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Division of
Clinical Psychology

The Power Threat Meaning Framework Overview

Guided Discussion – Appendix 1, Older Adult Version

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Appendix 1

A brief guide to using the PTM Framework to support narratives

These prompts and questions are adapted from the ones used with the project's service user consultation group. We offer them as a possible way to start reflection and discussion about how the Power Threat Meaning Framework might apply, in personal or peer supported use, or between service users and professionals. The same structure could be adapted for family or groupwork, or for staff training, consultation, supervision or team formulation. It is best used in conjunction with educational material about the impacts of various forms of threat on the mind, brain and body (for example <http://cwmtaf.wales/services/mental-health/stabilisation-pack>.) It may also be helpful to use the 'Identities' template as a starting point.

At the end, there is an option to compare the emerging story with the broader patterns described under 'Provisional General Patterns.' This may help to provide validation and reassurance, as well as placing stories in a wider societal context.

The prompts and questions below are very much open to development and adaptation. This version has been adapted by members of the Faculty for the Psychology of Older People with Older Adults in mind.

The Power Threat Meaning Framework: Guided Discussion

'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 situations and experiences to you?)

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

'What are your strengths?' (What access to **Power resources** do you have?)

'What is your story?' (How does all this fit together?)

Introduction to the discussion

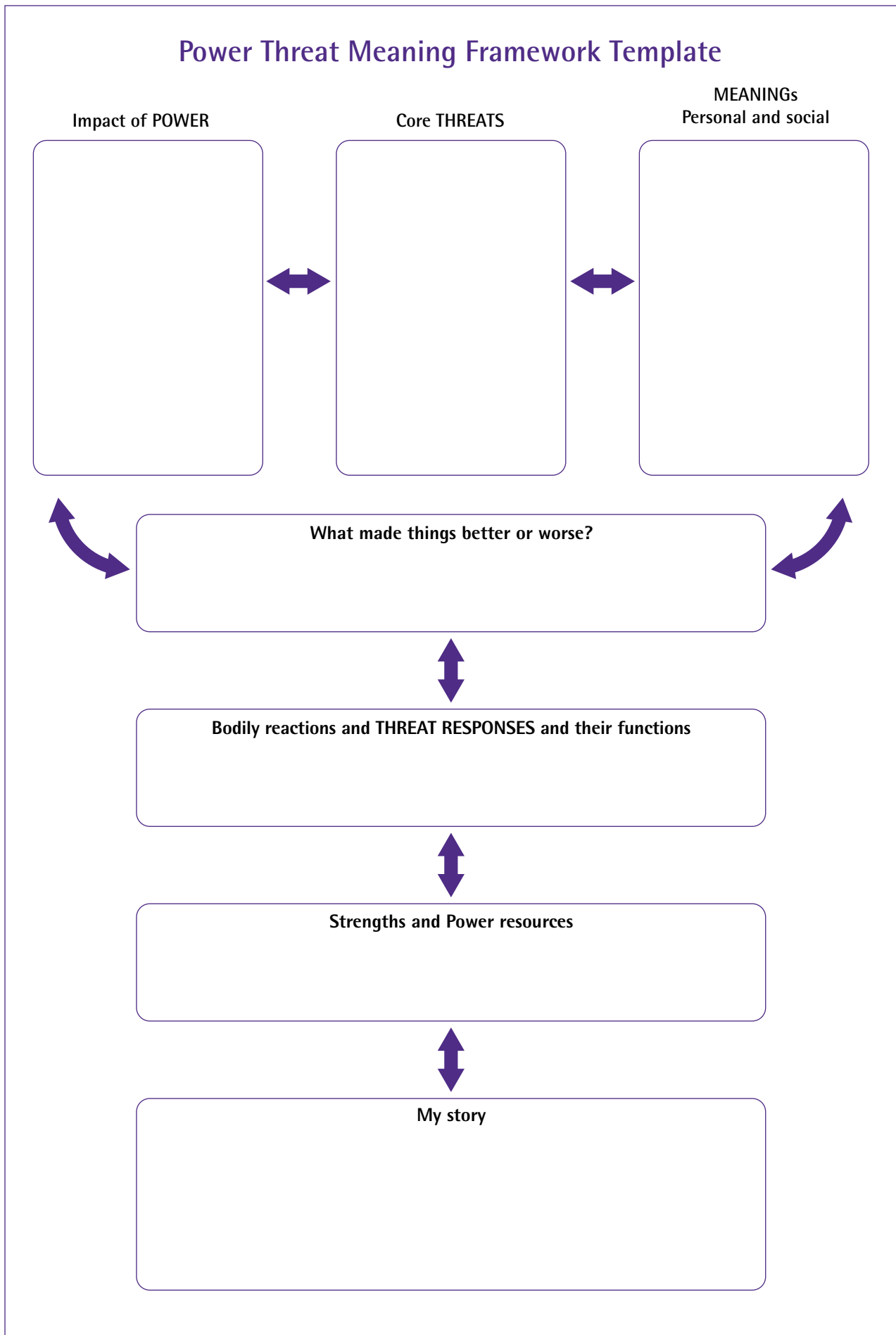
The PTM Framework is an alternative way of understanding why people sometimes experience a whole range of forms of distress, confusion, fear and despair, from mild to severe. This is often called 'mental illness.' The Framework is based on a great deal of evidence which suggests that if we know enough about people's relationships, social situations and life stories, and the struggles they have faced or are still facing, it is possible to make sense of these experiences. If we also think about people's strengths and supports, we may be able to come up with new ways forward.

