The BLACK BOX of the Therapeutic Community (TC) for addiction clarified by means of mentalisation theory:

A participant observation study

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BACKGROUND

Drugfree TC’s are long-term self-help community programs that aim at an identity change and a changed life style (De Leon, 2000). Therefore, residents live and work 24 hours a day in a structured and homelike setting.

TC’s have been developed in the late 1950s outside the medical and mental health care, in response to unmet needs. For decades, the method has been transferred by oral tradition. TC’s have proven to be effective and are spread all over the world (www.eftc-europe.com, www.wftc.org).

METHOD

PARTICIPANT OBSERVATION
To observe and experience the treatment process, the first author fully immersed herself in the Belgian TC Trempoline. She lived amongst the peergroup day and night, for 3 weeks (www.trempoline.be). The data-set contains notes on personal experiences, feelings and thoughts, notes on observed interactions and personal and residents’ writings (an integral part of the program).

Full participation strongly affected research possibilities; record equipment was taken away and the exigent day’s schedule left few moments to take notes. Paradoxically, such frustrating experiences proved to be an integral part of the treatment process.

THEMATIC ANALYSIS (TA)

The data has been analyzed with TA (Braun & Clarke, 2006), a technique that emphasizes the active role of the researcher to identify themes with the help of a theory. Mentalisation theory has helped us to organize and our data in a comprehensible model.

Mentalisation theory
mentalisation refers to the necessary transformation of bodily arousal (a physical quantity) into words and representations (a psychic quality) that point to a mastery of drive energy by means of intrapsychic work (Lecours & Bouchard, 1997) in clinical pictures such as borderline, addiction, auto-mutilation, eating disorders… a non-mentalised, immediate way of dealing with arousal prevails: people attack their own body (drugs, overeating/starvation, self-harm, …) or act out the unbearable tension (agression, violation, …).

We organized 5 central themes in a model that grasps the residents’ therapeutic process towards a more mentalised way of dealing with arousal, discomfort and conflicts (themes 1, 3, 5). That process evolves thanks to the TC’s twofold function:

First, the TC succeeds to trigger residents’ drowned emotional life and retain them inside the house, because it is at the same time a frustrating and a holding environment (theme 2).

Second, residents learn to apply the ‘TC Tools of the House’, which are symbolization-tools such as writing Emotion Notes, working in the Encounter Group, talking about oneself in the morning and evening reunions and so on (theme 4) to start verbalizing, symbolizing and thus mentalizing emotional experiences instead of acting them out.

RESULTS

1. “Addicts don’t feel”

2. The TC triggers emotional experiences

3. The drowned emotional life awakens

4. TC Tools to symbolize

5. The developing mentalisation process

DISCUSSION AND CONCLUSION

Living inside the TC has been of outmost importance to experience that the therapeutic process starts with the revival of your emotional experiences in a safe and caring environment. The process evolves because residents learn to apply symbolization-tools to manage their discomfort and conflicts, to put their bodily experiences into words. We conclude that a TC tackles the disruptive affect-regulation in people suffering from addiction by triggering and developing their mentalisation process. This puts a different light on the Black Box of the TC.

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