

# THE DESIGN POTENTIAL OF THE POWER THREAT MEANING FRAMEWORK (PTMF)

## BACKGROUND AND CONTEXT

In June, Dr. Sarah Robinson from the School of Applied Psychology's People and Technology research group hosted a two day symposium on the design potential of a new clinical psychology framework called the **Power Threat Meaning Framework** (PTMF) (Johnstone & Boyle, 2018). The framework is based on a narrative model (Figure 1), which understands human distress as emerging in relation to social contexts. Rather than considering behaviours, thoughts and emotions as "symptoms" of disorder, the PTMF considers them as "intelligible responses to social and relational adversities and their cultural and ideological meanings" (Johnstone & Boyle, 2018, p. 10). The aim of the symposium was to bring together scholars and practitioners from Psychology, Human Computer Interaction (HCI) and Design to explore the design potential of the framework.

Figure 1. **POWER THREAT MEANING FRAMEWORK**

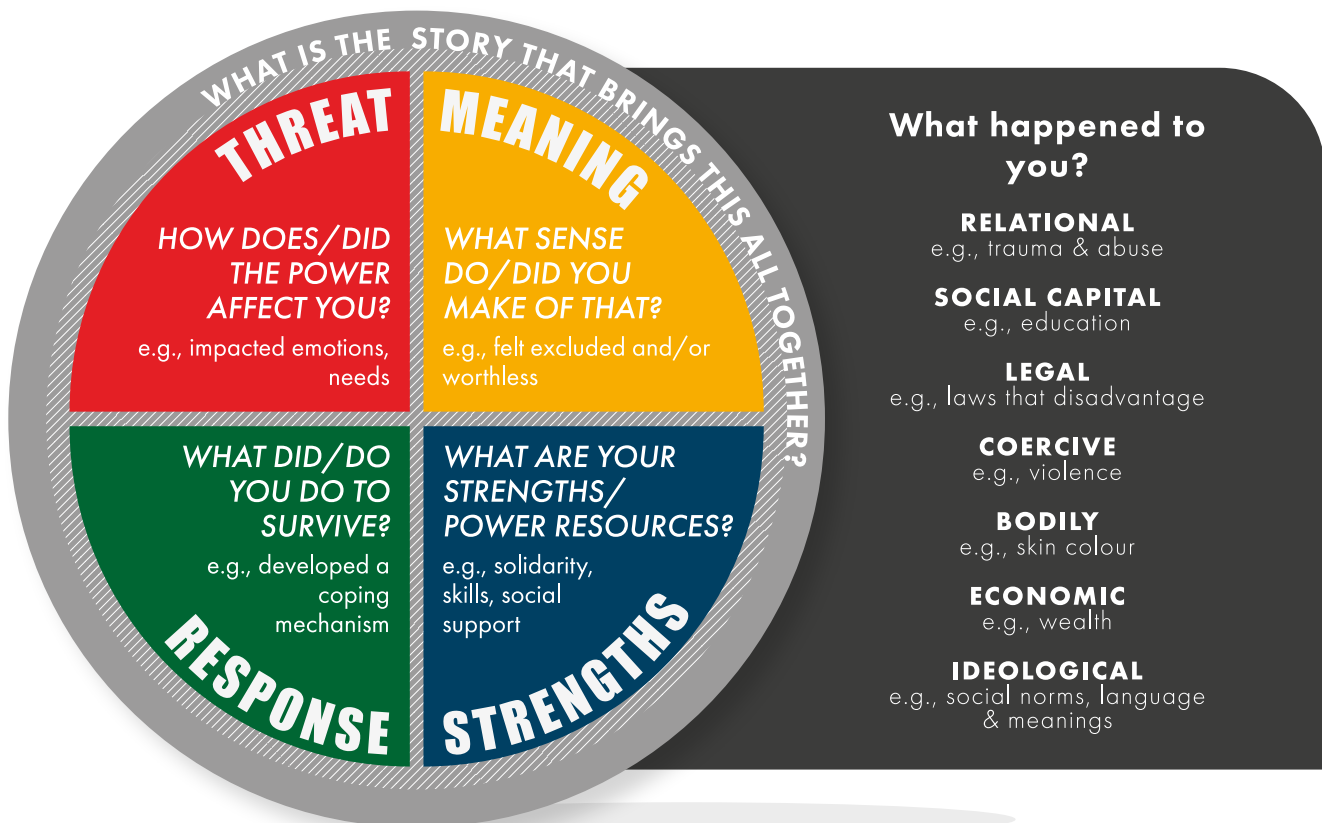


Table 1. **CORE QUESTIONS OF THE POWER THREAT MEANING FRAMEWORK**

- **WHAT 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 & 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?)

