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## The Power Threat Meaning Framework: Development of a document for use in intellectual disabilities services

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**Abstract:** *The Power Threat Meaning Framework (PTMF) was launched by the British Psychological Society in 2018 to offer an alternative classification system to pseudo-scientific practises of psychiatric diagnosis that regard certain ways of thinking, feeling and behaving as ‘symptoms’ of unevidenced ‘mental disorders’. In this article, we summarise what appealed to us about the PTMF and we describe some of the work we have undertaken to highlight how the Framework can be applied to support understanding of the experiences of people with diagnoses of intellectual disability in ways that centre attention to the negative operations of power on peoples’ lives.*

### Easy read summary:

- The Power Threat Meaning Framework was written to help make sense of distress in terms of people’s experiences. It asks ‘what has happened to you?’, NOT ‘what is wrong with you?’
- The Power Threat Meaning Framework could be useful for people working with people with learning disabilities and autism
- We describe how we have adapted the Power Threat Meaning Framework for use in learning disability services.
- More resources need to be developed with people who use these services

**Keywords:** PTMF, Power Threat Meaning Framework, intellectual disability, social model, autism

### The Power Threat Meaning Framework

The Power Threat Meaning Framework (PTMF, Johnstone & Boyle, 2018) was funded and published by the Division of Clinical Psychology in 2018. Involving a project team of 40 people, a third of whom had lived experience of using mental health services, the publication of the PTMF was the culmination of a five year project undertaken to offer an alternative approach to understanding mental distress to that of the medical models of ICD and DSM which dominate western approaches. The functional psychiatric diagnoses deployed within the medical model have long been recognised as lacking reliability and validity (e.g. Division of Clinical Psychology, 2013; Timimi, 2014) and critiqued for pathologising distress through labelling feelings and behaviours as ‘symptoms’, detached from the lived experiences of those seeking support (Johnstone & Boyle, 2018).

Addressing a tendency within both psychology and psychiatry to neglect consideration of social context (Boyle, 2013), the PTMF centres on exploring power (see Johnstone & Boyle, 2018, chapter. 6 for one possible taxonomy of power) in rendering a range of manifestations of distress and troubling behaviour as intelligible. Whilst power can sometimes act positively, the PTMF is concerned with the ways power can present **threats** to an individual's abilities to secure core human needs, such as safety from physical harm, access to food and shelter, a sense of belonging and feeling valued, and proximity to attachment figures. A person responds to these threats with **threat-responses**, things that are done, consciously or otherwise, to survive, cope or reduce the threats posed to core needs. The PTMF suggests that even the most seemingly unusual experiences and actions of people can be viewed as understandable responses to threats. However, the relationship between the operation of power and how we respond is not a straightforward one, as the way we try and cope with threats (i.e. our 'threat-responses') will vary based upon a number of factors such as the social acceptability of particular responses, the power resources a person has available to them, and the **meaning** that comes to be attributed to the threats.

In contrast to the tendency to separate thoughts from feelings in western psychology, meaning in the PTMF is not limited to the domain of cognitions, as it is recognised that some meanings (e.g. shame) inevitably invoke physical and affective experiences (Cromby, 2020). This is of particular relevance to work with people with intellectual dis/abilities, who clearly encounter meanings in relation to their experiences in spite of sometimes lacking verbal abilities (c.f. concepts of internal working models in attachment theory, e.g. Skelly et al., 2017). Although individuals are seen as active agents in meaning-making, drawing on work of John Shotter and others, the PTMF recognises that the meaning we come to attribute to threats will be influenced by operations of ideological power and the dominant ways of making sense of experiences and 'types' of person within a given culture (Cromby, 2020; Johnstone & Boyle, 2018). It may also be affected by the resources available to that person to manage memories and associated meaning-making (Fyson & Cromby, 2009).

PTMF narratives are developed through consideration of the following four questions that tap into the interrelated elements of the PTMF described above, and also through consideration of strengths and access to power resources:

1. How has **power** operated in your life?/What has happened to you?
2. What kind of **threats** did this pose?/How did this affect you?
3. What is the **meaning** of these situations and experiences for you?/What sense did you make of it?
4. What kind of **threat responses** are you using?/What did you have to do to survive?
5. What access to power resources do you have?/What are your **strengths**?
6. How does this all fit together?/What is your **story**?

The Framework then offers seven provisional patterns, each with sub-patterns. These patterns have been abstracted from evidence to provide narrative summaries of common meaning-mediated ways of responding to particular operations of power. The patterns are not intended as a like-for-like replacement for psychiatric diagnoses, nor should they be regarded as 'things' people can 'have' or be labelled with. Rather they are regarded as

culturally-constituted ways of responding to adversity, as things people *do* to survive threats. The patterns should thus never be imposed upon people but are offered as resources for people to read and consider how their experiences fit and differ.