The Framework is based on the first four questions above. The additional questions are intended to help someone and/or the people supporting or working with them about their skills, strengths and supports, and to summarise all the responses in the form of a narrative, story or formulation. The prompt questions below are a starting point for reflecting, either privately or with support from a friend, peer worker or professional, about how the questions may apply to someone and their family/group/social network. The responses to all the questions may be summarised in the form of a personal narrative or story (sometimes called a ‘formulation’ in services.)

Since the questions are closely related to each other, the responses may overlap. For example, talking about the way Power has influenced someone’s life will be very likely to lead to naming some of the Threats that have resulted, and perhaps also some of the ways they have been affected by those threats and how they cope with them. It may be helpful to jot down these thoughts in the relevant boxes in the template below as they emerge, rather than following the order of the questions too rigidly. There is no right or wrong way to use the prompts and the template. For example, it may be helpful to start with ‘Strengths’ before reflecting on the more difficult aspects of someone’s life. Most people will need to take this process in stages and revisit it over time.

The prompts and questions below are very much open to development and adaption.

Figure 1: Power Threat Meaning Framework Template



The first part of the guided discussion invites you to think about the various ways in which power has affected you. The various types of power are described below. You may wish to jot down examples of how this may apply to you and your life.

POWER

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

'Power' can have several meanings. Generally, it means being able to gain advantages or privileges, to arrange things to meet your own interests; or being able to gain advantages or privileges for others, to arrange things to meet their interests.

Power can operate through our partners, families, friends, communities, schools, work, health services, the police, government and the media. Power can be used negatively; for example when people are hurt, excluded or silenced by others. It can also be used positively, such as when others protect and care for us.

There is a great deal of evidence that the negative use of power, both in the past and in the present, can lead to mental health problems. There is also evidence that we can be helped and protected by positive and supportive power. Examples of the various kinds of power and the difficult events and circumstances that they can lead to, are given below. Some of them may apply to you. If so, you may wish to jot them down in the box on the diagram.

Biological or embodied power is about all aspects of our bodies. For example, we may enjoy strength, physical health, attractive appearance, and so on. On the other hand, we may be experiencing pain, limited mobility, disease, brain injury, disfigurement or other disability. We are likely to be facing changes in our health, appearance and abilities as we get older. All of these may make us more dependent on others, as well as reducing our autonomy, self-esteem and self-efficacy.