## Setting the Scene: What is the PTMF?

KEYNOTE LECTURE: by Dr. Lucy Johnstone, Clinical Lead on development of PTMF

Dr. Lucy Johnstone provided a keynote lecture on the PTMF and its core questions as depicted in **Table 1**. She explained the reason why power is so central to the framework is that 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 (Cooke, 2020; Johnstone & Boyle, 2018; Pickett & Wilkinson, 2010). The PTMF highlights the role of ideological power, that is power over meanings, language and perspectives, which is probably the least obvious and least acknowledged form of power, commonly expressed through social standards and norms (Johnstone & Boyle, 2018). Norms are clearly implicated in understandings of “*mental health*” where individuals feel they are failing to live up to expected standards often end up feeling bad about themselves. Even the most advantaged young person, with a loving family and a good future, may experience distress through taking on ideologically based messages. The Framework understands that power can create patterns of threats as evident in **Figure 2**.

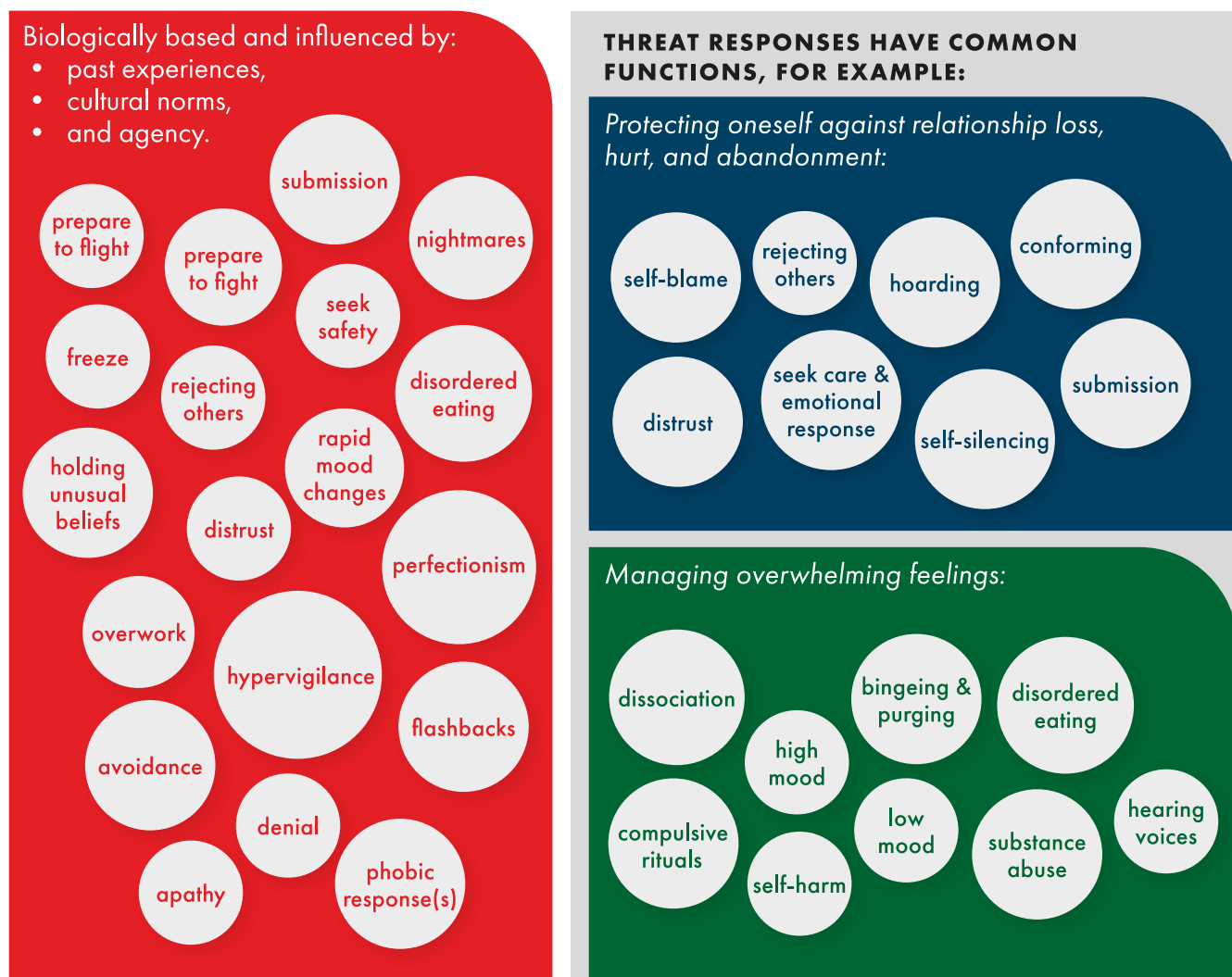
Figure 2. PATTERNS OF THREATS UNDERSTOOD BY THE PTMF



The PTMF also asks: What sense did you make of it? Lucy explained that the PTMF considers the meaning made about context/threats and responses to them is both made and found, in that meaning is enabled and constrained by common understandings of what it means to be ‘mentally ill’, ‘successful’, a ‘good mother’, a ‘happy family’, a ‘normal child’, a ‘refugee’, and so on. Meaning-making is also influenced by the variety of ideological meanings in our society, that are deeply embedded assumptions about the world that serve certain interests. For example, it has been argued that our current economic system supports values of consumerism, competition, and individualism, rather than co-operation and concern for the well-being of the whole group, and this in turn impacts our levels of distress (Johnstone & Boyle, 2018).