### **Our initial thoughts regarding the PTMF and people identified as intellectually dis/abled**

We came together as a group after expressing mutual interest in developing ideas within the PTMF so that they are more applicable to the needs of people diagnosed with intellectual dis/abilities. Many of the concepts within the PTMF have been common currency in the intellectual disability field for decades, particularly the significance of power/powerlessness. There are many examples of key papers and development through the years. Some examples:

- Wolfensberger's 1972 exposition on Normalisation described the way that people with intellectual disabilities are devalued and made powerless by the ways that society impacts on their lives.
- Joanna Ryan and Frank Thomas' 1980 book *The Politics of Mental Handicap* with scholarly content and touching personal narrative detailed how society systematically removed power from people with intellectual disability (Ryan & Thomas, 1980).
- Ann Craft's tireless work on sexuality made many aware for the first time about the sexual abuse of people with intellectual disability, which Craft contextualised as part of broader inequalities of power (Craft, 1993; Fyson, 2014).
- Various texts that have supported recognition of behaviours that others find challenging as forms of communication of unmet needs (e.g. Emmerson, 1995; Skelly, 2016).

Consequently, it has been our experience that professionals in intellectual disability seem to be more commonly orientated towards the effects of marginalisation and disempowerment than might be the case in 'mainstream' mental health services. So the concepts of powerlessness, the threats that people with ID feel and the meanings that they attach (consciously or otherwise) to their life experiences have long been used by psychologists to try to understand people's behaviours, needs and interactions. The PTMF, however, goes beyond the implicit understandings of power which many ID practitioners have used within their work and provides a coherent conceptual framework for making explicit, interrogating and addressing power imbalances and the threat responses they evoke. It seemed useful therefore to have a version of the PTMF which discusses its potential application in the lives of people with ID in greater depth.

We believe this matters because people with intellectual dis/abilities in England are still more likely to be diagnosed with mental health problems and disproportionately prescribed psychotropic drugs compared to other people (Heslop et al., 2021), and greater recognition of the oppressive circumstances people live in has not prevented the medicalisation of service users' distress. Further, whilst many professionals advocate for altering a person's support and living situation to improve wellbeing (e.g. Bell & Clegg, 2012; Haydon-Laurel & Nunkoosing, 2010), and interventions for behaviours that challenge are often understood as communications of unmet need (Skelly, 2016), it is still common for interventions to focus on altering the way an individual is thinking, feeling or behaving in response to their experiences rather than working to change the structures which create their distress. We regard the PTMF as having potential to support non-pathologising understandings of a range of responses enacted by people with intellectual disability, providing further impetus to address ableist

and oppressive circumstances impacting upon people rather than the emphasis being on altering individuals.

We also regarded the PTMF as potentially useful for bringing social model understandings of dis/ability (e.g. Goodley, 2001) to the fore in thinking about the experiences of people accessing ID services. Although the impact of poverty, bullying, abuse, inequality, othering and marginalisation are commonly recognised as central to sense-making of experiences that attract 'mental health' diagnoses, terms such as 'intellectual disability' and 'autism' are often still spoken about as if disability is located within the person. For example, the Division of Clinical Psychology's 2013 position statement on the need to shift away from use of functional psychiatric diagnoses was welcomed, but explicitly listed 'moderate to severe learning disabilities' as diagnoses that have established biological aetiologies. This neglects literature that has observed that there are no biomarkers for 'autism' (e.g. Timimi and McCabe, 2017) or 'intellectual disability', and that diagnostic criteria for both constructs are based on deficit understandings that vary across cultures and over time (Goodley, 2001). Even for those syndromes for which clear biomarkers have been identified, there is a tendency to medicalise and regard ways of being as being due to biology and 'phenotypes' in ways that risks neglecting the impacts of power on a person's life (e.g. Wright, 2011).

Much like advocates of the social model of dis/ability who distinguish 'impairment' (understood as embodied) from disablement (understood as the interaction of social structures with the body) (e.g. Chappell et al., 2001; Oliver & Barnes, 2012), the PTMF enables consideration of a range of forms of power with Embodied Power. Embodied Power relates to the embodied resources an individual has available to them that either support or inhibit a person in meeting their needs. Like the social model of dis/ability, Embodied Power is understood as an interaction of bodies with social structures, with different embodied traits being de/valued in different cultural contexts. For example, some people may happen to have facial features that are regarded as attractive or unattractive by a given culture. Similarly, various authors have recognised how the value placed on intellectual and social skills in contemporary neoliberal societies disables people whose embodied resources (sometimes coupled with inadequate access to appropriate education and support) are not well suited to such contexts (e.g. Timimi et al., 2010; Whitaker, 2013). We thus identified the PTMF as having potential to support recognition of a person's experience away from medicalised understandings of disability.