Coercive power or power by force. Coercive power includes using aggression, violence or intimidation to make someone do things they don't want to do or to frighten or control them. Examples include being beaten as a child, bullying in school, domestic abuse, forced psychiatric interventions, or being mugged or attacked or witnessing arguments/physical fights that left you afraid. Older people may be more vulnerable to this kind of abuse, either in their families, in care homes, or on the streets. On a wider scale, power by force happens in unsafe neighbourhoods, in systematic violence against certain groups of people, and in political conflict and war. Used positively, power by force can protect us from threats or dangers.

Legal power. The law is needed so that we can all live in a fair and peaceful society where our rights are protected. The law is also used to prosecute or imprison people or otherwise restrict their freedom, in order to protect the rest of society. On the other hand, sectioning or coercion by Mental Health Law may be experienced as damaging. Sometimes the law fails to prosecute someone who has harmed you or may not give equal rights to certain people or groups. The welfare system is backed by legal power so that people can get the benefits they are entitled to. However, the law can also be used to impose unfair or harmful policies on vulnerable people; for example in older people the desire to make an unwise decision may be seen as evidence of lack of capacity.

Economic and material power. Having enough money to live on, with good housing and enough to eat, is essential to our wellbeing. It also makes it easier to escape or change things we are unhappy with, to protect our families, and to access help and support when we need it. Sometimes our financial security is at risk from others; such as parents, partners, landlords, public officials, or employers, who may have control over your finances, income, housing and possessions. This may be more true as we get older. Welfare systems and wider social and economic policies can also create and maintain poverty and inequality – for example, by keeping pensions low. Older people often struggle to make ends meet and are not always able to eat well or heat their homes. Moreover, older people may be more at risk from financial abuse – for example, their children may be in control of their current finances. Also, they may be more at risk of being taken advantage of – for example, via trades people or their friends and families.

Social or cultural capital refers to whether or not we have equal access to educational, job, training and leisure opportunities. It is also about whether we have, or know how to get, the knowledge and information we need in order to live the life we want, and whether we benefit from social connections and a sense of social confidence and belonging in the society we live in. All of these benefits can be passed on to the next generation. Without them, we may feel we are excluded from or don't deserve various forms of influence and opportunity, such as jobs, education, healthcare and so on. We may feel this more strongly as we get older and find it harder to meet or mix with people. We may also feel excluded if we are unfamiliar with, or have no access to, computers and IT systems and so on.

Interpersonal power. All of the other kinds of power can operate through relationships. In addition, our relationships offer important sources of security, support, protection, validation, love and connection. This helps us to build a sense of identity about who we are, as individuals, and as members of families, social networks and wider communities. Relationships with others, including family, colleagues, teachers, friends, neighbours, employers, healthcare staff, and public officials can also have negative aspects such as neglect, bullying, abuse, abandonment, invalidation, shame, humiliation, discrimination and so on. These experiences can impact our sense of ourselves and our identities very negatively, especially if they occur in childhood. As older people we may be particularly vulnerable to hurt or mistreatment by those we depend on, for instance family, friends or professionals. Moreover, we are likely to have endured multiple bereavements and losses. Sometimes, much earlier experiences of hurt or abuse come to the surface again as we get older. It may be hard to put these experiences into words if they involve things that were taboo when we were growing up. Older people may have experienced a death of a child, absent fathers and suffered war-related distress or bereavements. Older people may also, depending on age/cohort, believe that it is unacceptable to challenge 'experts'.