Lucy explained that we have evolved to be able to respond to threats, by reducing or avoiding them, adapting to them, and trying to keep safe. Threat responses are biologically based, but are also influenced by our past experiences, by cultural norms, and by what we can do in any given circumstances. In mental health services they are often seen as ‘symptoms’ rather than, as the PTMF sees it, threat responses/survival strategies (some common examples are depicted in **Figure 3**).

Figure 3. COMMON THREAT RESPONSES OR SURVIVAL STRATEGIES



Lucy stressed that the PTMF makes visible the link between threat(s) and threat responses. It considers that when we give someone a psychiatric diagnosis without a full exploration of social context, we obscure the links between threats and threat responses and instead, say we are 'treating' an 'illness' (Johnstone & Boyle, 2018). She explained that the PTMF shows how we can restore the links between personal distress and social contexts. 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 we recognise that young people under pressure from target-driven education and social media messages are likely to feel worried and insecure ('anxiety disorders.'). However, a diagnosis can conceal these links, from the person but also from society.

**...that the PTMF shows how we can restore the links between personal distress and social contexts.**

## SESSION TWO: Clinical Experiences of the PTMF by Dr. Emma Hickey, Dr. Cian Aherne, and Laura Douglas, Jigsaw, Limerick

Dr. Emma Hickey, Dr. Cian Aherne and Laura Douglas provided clinical insights from applying the PTMF in therapeutic practice with young people in their work with Jigsaw, the National Youth Mental Health Charity. They translated the PTMF concepts into accessible language for young people, in particular working to make complex ideas like ideological power easy to understand, as evident in **Figure 4**. They also developed [worksheets](#) to explore young people's narratives which they use with young people in clinical practice. These were developed in conjunction with their Youth Advisory Panel in the spirit of collaboration.

The PTMF is also used in individual, group and discipline specific supervision as well as in cross referral letters to other services, and the links between the young person's emotions, behaviours and thoughts and their social contexts are made explicit. Jigsaw holds the PTMF language in mind in all interactions.

The PTMF is also a form of formulation, a narrative based approach that is not new to Psychology, but is not always applied in practice. Laura presented research on formulation which you can see in **Figure 5**.

### *Clinical considerations for design:*

- Therapeutic relationships are central, how might these translate to the online world?
- The PTMF questions do not need to be used in the order they appear, questions like "What happened to you?" can be confronting and are only used after therapeutic alliance is established.
- How might the Jigsaw worksheets support online spaces of reflection?

Figure 4: **IDEOLOGICAL POWER** (Adapted from Jigsaw, 2022)