### **Developing PTMF resources for ID services**

The PTMF already contained a sub-pattern of the Identities provisional pattern that was entitled *Being identified/identifying as having an intellectual disability*' (Johnstone & Boyle, 2018, p.224). We regarded this as a useful pattern for highlighting the impact of internalised ableism and the marginalisation of people with intellectual dis/abilities, but agreed with the PTMF authors' recognition that this pattern would be most applicable to those who were more aware of their difficulties meeting socially constructed expectations. Inspired by the brief PTMF guided discussion that had been modified by members of the DCP Faculty of the Psychology of Older People (2018), we set out to produce a similar document for people supporting people with intellectual dis/abilities.

We had hoped to develop a guided discussion document to support narrative development alongside people with intellectual dis/abilities and attempted to secure funding for meaningful co-production. However, our initial attempts to secure funding were unsuccessful. We regard it of central importance to develop PTMF resources alongside people who use intellectual dis/ability services and we continue to explore options for funding this work. However, we agreed there would still be value in developing a draft document, aimed at staff working with people with intellectual dis/abilities, to support orientation to the ways in which a range of manifestations of distress and 'challenging behaviour' can be understood as threat responses to negative operations of power.

Over a series of online meetings, we considered:

- a) Length and complexity: The PTMF is a long document, even the overview version is 139 pages long (a briefer guided discussion document is also available on the website and summarises key aspects of the PTMF in 11 pages). It is a scholarly well researched document, but as such it is not easily accessible to many working in the field. We felt that if the PTMF for ID was to have any impact it needed to be shorter and written in more accessible language and perhaps presented through means other than written texts. Accessibility here refers to accessibility for all - not only professionals but also - and more importantly - people with intellectual disability, their families and supporters. This needed a co-production approach to developing accessible formats of the PTMF.
- b) Highlighting key issues in ID: we felt that an accessible version of PTMF should explain how the core concept of power, threat and meaning particularly affect individuals with an intellectual disability. Consideration was given to how social model understandings of disability map onto the PTMF, how sensory differences and hyperarousal could be related to Embodied Power, how some threat responses may serve the function of sensory regulation, and the various ways Ideological Power supports the marginalisation of people with intellectual dis/abilities
- c) The challenges of developing a tool that we hoped would support staff in using the Framework to inform their thinking about a person, whilst emphasising that PTMF narratives cannot be developed *for* a person (a PTMF narrative should only be developed alongside someone and only with their consent).

### **The Resource**

Through a number of drafts, we have produced a document which we feel goes some way towards our aims. It is less than 20 pages long and sets out each concept in everyday language. It is not a scholarly treatise but tries to communicate the ideas in a way that we hope will make sense to people working in the field.

Some examples:

When describing coercive power, it says:

*People with intellectual dis/abilities may be affected because:*

- *Abusers often target people who have less power to resist and who are less likely to be believed. Thus, people with intellectual dis/abilities are more likely to be victims of all forms of abuse (financial, sexual, physical & psychological).*
- *They are more likely to experience physical and/or medical restraint (e.g. through tranquilising medication); some people may be forced to go into seclusion.*
- *They may experience coercion to complete various tasks associated with day to day living or making the running of a care setting go more smoothly. This coercion may well be done with the person's best interests in mind and will be impacted by staff shortages.*

When explaining Threats to Relationships it says:

*Relationship threats can include:*

- rejection by loved ones or people you depend on (e.g. staff);
- being undermined or invalidated through criticism, hostility, humiliation, being told it is not your support time, or that someone cannot interact because they are taking a break/off shift;
- having other people's views or meanings imposed on you, even if you don't agree with them or are unable to understand the views or their impact;
- lack of love, care and protection;
- sexual, physical or emotional abuse; emotional, physical or material neglect;
- being subjected to a forced marriage;
- being trapped living with people you do not like, or people who are abusive/controlling.

The document then goes on to list various meanings a person might experience in relation to threats, before offering a description of threat responses, and a table of example threat responses grouped by possible functions they might serve for a person. We hope that the inclusion of a wide range of example threat responses will support movement away from unhelpful language relating to 'symptoms' of 'mental ill health' or 'challenging behaviour' towards recognition of a person's distress or behaviour as understandable responses to threats caused by power imbalances. For example, for a person who is self-injuring, staff might be invited to explore whether this threat response serves the function of either communicating distress caused by helplessness, gaining a sense of control in a situation they feel powerless in, and/or helps the person manage overwhelming emotions or regulates sensory overload. The document concludes with a case study that we hope will illustrate how a PTMF narrative can support non-pathologising understandings.

The draft PTMF ID will be posted on the PTMF website (<https://www.bps.org.uk/power-threat-meaning-framework/resources-training/documents>) and suggestions for changes and improvements would be welcome. An expanded draft version of the intellectual dis/ability Identities sub-pattern has also been developed and will be added to the PTMF website in due course. We are grateful to input from PTMF lead author Mary Boyle on both documents. We recognise the need to modify these resources based on feedback and through research, and that it is essential to produce a range of materials accessible to people with ID and we are currently exploring involvement of user groups to help produce these.

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