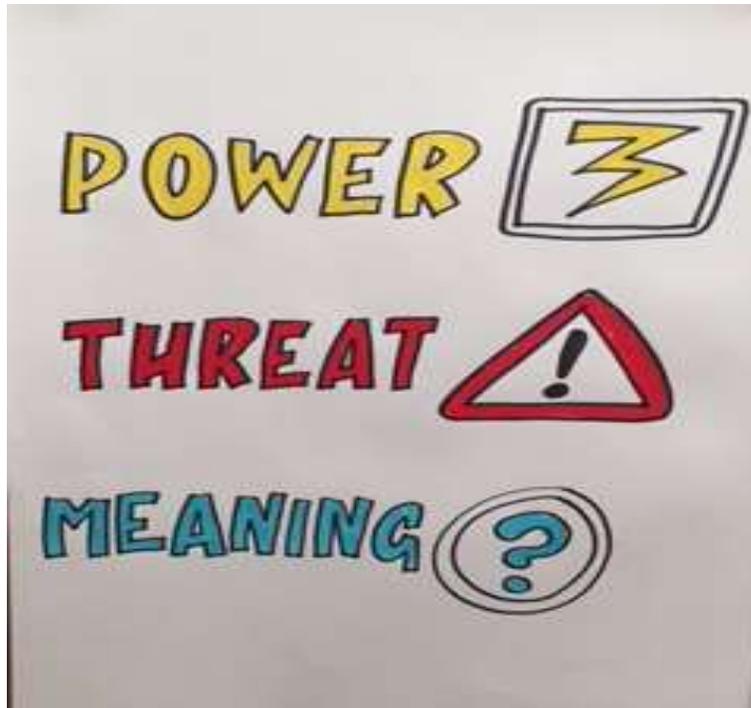


# Power, Threat, Meaning Framework



# How it began

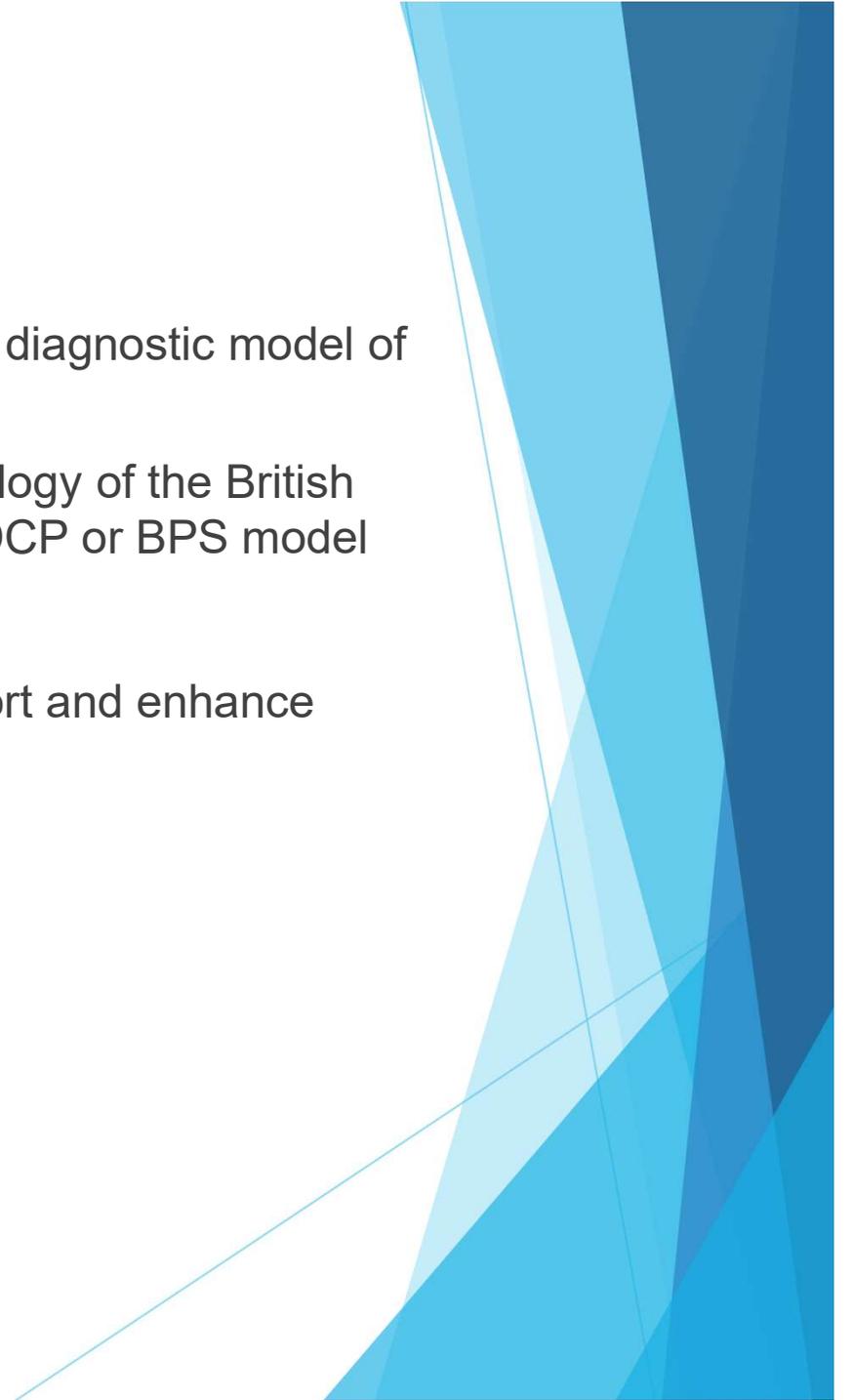
Division of Clinical Psychology of the British Psychological Society  
Position Statement on psychiatric diagnosis (2013)