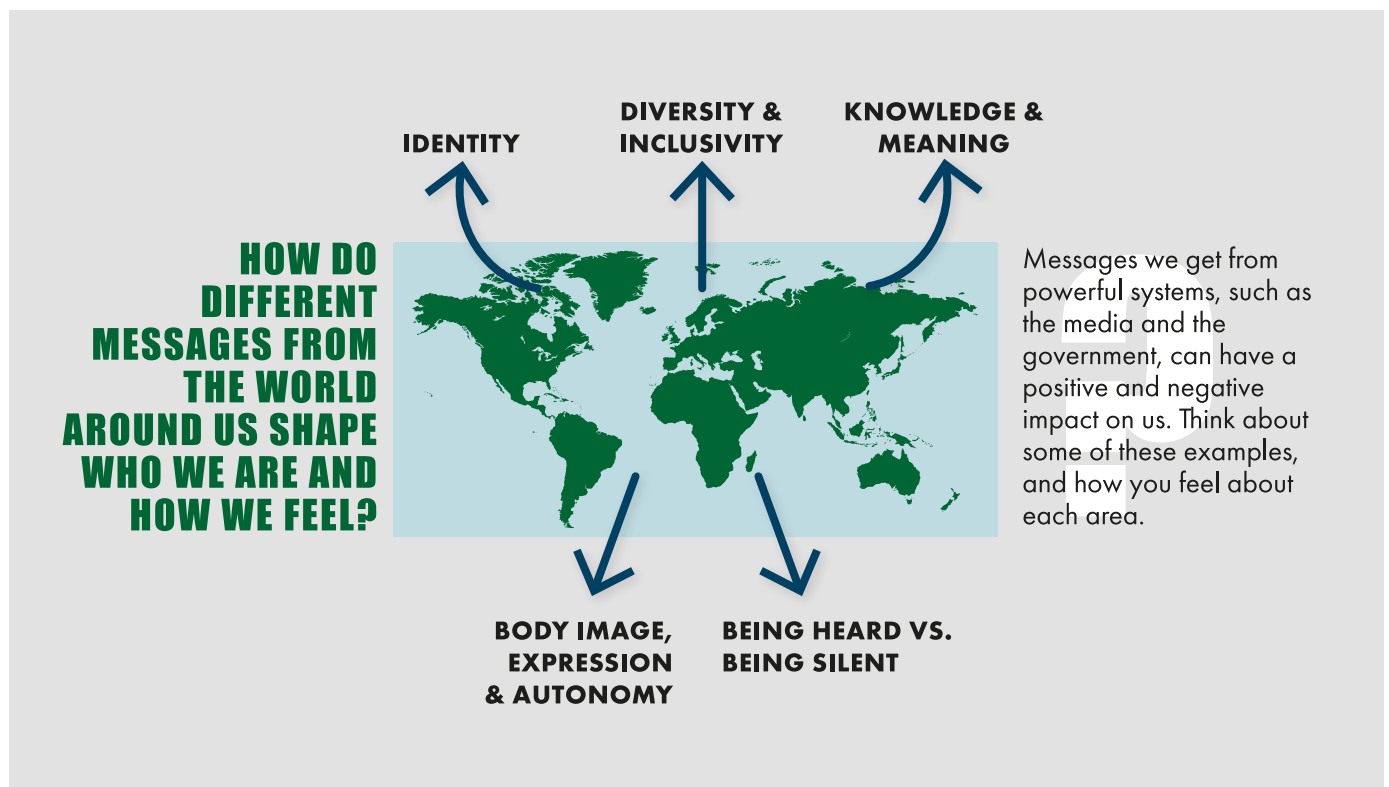
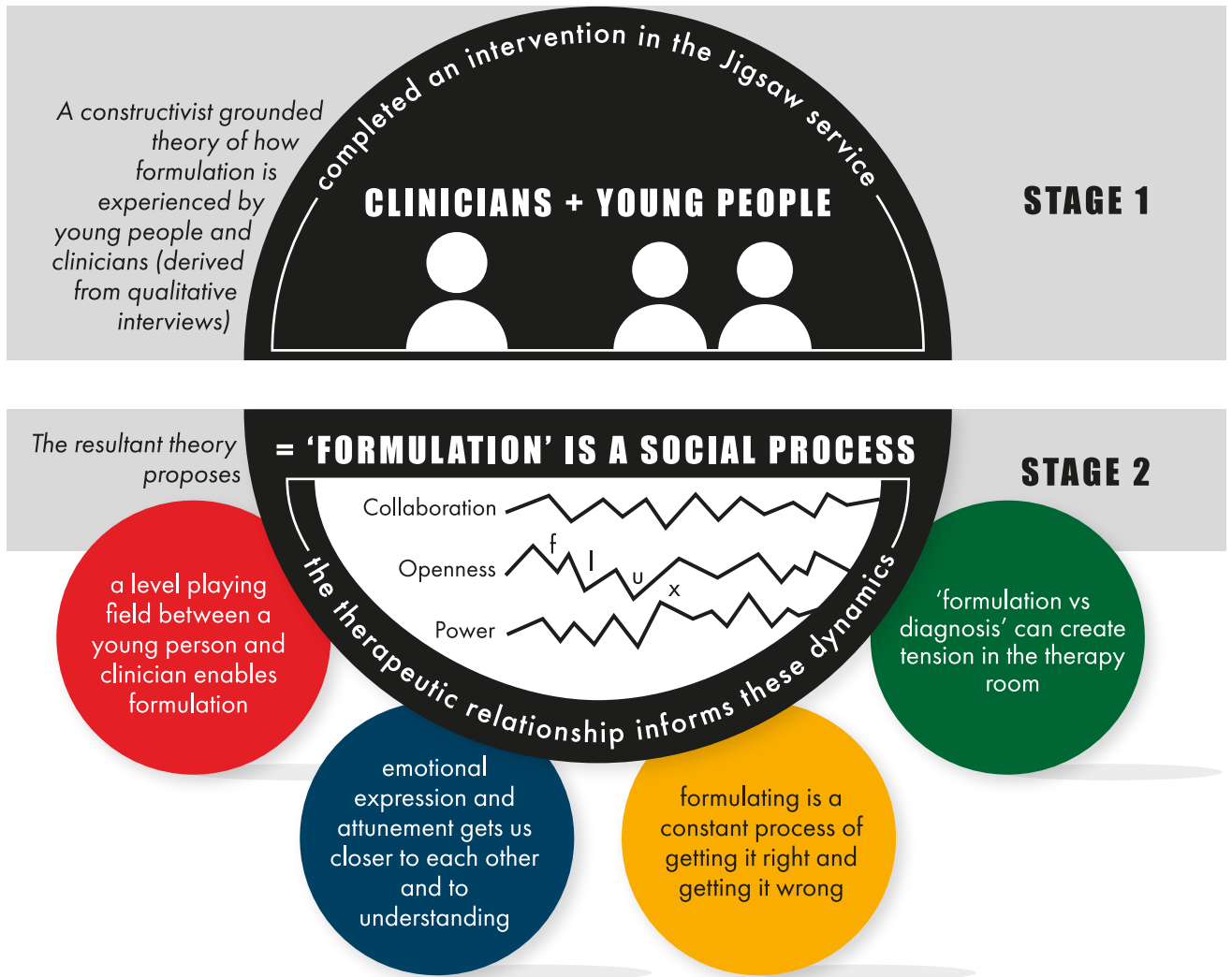




