of traditionally male industries. Austerity measures introduced in the UK following the 2008 financial crisis exacerbated these pressures by leading to higher levels of unemployment and reduced welfare support…This constellation of events has posed specific challenges to the identities and social status of men in mid-life, exacerbated when they occupy economic and socially disadvantaged positions…. In addition…. gender role messages may discourage help-seeking.

For example: ‘Suicide and suicidality in middle aged men’

Meaning

The threats may be associated with meanings such as: disconnection, powerlessness, entrapment, shame, loss, guilt, defeat, demoralisation, anger, hurt, loss of control, failure, worthlessness, weakness, hopelessness, distrust, feeling unworthy, bad, unloved, abandoned, rejected, humiliated, emotionally isolated and disconnected, sense of meaninglessnes

https://www.bps.org.uk/member-networks/division-clinical-psychology/power-threat-meaning-framework

Peer groups and narrative construction: See articles on website by Griffiths et al (2019) and by the SHIFT Recovery Community (2020)

See chapter 9 ‘What is your story?’ in ‘*A straight-talking introduction to the PTMF’* (Boyle and Johnstone 2020).

‘*What I didn’t expect was that the framework would empower me to reclaim my selfhood as I began the life-changing process of transforming from a service user labelled with a pejorative personality disorder to become a strong independent survivor taking control of my life*’ Amanda Griffiths

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…. 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.

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.

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 as an alternative to diagnosis. Narratives of all kinds – art, music, theatre and so on - are a means of witnessing and healing, both in and beyond services.

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