*'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'*

*As WHO puts it... 'levels of mental distress among communities need to be understood less in terms of individual pathology and more as a response to relative deprivation and social injustice'*

# How it began

- An attempt to outline an alternative to the diagnostic model of distress and unusual experiences
- Funded by the Division of Clinical Psychology of the British Psychological Society but not an official DCP or BPS model
- Co-produced with experts by experience
- Offers a wider overall framework to support and enhance current models and practices ...



# Comparison with DSM

DSM mindset	PTMF
A label	A formulation based, trauma informed approach
Patients with illness (medical model)	People with problems
Symptoms	Ways of surviving
Individualises the problem by imposing a narrative of individual deficit & illness (e.g., chemical imbalance, maladaptive cognitions)	Distress explained as happening from outside inwards (i.e., problems are in the world, your reaction is understandable)
External cause rarely identified	Recognises the causal role of adversity including inequality, social exclusion, discrimination, devalued identities

# The Framework

The framework can be distilled into four key questions:

- ▶ **What has happened to you?** (Power)
- ▶ **How did it affect you?** (Threats)
- ▶ **‘What sense did you make of it?’** (Meaning)
- ▶ **‘What did you have to do to survive?’** (Threat responses)

In one to one work this then also leads to the questions:

- ▶ **What are your strengths?** (Power resources)
- ▶ and to integrate all the above: **‘What is your story?’**

# Power

*What has happened to you?*

- ▶ **Interpersonal** – e.g., neglect, bullying, abuse, invalidation
- ▶ **Economic & material** – e.g., access to money, housing, food
- ▶ **Social/cultural capital** – e.g., access to education, leisure, belongingness
- ▶ **Coercive** - power by force (e.g., violence)
- ▶ **Legal** – laws/policies that might give/take away power
- ▶ **Biological/embodied** – e.g., attractiveness, physical health, strength
- ▶ **Ideological** - control of language, meaning & perspective (e.g.,

# Threats

*How did it affect you?*

- ▶ **Relationships** – e.g., disrupted attachments
- ▶ **Emotions/feelings**– e.g., overwhelming emotions, despairing
- ▶ **Social/community** – e.g., feeling excluded
- ▶ **Economic/material** – e.g., not having enough to eat
- ▶ **Environmental** – e.g., lack of safety/security
- ▶ **Bodily** – e.g. ill-health, disability
- ▶ **Values, identity & meaning making** – e.g., lack of opportunity to develop own beliefs and meanings, loss of purpose

# Meaning

*What sense did you make of it?*



# Threat responses

Grouped by FUNCTION rather than by 'symptom'