Figure 5: EXPERIENCES OF FORMULATION (Adapted from Douglas, 2022)



### Youth Perspectives by Michael Mackey, Jigsaw's Youth Advisory Panel

Michael Mackey, Jigsaw's Youth Advisory Council presented secondary research findings from Ofcom in the UK, which indicated that the online space is now an integral part of young people's lives. The research found that they prefer highly visual online media platforms such as YouTube, TikTok and to a lesser extent Instagram to text based platforms. 33% of respondents to Ofcom's (2022) survey reported trusting influencers and 61% were sometimes unable to correctly identify sponsored content posted by an influencer, indicating a struggle to distinguish between types of information provided, highlighting an issue for further HCI exploration.

### SESSION THREE: Insights from Education Policy and Practice from Dr. Róisín O'Donovan and Dr. Trudy Meehan, RCSI Centre for Positive Psychology

Dr. Róisín O'Donovan and Dr. Trudy Meehan, from the RCSI Centre for Positive Psychology presented a paper on the impact of current educational policy to support wellbeing in schools on students autonomy and responsibility. The paper applied discourse analysis to government policies and practical documents to support wellbeing in primary and post-primary schools. They found that students are positioned as autonomous with responsibility to manage their own mental health. The focus is on helping student help themselves and there is an individualisation of a collective problem facing students. They ask does this take away responsibility from the wider systems to support students health and wellbeing?

They find that mental health is decontextualised within the documents, there is a failure to link up threat responses (e.g. a panic attack) to (unspoken) threats. Trudy and Róisín suggest that the documents encourage self-surveillance and this masks the role of social context in how young people act, think and feel. They suggest that the Department of Health could prioritise 'the social' in the social determinants of health (Holt-Lunstad, 2022) so that young people can name their distress, by becoming aware of the power horizon and make meaning of their behaviours in non-pathologizing ways.

### SESSION FOUR: Power Resources: Insights from exploring Black and Irish groups experiences with the PTMF by Abigale Owens, Melissa Ndakengerwa and Femi Bankole

Abigale Owens from UCC's MA in Applied Psychology, presented collaborative work called a cooperative inquiry, as part of her MA in Applied Psychology with the Black and Irish Group. The Black and Irish Group aim is "to highlight and celebrate the identity of black and mixed-race Irish people. We aim to spread awareness around the world of the experiences, struggles, and successes from within our community to engage with the wider Irish society. To come together, celebrate our black and mixed-race Irish identity, and to spread awareness by telling our stories." (The Black and Irish Group, n.d.) Through this work the group are exploring the experience of emerging adulthood (18-29) for Black and Irish adults using the PTMF. Abigale presented preliminary findings which indicated intergenerational differences between cultural norms can influence emerging adults development, in some ways leading them to strive to have the opportunities their parents could not have. Abigale is currently exploring ideological and legal power and how that might influence emerging adults for this cohort.

Melissa Ndakengerwa, from the Black and Irish group briefly spoke about power resources that the Black and Irish online community provided her. It is a safe space where members of the Black and Irish community can share their stories, experiences and hope for the future of Ireland. The Black and Irish Group webpage, provided Melissa, with a community of people who shared her experiences of and feelings about growing up Black in Ireland. Whilst growing up, she explained she emphasised her Irishness, and was not connected to the wider black community in Ireland. Connecting through this power resource has provided her safety to explore her Black and Irish identity with other young adults. Femi Bankole, from the Black and Irish group spoke about the inception of the Black & Irish Platform. He detailed how they used the death of George Floyd and the Black Lives Matter civil rights movement of 2020 as a lightning rod to highlight the Irish experience of being a person of colour. The Black and Irish Group is an example of what the PTMF would consider a power resource for young people in Ireland today.

