
Brief Report: A Counselling-Friendly Alternative to the DSM-5? A Review of *The Power Threat Meaning Framework*

Bref compte rendu : Une solution de rechange au DSM-5 qui est conviviale pour le counseling? Analyse de *The Power Threat Meaning Framework*

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ABSTRACT

The British Psychological Society's Clinical Division (2018) recently published *The Power Threat Meaning Framework*, an evidence-supported discussion document to promote consideration of alternatives to functional psychiatric diagnosis. I summarize the general content and approach of the framework as a meaning-focused alternative to the psychiatric classification system, the *Diagnostic and Statistical Manual of Mental Disorders – Fifth Edition* (American Psychiatric Association, 2013). I comment on the utility of the Power Threat Meaning Framework for the conversational practice of a nonmedicalized approach to counselling.

RÉSUMÉ

La Division clinique de la British Psychological Society (2018) publiait récemment *The Power Threat Meaning Framework*, un document de discussion fondé sur des faits probants visant à promouvoir la recherche de solutions de rechange au diagnostic psychiatrique fonctionnel. Je résume le contenu général et l'approche globale du cadre d'analyse comme étant un substitut possible axé sur la signification et susceptible de remplacer le système de classification psychiatrique, soit le *Manuel diagnostique et statistique des troubles mentaux – 5^e édition* (American Psychiatric Association, 2013). Je commente l'utilité du cadre d'analyse appelé *Power Threat Meaning Framework* pour la pratique conversationnelle fondée sur une approche non médicalisée du counseling.

Johnstone, L., and Boyle, M., with contributions by J. Cromby, J. Dillon, D. Harper, P. Kinderman, E. Longden, D. Pilgrim, & J. Read. (2018). *The Power Threat Meaning Framework: Towards the Identification of Patterns in Emotional Distress, Unusual Experiences and Troubled or Troubling Behaviours, as an Alternative to Functional Psychiatric Diagnosis*. Leicester, UK: British Psychological Society. ISBN-13: 978-185433-758-0. 414 pages.

The publication of the *Diagnostic and Statistical Manual of Mental Disorders – Fifth Edition* (DSM-5; American Psychiatric Association, 2013) updated a par-

ticular approach to assessing the concerns brought to mental health practitioners. Since the publication of a predecessor, the *DSM-III* (American Psychiatric Association, 1980), the field of mental health has experienced a biological revolution associated with diagnosis and treatment. In this new era, psychiatrists virtually replaced talk therapy with pharmacotherapy (Lakoff, 2005).

Editions of the DSM since *DSM-III* have increasingly informed the administration of and remuneration for the practices of many counsellors and psychotherapists (Cushman & Gilford, 2000). However, many counsellors and psychotherapists respond to clients as more than symptom-bearers; clients present material concerns, emotional hurts, social injustices, conflicted aspirations, and existential dilemmas (i.e., concerns left out of the *DSM-5*). Counsellors have experienced tensions associated with the influence of *DSM-III* to *DSM-5* on their practice (Strong, 2017), although sound alternatives to the DSM approach to diagnosis have been conspicuously absent from the professional literature. The Power Threat Meaning Framework (Johnstone & Boyle, 2018) is an important next step toward developing such an alternative.

CRITIQUES OF THE DSM APPROACH

Dating from Szasz's (1960) concerns about mental illness often being understandable in terms of problems in living, more recent critiques of *DSM-III* through *DSM-5* have been relentless but varied. Chief among these concerns is that salient meanings, contexts, and events are marginalized when talk therapy overfocuses on diagnosing and treating clients' symptoms. A literature has developed around perceptions of *DSM-5* as furthering an excessively medicalizing direction, including critiques from the *DSM-IV's* editor, Allen Francis (2013). Examples include how sadness is more often diagnosed as depression (Horowitz & Wakefield, 2007) while fears are often upgraded to anxiety (Horowitz & Wakefield, 2012). Concerns about the identity and cultural implications of diagnostic classifications have also been on the rise (Illouz, 2008). For talk therapists, *DSM-5* and evidence-based "treatments" can feel at odds with their approaches to practice. Regardless, *DSM-5* informs an administrative approach to rationing therapy that is often presented as being financially accountable (Esposito & Perez, 2014).