Ideological power means power over meaning, language and 'agendas.' This is one of the least obvious but most important forms of power, because it is about our thoughts and beliefs. Ideological messages, or ways of looking at ourselves and the world, can come from a whole range of sources. Some examples are parents, social networks, schools, advertisements, healthcare staff, politicians and other public figures, as well as messages from the media, internet and social media. Whether these messages are positive or negative, they are extremely influential and can feel very difficult to challenge, partly because they are often accepted as normal and unquestionable. Ideological power includes:

- Power to create beliefs or stereotypes about your group. Our sense of identity draws partly on various social identities – for example, as women, men, transgender, black or minority ethnic, as someone with mental health problems, or intellectual or physical disabilities and so on. We may also be identified as members of a sub-group, such as people who receive benefits, or lone parents. Stereotypes about older people may relate to sexuality, capacity, gender roles, social class, ethnicity and so on. All of these overlapping identities can have both positive and negative aspects.
- Power to tell people, directly or indirectly, how they should think, feel, look and behave in order to be an acceptable member of a group or of society. This can include almost anything, from the ‘right’ body size and appearance, to the ‘right’ lifestyle, the correct way to bring up children, express sexuality or religious beliefs, and so on. The further we are from fitting these standards, the harder it will be to develop a sense of confidence and self-worth.
- Power to silence or undermine you and/or your social group, for example through criticism, trivialising, undermining, deliberate misinterpretation of your views, intimidation, or sometimes by labelling you as ‘mentally ill’. This can happen through direct contact with others, or indirectly through sources such as, the legal system and the media.
- Power to interpret your experiences, behaviour and feelings and know what they mean. Ideally, children will be guided to develop their own understandings, beliefs and values. As adults, we may gain support from others who share our beliefs and worldviews. As older people, our views and values are based on a lifetime’s experiences. On the other hand, children, adults and older people can face silencing, invalidation, and having others’ views and feelings imposed on them. Telling people that their experiences of distress are due to a ‘mental illness’, even if they disagree, can be seen as an example. This kind of power can work through many sources, including educational and social media material.

You will almost certainly have some ideas about how the various forms of power have affected you. The following prompts will help you reflect on this in more detail.

THREAT

'How did it affect you?' (What kind of Threats does this pose?)

When power is used in negative ways it often brings about very difficult and threatening situations or challenges. Some additional examples to help you think about threats in your own past or present life are given below.

Relationships: This can include parents, partners, other relatives, friends, colleagues, teachers, healthcare staff, and many others. As described above, relationship threats can include: abandonment/rejection by or loss of loved ones or people you depend on; witnessing or experiencing domestic violence or bullying; being undermined or invalidated through criticism, hostility, humiliation; dismissing your feelings or beliefs; confusing communications; having other people’s views or meanings imposed on you even if you don’t agree with them; lack of love, care and protection; sexual, physical or emotional abuse; emotional, physical or material neglect and intergenerational trauma, which is passed down through parents and other relatives. You may have to take on

a caring role for a partner or grandchildren, or you may become dependent on care yourself.

Emotional: Faced with threats, people can feel unsafe and emotionally overwhelmed by a whole range of feelings, which are very hard to manage. Older people may struggle with having less control in their lives.

Social/community: In their workplaces or local communities, people may experience isolation, exclusion, hostility, bullying, sexual harassment, discrimination, loss of their social or work role, and so on. As people get older their friendship circle may reduce, resulting in decreased social, physical and emotional support. The impact of social media and technology may make older people feel rejected/left out/an outsider.

Economic/material: This includes poverty, lack of housing, being unable to meet basic physical needs, or to access basic services for oneself and/or dependants.

Environmental: People may live, or have lived in, deprived and unsafe situations, either in their houses and/or in areas of poverty, conflict or war. They may have lost contact with their community, country of origin, and/or the natural world.

Bodily: This could include ill-health, chronic pain, disability, injury, brain injury, other losses of function, physical danger, starvation, exhaustion, having your body attacked or invaded. Loss of control of your physical health which may in itself lead to further decline in physical health.

Identity: This includes: lack of support to develop your own beliefs, values and identity; loss of status and loss of social, cultural or religious identity or status, such as being a worker, a parent, or a member of a particular social or ethnic group. Without this, people and their social groups may be made to feel ashamed or devalued. Retirement, loss of partners and friends and perhaps of home environments, involve significant adjustments. Cognitive difficulties or dementia may pose a threat to one's sense of self and identity, as may the loss of physical abilities. Older people may be forced to change roles in their family, which leads them to question their sense of self. Also, generational stereotypes may change within cultures. For some, there can be a discourse around being a fighter with a 'stiff upper lip'.