**Connecting through this power resource has provided her safety to explore her Black and Irish identity with other young adults.**

## Applying PTMF as an analytic lens to online mental health data by Siobhán Duffy

Siobhán Duffy from the MA in Applied Psychology, presented preliminary findings of a deductive thematic analysis using the PTMF to explore the experiences of young adults who posted to an online platform hosted by Reach Out. Siobhán's initial findings indicate the prevalence of diagnostic culture (Brinkmann, 2016) with many young adults writing to the forum in order to find out whether or not they have depression. There is little linking up of threat responses to threats. Siobhán is currently exploring the link between this and ideological power using the PTMF and is considering the implications of diagnostic culture for design, and what alternative frameworks like the PTMF might provide.

## Voices of experience: considerations for development of a PTMF App by Anand Pattni

Anand Pattni, a lived experience practitioner presented his ideas about developing the PTMF into an app. Anand suggested that the PTMF could become the basis for an app to support people make sense of their experiences of distress. He suggested that app functionality could support how people might naturally use the PTMF. He suggested that multiple PTMF adaptations could be stored on your device and explored without internet access, and that people could create a thread or sub-plot. He also suggested that this could be used in between therapy sessions, rather than in isolation, and that it could support people to forge a narrative of their distress, and a way forward.



## Considering online help-seeking through the PTMF by Dr. Claudette Pretorius

Dr. Claudette Pretorius gave a presentation on her PHD work related to help-seeking behaviours of young people online (Pretorius, 2021; Pretorius et al., 2019, 2020; Pretorius & Coyle, 2021, 2022). She defined help-seeking as an adaptive coping process with the goal of addressing a mental health difficulty by reaching out or seeking external assistance (Rickwood et al., 2005). A positive help-seeking experience encourages future help-seeking and contributes to improved health outcomes. The accessibility of the internet is the greatest facilitator of help-seeking and mental health literacy. Due to the decentralised and unregulated nature of the internet, keyword searches do not always result in appropriate resources being located, which can often hamper or impede mental health literacy. So the internet can act as a facilitator and as a barrier of mental health as documented in Table 2.

Table 2: FACILITATORS AND BARRIERS TO YOUNG PEOPLE'S HELP-SEEKING ONLINE

FACILITATOR	BARRIER
<ul style="list-style-type: none"> <li>• Anonymity and privacy</li> <li>• Ease of access and immediacy</li> <li>• Connecting with others with similar experiences</li> <li>• Meets the needs of those with a preference for self-reliance</li> <li>• Acts as a gateway to further help-seeking</li> <li>• Increased perceived control over help-seeking journey</li> </ul>	<ul style="list-style-type: none"> <li>• Poor mental health literacy</li> <li>• Uncertainty about trustworthiness of resources</li> <li>• Concerns about privacy and confidentiality</li> <li>• Lack of personalised content</li> <li>• Lack of suggestions for actions that can be done in the moment to relieve distress</li> <li>• Unavailability of formal support 24/7 – emergency responses</li> </ul>

Most young people start with a Google search. Google search terms can be grouped into three categories:



In terms of the PTMF we might think of these as Threats, Threat responses and Power Influences and resources. Some of the young people in Claudette's research did make links between threats and threat responses. For example, some young people seeking help listed reasons for their distress as: ***"Living in rented accommodation- cost, relations with house mates"*** and ***"Developing a sense of identity, trying to be the best."***

Young people also described the online help-seeking experience as over-medicalised and not meeting them where they're at, which in PTMF terms would be an example of how technology could reify ideological power. For example, young people stated:

***"They just know there's something up and then they go on and they're looking, depression, depression. you're like, okay, maybe I'm ill. You're not, you're just feeling a bit down or something. That kind of way,"*** and ***"Here, it's saying for her to go to her GP, but she may not necessarily feel that it's bad enough to go to her GP yet. Yes, like talking about medication and behavioural therapy."***

The process of help-seeking for young people is iterative and more intrapersonal. For example, ***"Yes, open up like 20 tabs and be quick to be like, no, this isn't it, this isn't it, just keep exiting out of tabs"*** and ***"Google, I like the fact that I could go question after question. If I had a question from a previous article, I could resolve it immediately"***.

'Mental health literacy' was also observed as a barrier. For example, young people said: ***"But she probably doesn't have a full understanding of what she has, I think like when she's searching, she's guessing."*** and ***"..you were typing into the search bar about feeling pressured and it would bring back high blood pressure and whatever else, things that aren't really related, which was frustrating."***

There is a sense that there is 'more' help available online than offline, and young people feel that they are more likely to find spaces that were non-judgmental and non-stigmatising. For example, ***"It's mostly just the speed of it that helps me out. In my case I can find so much info on social anxiety with just one click rather than driving 30 minutes from my college to speak to the college counsellor."***

However, there was also uncertainty of the credibility of the resources accessed online. For example, ***"Something to reassure me that the content I am viewing is reliable and trustworthy and having a person to discuss issues with."*** And, ***"If it's consistent with other online resources. If 3 or 4 sites say the same thing, they I begin to trust it."***