Many counsellors, therapists, and service user groups have proposed or requested alternatives to the DSM approach for some time (e.g., Raskin & Gayle, 2016). The NIMH turned to neuroscience while some family therapists proposed relational forms of diagnosis (e.g., Kaslow, 1997). The American Psychological Association's Society for Humanistic Psychology even hosted a Global Summit on Diagnostic Alternatives (Dx Summit, n.d.) the year after *DSM-5's* publication. Despite such efforts to establish alternatives, *DSM-5* continues to be the primary language of mental health and, by extension, counselling and psychotherapy. The British Psychological Society's (BPS) Division of Clinical Psychology recently published a significant new alternative that is the focus of the counselling and psychotherapy-oriented review that follows.

DEVELOPING THE PTM FRAMEWORK ALTERNATIVE

The Power Threat Meaning Framework (PTM) was developed by a subcommittee of senior psychologists (Lucy Johnstone, Mary Boyle, John Cromby, David Harper, Peter Kinderman, David Pilgrim, and John Read), and service user campaigners (Jacqui Dillon and Eleanor Longden), while drawing on considerable research support, consultations with service users/carers, and a critical reader group advising on diversity issues. Still free to download, the PTM has been accessible, with many supportive resources, on the BPS Clinical Psychology website since January of 2018 (<https://www.bps.org.uk/news-and-policy/introducing-power-threat-meaning-framework>).

At 414 pages (58 of them references), the primary PTM Framework document begins by critically acknowledging problems with the diagnostic direction charted by the *DSM-5* and the World Health Organization's International Classification approach to mental disorders. A second chapter proposes philosophical and conceptual principles for alternatives to the usual approaches to psychiatric diagnoses exemplified by the *DSM-5*. Subsequently, well-researched chapters build on these principles to examine how meaning and narrative, social context, and biology feature as inseparable dimensions of the PTM Framework. These principles and dimensions are synthesized in a chapter that explicates "evidence-based *patterns of embodied, meaning-based threat responses to the negative operation of power*" (Johnstone & Boyle, 2018, p. 191, italics in original). Foundational to the PTM Framework are sustained threats and harm cumulatively experienced through enduring power-based inequalities (socioeconomic/ideological), possibly exacerbated by problematic early relations and further adversities that can, in turn, compromise a person's biological functioning. Biological functioning—a person's symptoms—are understood within the meaningful patterned threats and harms to which a person responds and endures.

For the PTM authors, psychiatric diagnoses strip contextualized meanings from clients' lives, equating emotional distress with treatable illness and disease. Clients' stories and meanings are often subordinated in diagnostic conversations, sanctioned by what one client recently referred to as checkbox thinking (Hari, 2018). Missing from this medicalized view is a regard for people's efforts to make sense of and respond to the threats in their lives. The PTM Framework instead focuses on "understanding the behaviour and experience of persons within their social and relational environments rather than the (mal)functioning of bodies" (Johnstone & Boyle, 2018, p. 73, italics in the original).

Events, experienced as singular or ongoing, do not dictate meanings, though the language and meanings humans bring to them have capacities to divide the world in newly experienced and addressable ways (e.g., Badiou, 2007). Meaning is central to the PTM Framework, in ways familiar to pluralist counsellors (Cooper & McLeod, 2011) using existentialist, narrative, discursive, and social constructionist approaches. Instead of focusing on "objective" accounts, or personally constructed meanings, the PTM Framework regards meanings as inevi-

tably shared and shaped by social interactions, counselling interactions included. This extends to the cultural or institutional discourses in which we find and use such meanings, as well as in the stories that furnish personal and socially familiar meaning. In short, the meanings brought to counselling are not ours alone, nor are such meanings final or incapable of being revised. This is another dimension of where relations of power play a role, where discourses can dominate cultural conversations in ways that perpetuate social injustices, such as when particular cultural groups are excluded or stigmatized by people's adherence to such discourses.

PATTERNS AND A FOUNDATIONAL PATTERN OF PTM?

Important to the PTM Framework are patterns of distress or harm—how people make sense of and respond to them. Patterns suggest recurring threats and meanings that are identifiable, discussable, and addressable as such. In other health contexts, references are made to social determinants of health, but in PTM, such threats are reconceptualized as powerful patterns recurring as social, relational, and developmental factors shaping, but not determining, clients' lives. In this respect, the PTM authors non-pathologically recast clients' prior experiences and current circumstances, and responses to both, as distress or concerns presented in counselling.

A foundational PTM pattern is proposed, articulating how sequences of cumulative and synergistic risk factors are associated with relational vulnerabilities, social and institutional adversities, and biological threats that can culminate in regularities, or "patterns of meaning-based threat responses to power" (Johnstone & Boyle, 2018, p. 198). This foundational pattern derives from an interplay of different forms of power, core threats, and meanings and discourses—as mediated by biological processes that inform and shape clients' threat responses that can, in turn, influence the relevant interplaying factors.