Value base: This includes loss of purpose, values, beliefs and meanings as well as, loss of community histories, culture, rituals and practices. Older people may feel out of step with current social norms and standards, or they may feel their views and opinions are not valued.

Knowledge and meaning construction: Some kinds of ideological power may help to deprive people of the opportunity, support or social resources to question or make sense of their own experiences. For example, the internet gives access to a huge amount of information, but this can also be manipulated to present certain viewpoints and suppress others. People's own knowledge, understanding and beliefs may be undermined due to unequal power relations between themselves and others. In the field of mental health, mainstream ideas and meanings may be promoted or imposed by family, healthcare staff, academics, media figures, researchers and others, making it hard to get information about alternative views on mental health. These situations may apply to large groups of people (e.g. women; the 'mentally ill') or to certain individuals (e.g. by labelling them 'uneducated' or 'lacking insight.'). Individuals may experience stigma as a result of their diagnosis.

Circumstances that make threats easier or harder to survive

These are some of the circumstances that are known to affect the impact of very difficult situations. You may have touched on them already in response to earlier prompts. These prompts may help you to think in more detail about the aspects of threat that were particularly hard for you, and also about some of the ways you managed to survive them. While older people face many challenges, such as bereavement and loss of physical function, they may also be able to draw on resilience, knowledge and wisdom gained over a lifetime, and close relationships with family and friends.

- Whether you felt secure, protected and loved by your parents and carers during childhood.
- How old you were when any of these difficult events were happening.
- Whether the threat was a deliberate act by another person.
- Whether you felt betrayed or let down, by a person and/or an organisation.
- Whether you were faced with just one or several threats, and one or several perpetrators.
- Whether the threat happened once or was repeated or ongoing.
- How predictable the threat(s) were, and how much control you had over them.
- The severity of the threat(s) and whether or not there was any escape.
- Whether the threat was physically invasive.
- Whether the threats happened close together or at the same time.
- Whether the threat(s) were chronic and ongoing (environmental or personal).
- Whether there was a threat to your sense of self and who you are as a person.
- Whether the threat was from someone you were close to or depended on emotionally.
- Whether you had someone to confide in about the threats, who believed and protected you.

While thinking about threats, you will probably have been aware of the particular meanings that the threats had for you. For example, you may have felt afraid or ashamed. The following prompts will help you to reflect on this in more detail.

MEANINGS

'What sense did you make of it?' (What is the Meaning of these situations and experiences to you?)

Meanings in this sense include beliefs, feelings and bodily reactions. We all attach meanings to the things that happen to us. Often, but not always, we are well aware of these meanings. Sometimes the meanings tend to leave us feeling even worse – for example 'It was all my fault' or 'I am unlovable' or 'No one can be trusted.' This is a list of meanings that are often relevant to people who have experienced threats. They may apply to you, at different times and in different situations. You might also want to think about positive meanings that have helped to keep you going. For example, people in your past or present life may have helped you to feel loved, valued and protected. Due to the challenges and situations they face, older people may be particularly vulnerable to feelings of powerlessness, worthlessness, isolation or loss of control.

Box 1: Meanings.

Unsafe, afraid, attacked	Don't belong
Abandoned, rejected	Invisible
Helpless, powerless	Lost identity
Hopeless	Rejected
Invaded	Trapped
Controlled	Defeated
Emotionally overwhelmed	Failed, inferior
Emotionally 'empty'	Guilty, blameworthy, responsible
Bad, unworthy	Betrayed
Isolated, lonely	Shamed, humiliated
Excluded, alienated	Sense of injustice/unfairness
Feeling silenced	Sense of meaninglessness
A failed life	Contaminated, evil
People will not take me seriously	Alien, dangerous

In response to difficult experiences, we all need to find ways of coping and surviving. These can be called 'threat responses.' The prompts below will help you to think about threat responses which apply to you.