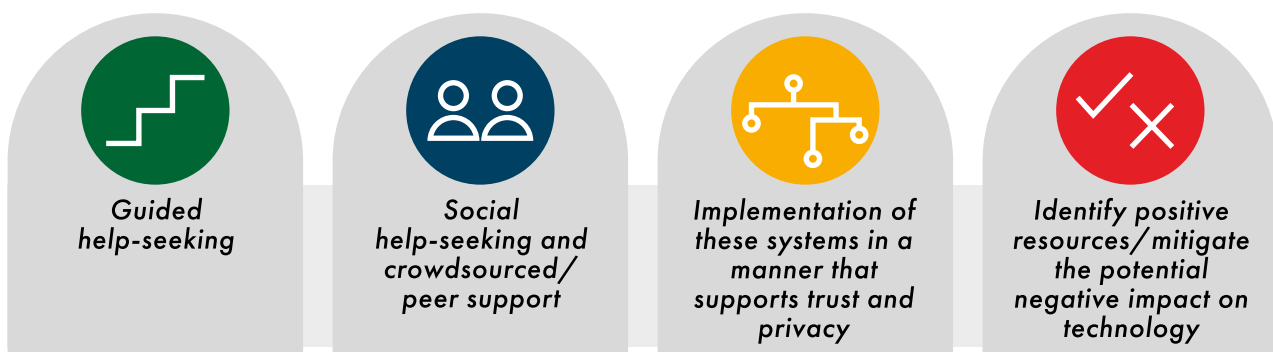
There is also the need for resources outside of usual business hours, majority of young people seek help after 11pm. For example:

***"I find this especially true at night time, and this is the time when all of the usual go-to help are not available"*** and ***"The only thing about a live chat, if it's 24/7, it would have to be like, you can feel bad at any time in the day like, you know what I mean? Maybe like you could have an emergency contact thing, where it's like, if you go on at two in the morning, like someone, like you could go on a call or something."***

Figure 6: DESIGN GUIDELINES BASED ON RESEARCH by Pretorius, McCashin and Coyle (2022)

DESIGN GUIDELINE	DESCRIPTION
Supporting varied needs for connectedness	Connectedness can be achieved through a range of both asynchronous and synchronous means.
Supporting the need for credible and accessible information	Strive to make content more accessible and take specific steps to demonstrate credibility.
Supporting personalisation but also autonomy	Provide meaningful and relevant resource choices which facilitates help-seeker's autonomy.
Supporting immediacy but also long-term support options	In addition to activities that relieve distress in the moment, information and content need to be presented in a manner that is easy to locate and understand.
Supporting both exploratory and focuses help-seeking	Content and activities that provide options to care for mental health on an ongoing basis.
Supporting both exploratory and focuses help-seeking	At different stages help-seekers may apply exploratory or focused search approaches. It is important to support both approaches.
Supporting both symptom- and need-based search	Help-seekers search should be guided based on both their symptoms and resource needs.
Supporting different levels of insight and mental health difficulty	Help-seeking technologies need to cater for varying levels of mental health literacy, but also for those experiencing poor mental health and not mental illness alone.

### How does this align with the PTMF?



The design guidelines in **Figure 6** are intended to maximise access to power resources (strengths) but also to act as resources in the sense making process. Things such as guided help-seeking can help young people become more aware of the power influences in their lives and their responses to them. This can happen in peer support spaces. This sense-making process undertaken online will be more salient the more trust and privacy is worked into online systems. We also need to identify positive resources online like the Black and Irish Group but also mitigate against negative impacts e.g. reifying values or norms that impact mental health.



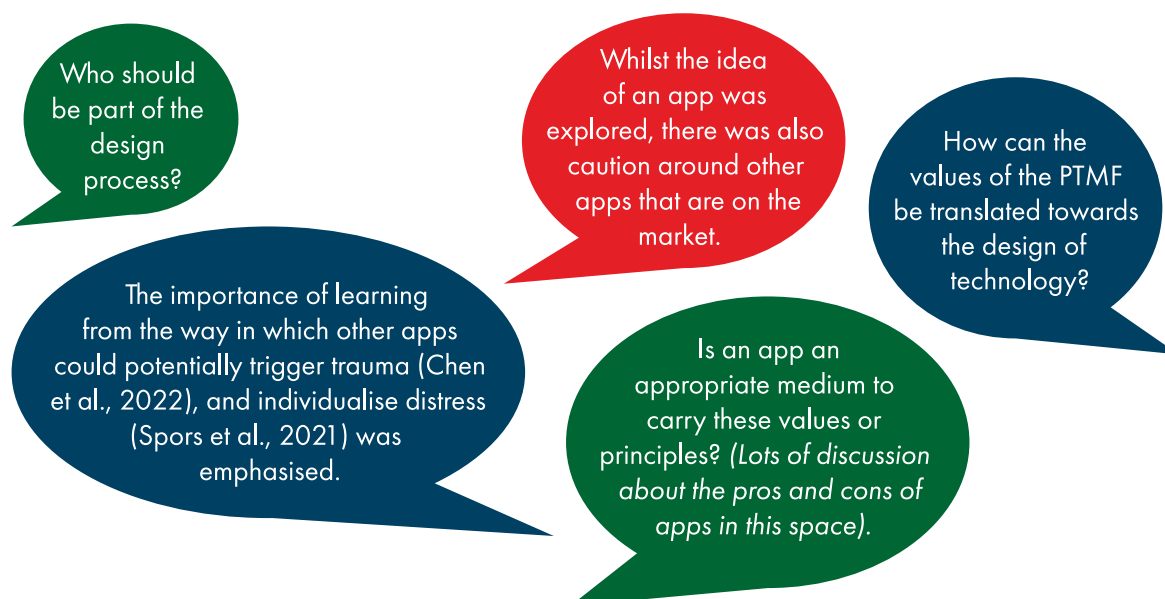
## Physical Health, Technology and PTMF by Dr. Kathleen Ryan