Addressing *Power* implies pursuing lines of inquiry or assessment in counselling, including biological or embodied power, coercive power or power by force, legal power, economic and material power, social or cultural capital, interpersonal power, and ideological power. *Threats* relate to how clients perceive themselves as being affected by power and arise in the following domains: relational, emotional, social/community, economic/material, environmental, bodily, knowledge and meaning construction, identity, and value base (what matters to people). *Meanings* underpin the PTM Framework, and relate to the beliefs, feelings, and bodily reactions people develop in making sense of how the earlier forms of power are seen to threaten their well-being. *Threat responses* are the fourth component of PTM; they are patterned reactions to threats, the stuff some might see as symptoms, broadly speaking (e.g., flashbacks through overworking). Components of these four italicized parts of the foundational pattern are depicted as the "building blocks" for other "provisional general patterns" (Johnstone & Boyle, 2018, p. 213).

The PTM authors suggest that identifiable yet provisional general patterns help to identify meaningful complexities left out of *DSM-5* diagnoses. Bearing some resemblance to existing diagnoses, the key difference between identifying PTM patterns and diagnosing a *DSM-5* disorder rests with the functional nature of the general pattern. Thus, the PTM's focus on patterns in clients' lives relates to seeing their threat responses to any pattern as meaningful efforts to do the best they can. There is no effort in PTM to decontextualize such patterns to clients' symptoms associated with standardized medical diagnoses, like those of the *DSM-5*. Instead, the focus is on the situated ways patterns of distress are experienced, understood, and responded to by clients. Ideologies and social discourses are significant in contextualizing meanings attributed to such patterns, such as for precarious employment in a neoliberal economy (Standing, 2011).

Seven provisional general patterns are proposed to prompt reflection on the principle of “‘actively engaging threat reactions for protection and survival’ rather than ‘passively suffering biological deficits’” (Johnstone & Boyle, 2018, p. 217): (a) identities; (b) surviving rejection, entrapment, and invalidation; (c) surviving disrupted attachments and adversities as a child/young person; (d) surviving separation and identity confusion; (e) surviving defeat, entrapment, disconnection, and loss; (f) surviving social exclusion, shame, and coercive power; and (g) surviving single threats. In general terms, each of these provisional patterns is described in terms of power, threat, meaning, and threat responses.

Each provisional pattern's part is in turn supported with relevant clinical and sociological literature, in ways that could inform future research and clinical interactions. This was the most ambitious and speculative section of the PTM Framework manual. Considerable pondering by the PTM authors is evident regarding the appropriate, non-pathologizing language to use when referring to clients. The authors defer to their (i.e., the British Psychological Society's) Division of Clinical Psychology Guidelines to write of “emotional distress, mental distress, severe mental distress, extreme state psychological” (Johnstone & Boyle, 2018, p. 315) to avoid a “brain or blame” dichotomy that can seem challenging to navigate when discussing distress with clients.

MY REFLECTIONS

For meaning-focused counsellors in an increasingly medicalized era, the conversation that PTM prompts will likely be welcomed. The PTM Framework is a remarkably comprehensive effort to change the diagnostic conversation for professions such as psychology and counselling that can feel sidelined by medicalizing developments in mental health. It is a well-researched critique of contemporary psychiatric diagnoses on conceptual, scientific, and clinical grounds, while it also proposes a preliminary alternative grounded in meaning and social processes. Research that could help in establishing evidential support for the framework's patterns would clearly be of benefit, as would

further differentiation of these patterns by demographic factors such as age and culture.

As a resource book for counsellors seeking critiques of contemporary diagnostic practices, *The PTM Framework* offers a trove of useful information that can initiate promising lines of discussion with clients and colleagues. It needs to be translated into a resource for clinical purposes, but that is a job for the practitioner-scholars ahead. As a viable alternative ready to convince health care administrators to manage counselling on a different basis, it is a start down that path, although the PTM authors relate their recommendations (e.g., record-keeping) to this context and make preliminary recommendations for its uptake in the legal system and prevention-oriented services and education.

In short, *The PTM Framework* is to be welcomed as a resource from which many research and practice-related developments are still required. As a counsellor educator who left full-time practice, in part because of concerns associated with the diagnostic culture practice critiqued here (see Strong, 1993), I was encouraged by the rich conversations this important document could stir in helping counsellors engage in a more meaning-focused and socially just approach to practice.

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