THREAT RESPONSES

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

These ways of reacting to threat(s) are sometimes called 'symptoms' but within this Framework they are seen as 'threat responses'. They were necessary survival strategies when the threat(s) happened and they may still be protective if the situation has not changed. In other words, they are there for a good reason. These reasons may include: helping to manage overwhelming feelings; protection from physical danger; keeping a sense of control; protecting yourself from loss, hurt, rejection or abandonment; seeking or holding onto safe relationships; holding on to a sense of yourself and your identity; finding a place for yourself in social groups; meeting your emotional needs; communicating a need for care and help and finding meaning and purpose in your life.

However, some of these threat responses may no longer be needed or useful. In fact they may be causing you problems in their own right.

Threat responses lie on a spectrum from automatic bodily reactions, such as flashbacks or panic or the urge to fight or flee from danger, to more deliberate strategies, such as restricting your eating, or avoiding relationships, or using alcohol. Unusual experiences such as, hearing voices, having mood swings or being overwhelmed by suspicious thoughts can also be seen as threat responses. The list below may help you to identify some of your commonest or most troublesome reactions to threat.

Preparing to 'fight' or attack	Protesting, weeping, clinging	your body
Preparing to 'flee', escape, seek safety	Suspicious thoughts	Confused/confusing speech and communication
Freeze response	Emotional regression, withdrawal	Self-injury of various types
Hypervigilance, startle responses, insomnia	'High' or extreme moods; rapid mood changes ('emotional dysregulation')	Self-neglect
Panic, phobias	Holding unusual beliefs	Dieting, self-starvation
Fragmented memory encoding	Having unusual visual, olfactory, tactile sensations	Binge eating, over-eating
Memory suppression (amnesia)	Physical sensations – tension, dizziness, physical pain, tinnitus, sensations of heat or cold, exhaustion, skin irritation, gastrointestinal problems and many other bodily reactions	Self-silencing
Hearing voices	Emotional defences: denying what has happened, idealising people, and so on.	Mourning, grieving
Dissociating (losing track of time/place; various degrees of splitting of awareness)	Intellectualisation (avoiding feelings and bodily sensations)	Self-blame and self-punishment
Depersonalisation, derealisation	Attention/concentration problems	Body hatred
Flashbacks	Confused/unstable sense of self	Compulsive thoughts
Nightmares	Confused/unstable sense of	Carrying out rituals and other 'safety behaviours'
NEAD ('non-epileptic attack disorder')		Collecting, hoarding
Emotional numbing, flattening, indifference		Avoidance of/compulsive use of sexuality
Bodily numbing		Impulsivity
Submitting, appeasing		Anger, rage
Giving up, 'learned helplessness', low mood		Aggression and violence
		Suicidal thinking and actions
		Distrust of others
		Feeling entitled
		Reduced empathy

Distrust	Overworking, over-exercising, etc.
Avoiding threat triggers	Ruminating, reflecting, anticipating
Striving, perfectionism, 'drive' response	Imagining, interpreting, meaning-making
Giving up hope/loss of faith in the world	Denial/Withdrawing
Relationship strategies; rejection and maintaining emotional distance; seeking care and attachments; taking on caring roles; isolation/avoidance of others; dominance, seeking control over others; and so on	Rejecting services/help
	Rejecting family – pushing people away
	Trying to please people, over own needs
Using drugs, alcohol, smoking	

Threat responses that are more common in Older Adults with cognitive impairments:

- 'Wandering', searching for familiar places
- Repetitive behaviour or questions
- Persistent shouting or screaming
- Agitation, restlessness
- Verbal or physical aggression
- Hiding or hoarding objects
- Emotional lability and disinhibition

Your responses to the previous prompts will have given you some ideas about the strengths and resources that have helped you to survive. Here are some more suggestions.

STRENGTHS

'What are your strengths?' (What access to Power resources do you have?)