Dr Kathleen Ryan spoke about her role as a Behavioural Scientist working on behalf of a Dublin-based technology company, S3 Connected Health, who work with their clients to build, deploy and operate robust, scalable solutions (devices and services) that improve the way healthcare is delivered and provide better health outcomes.

Kathleen highlighted how mental and physical health is inextricably linked, and emotional and social support for people navigating complex health conditions is a huge consideration in the design process for S3 Connected Health. Kathleen provided an overview of the company's person-centred technology design process, and walked through case studies in how specific considerations for mental health were accommodated, drawing parallels with applications of the PTMF.

## SESSION SIX: Human Computer Interaction Panel facilitated by Dr. Conor Linehan

Dr. Sarah Foley, UCC; Dr. Kellie Morrissey, UL, Dr. Nadia Pantidi, University of Wellington, NZ; Dr. David Coyle, UCD, Dr. Claudette Pretorius, UCD and Dr. Kathleen Ryan, discussed their perspectives from the da. Some of the take away points or reflections are:



1.
  - a. What would the application of the PTMF in existing online support spaces look like e.g., the Black and Irish Group's existing platforms? How might meaningful elements be presented?
  - b. Whilst CBT has already been adapted for the online world, where would the PTMF fit in relation to that work? What can be learned from it? What's different?
  - c. Decolonising HCI and technology design could be a useful prism for engagement with the PTMF.
  - d. Tension between tech-solutionism and needs of users.
  - e. There is a challenge of getting the language right in technology, and acknowledgement of the dominance of the medical model in computer science and design.

2. Moving the PTMF online or using it to develop technology, should not and cannot replace the therapeutic relationship. Instead, technology could potentially support the therapeutic relationship e.g., using the PTMF between sessions as a way to capture meaning, support narrative building etc. It could also be used with technology during a therapy session to support shared understandings and narrative building.
3. PTMF resources developed by Jigsaw could be useful in a range of other contexts and settings e.g. health psychologists could use them with patients experiencing physical health diagnosis to explore patient journey mapping, a form of visual mapping of a patients interactions with services used for software design and development. The questions of the PTMF could be useful in ideation stages for design of health technologies.
4. PTMF makes structural inequalities visible and sayable and is important particularly in situations where poverty is widespread. However, it is also a privilege to understand the language of the PTMF and there is some work still to be done on making its language accessible and also, part of the everyday vernacular when discussing distress. Given the dominance of medical model in computer science, there is also work to be done in creating alternatives narratives of distress in computer science.
5. Young people are engaging through visual mediums online such as TikTok, YouTube and Instagram rather than discursive platforms like Twitter. There could be something important in development of visual social representations of the ideas in the PTMF to support young people make sense of emotional distress in ways that are non-pathologizing.
6. Online spaces that support community, help-seeking and connection such as the Black and Irish Group's online spaces were valued and community, help-seeking and connection were central themes of the symposium. For example, Melissa mentioned that she wasn't able to connect with the wider black community in Ireland as she did not meet many black and Irish young people. Technology enabled her to connect with other Black and Irish young people.
7. Formulation is not new in Psychology, but the PTMF provides a boundary object to support the process and understanding of formulation. It's important to infiltrate the vernacular of psychology and illustrate psychology's rich history of formulation.
8. Other ways in which the PTMF could be used were also suggested. For example, Influencers frequently have journals that they sell through their platforms and followers use, it was suggested that workbooks using the PTMF could be a good non digital solution that could be used to support young people and increase the vernacular of the PTMF. In addition, there is potential to consider voice messages, integration of PTMF with Internet of Things and also simpler tech uses such as digital newsletters.

***It could also be used with technology during a therapy session to support shared understandings and narrative building.***

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