- **Regulating overwhelming feelings** - self-injury, memory fragmentation, bingeing/purging, 'high' & low mood, hearing voices, D&A use, denial
- **Meeting emotional needs/self-soothing** – rocking, skin-picking, bingeing, alcohol use
- **Protection from physical danger** – hypervigilance, insomnia, flashbacks, suspicious thoughts, isolation, aggression
- **Maintaining sense of control** – self-starvation, rituals, violence
- **Seeking attachments** – idealisation, appeasement, use of sexuality
- **Protection against attachment hurt** - distrust, self-blame, violence,
- **Preserving identity & self-esteem** – grandiosity, entitlement, perfectionism, aggression
- **Preserving place within social group** – striving, appeasement, self-silencing, self-blame
- **Communication about distress, elicit care** – self-injury, unusual beliefs, voice-hearing, self-starvation
- **Finding meaning and purpose** –unusual beliefs, overwork, high moods

# Strengths & Resources

- ▶ **Loving & secure early attachments**
- ▶ **Supportive partners, family & friends**
- ▶ **Social support & belongingness**
- ▶ **Leisure & educational opportunities**
- ▶ **Having access to knowledge (e.g., on mental health)**
- ▶ **Positive/socially valued aspects of identity**
- ▶ **Skills/abilities** – e.g., intelligence, resourcefulness, determination, talents
- ▶ **Bodily resources** – e.g., appearance, strength, health
- ▶ **Belief systems** – e.g., faiths, community values
- ▶ **Community practices & rituals**
- ▶ **Connections to nature**

# Practice example

<p><b>Power imbalances</b></p> <ul style="list-style-type: none"><li>- Abuse &amp; emotional neglect in childhood, school bullying</li><li>- 100+ inpatient admissions, many involuntary, 20+ diagnoses, years of medications, 9 incarcerations</li><li>- Limited cognitive resources (IQ 69), left school in Yr 10</li><li>- Poor physical health</li><li>- Limited social &amp; financial resources</li></ul>	<p><b>Threats</b></p> <ul style="list-style-type: none"><li>- Attachments with others unsafe, violent, rejecting</li><li>- Financial insecurity, unsafe housing</li><li>- Personal meanings/identities imposed on by stigmatising psychiatric labels</li><li>- Social isolation compounded by devalued social status</li><li>- Health threatened by physical ill health &amp; psychiatric medications</li></ul>
<p><b>Meanings</b></p> <ul style="list-style-type: none"><li>- Emotionally overwhelmed, empty</li><li>- Unsafe/threatened/fearful</li><li>- Abandoned/rejected</li><li>- Controlled/coerced/powerless</li><li>- Meaninglessness</li><li>- Hopeless/worthless</li></ul>	<p><b>Threat responses</b></p> <ul style="list-style-type: none"><li>- To self soothe, emotionally regulate → self-harm, suicidality, avoidance, lighting fires, overeating, dissociation, attention difficulties, numbing</li><li>- To elicit care → commanding voices to harm, self-harm &amp; suicidality, lighting fires, violence</li><li>- To protect from danger/hurt → anger/violence, suspicious thoughts</li></ul>

# To find out more...

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



The British  
Psychological Society

Division of  
Clinical Psychology



The British  
Psychological Society

Division of  
Clinical Psychology

## 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



January 2018

## The Power Threat Meaning Framework

Overview



January 2018

# References

- ▶ Division of Clinical Psychology. (2013). *Division of Clinical Psychology Position Statement on the Classification of Behaviour and Experience in Relation to Functional Psychiatric Diagnoses: Time for a Paradigm Shift, 1-6.*
- ▶ Johnstone, L., & Boyle, M., with Cromby, J., Dillon, J., Harper, D., Kinderman, P., Longden, E., Pilgrim, D., & Read, J. (2018b). *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.* Leicester: British Psychological Society.
- ▶ World Health Organisation. (2009). Mental health, resilience and inequalities (2009) ([https://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0012/100821/E92227.pdf?msckid=3c9ee762b46411ecafafad1622183294](https://www.euro.who.int/__data/assets/pdf_file/0012/100821/E92227.pdf?msckid=3c9ee762b46411ecafafad1622183294))

**Thanks for listening.**

**Questions?**