This may include people who care for you, aspects of your identity that you feel good about, skills and beliefs, and so on. Other possible strengths in your life, past and present, are:

- Loving and secure early relationships.
- Supportive partners, family and friends.
- Social support and a sense of belonging.
- Having the chance to enjoy material, leisure and educational opportunities.
- Having access to information/knowledge/alternative views (e.g. on mental health).
- Positive/socially valued aspects of your identity.
- Skills/abilities – such as intelligence, resourcefulness, determination, talents.

- Bodily resources – appearance, strength, health.
- Belief systems – faiths, community values and so on.
- Community practices and rituals.
- Connections to nature and the natural world.

You might want to think about some of these ways of building on your resources and strengths:

- Managing your emotions by releasing/expressing/processing feelings (e.g. writing, exercise, talking therapies, body therapies, creativity and the arts, compassion-focused approaches, mindfulness, meditation).
- Self-care – e.g. nutrition, exercise, rest, alternative therapies.
- Using or finding relationships for emotional support, protection, validation.
- Finding meaningful social roles and activities.
- Other cultural rituals, ceremonies and interventions.
- Getting involved in campaigning, activism.
- Creating/finding new narratives/meanings/beliefs/values.

WHAT IS YOUR STORY?

When you have worked through all of the prompts, it may be helpful to pull all this information together in the form of a narrative or story about your life, including the difficulties you have faced, the effects all this has had on you, what it all meant to you, the ways you have coped and the strengths that have enabled you to survive. The story is never final or complete and you will probably want to re-visit it.

DO OTHER PEOPLE HAVE SIMILAR STORIES?

As well as offering a way to explore your own story, the Power Threat Meaning Framework summarises common patterns that can be found in many people's stories. These are called General Patterns, and they are based on a great deal of evidence about the impact of power, threat, meaning and threat response in people's lives. Sometimes it is helpful and reassuring to realise that other people have been through similar experiences and have reacted in similar ways. The General Patterns are described at www.bps.org.uk/PTM-Overview

It is important to note that:

- The General Patterns are not simple replacements for particular psychiatric diagnoses. They cut across diagnoses and also include people with no diagnosis at all.
- Often there is no neat fit between a particular person and a particular General Pattern. Many people will recognise parts of their story in several patterns.
- The General Patterns are on a spectrum. The effects of power and threat on a particular person depend on many factors, which make the impact either worse or better. Some people will have much milder difficulties, while others will have greater struggles.
- The General Patterns will be amended and changed over time as more evidence emerges. In particular, we know less about typical patterns in non-Western cultures and settings, in the UK and across the world.

IDENTITIES

A person's sense of identity shapes every other aspect of their life and the way they respond to threats and difficulties. It may be helpful to think about how various aspects of your identity have influenced you. This is likely to include positive and supportive ways, such as feeling confident and being part of a group, as well as negative ways, such as being subjected to discrimination. You may wish to think about your ethnicity, class, age, gender, nationality, sexual orientation, religion, disability or being defined as 'mentally ill'.

The invented example in the diagram below describes a heterosexual woman in her early seventies from a working class background. She has overcome early disadvantage, neglect and trauma and numerous damaging relationships; including two unhappy marriages. She has three surviving children, with two children sadly passing away in childhood. Relationships with her children are challenging, with all three children taking advantage of her financially. She does not describe her parenting skills in positive terms, but acknowledges that she had no positive model of parenting on which to base her experiences. She has had contact with Social Services and Mental Health Services all of her adult life and feels 'let down' by these services. She currently has no care package and lives in her own home. She has a number of chronic health conditions, resulting in regular hospital appointments. She is described by her GP as a 'frequent attender' and tends to disengage with services that she is referred to. She is currently in a relationship with a man whom she describes as 'too kind to me' and she describes herself as a 'survivor'. At the moment she feels frustrated and trapped in her situation, hopeless about her future, and alone. She has taken part in a guided discussion about the PTM Framework and realises that her reactions are described by some of the General Patterns, 'Surviving defeat, entrapment, disconnection and loss', 'Surviving disrupted attachments & adversities as a young person', 'Surviving rejection, entrapment, and invalidation' and 'Surviving single threats'.

