



**'I KNOW YOU THINK I THINK – THEREFORE I AM'.
MENTALISATION BASED THERAPEUTIC COMMUNITY: A
DESCRIPTION**

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Abstract

Purpose: The Mentalisation Based Therapeutic Community (MBTC) is a group experience which promotes the acquisition of the capacity to mentalise. Members gain greater emotional stability and psychological robustness.

Design/Methodology/Approach: MBTC works with three theoretical principles: the intrapsychic, interpersonal and social. It is a slow open group where each member completes a 10 week course. The approach is deliberately non-interpretive with an emphasis on personal responsibility and accountability in order to promote clarity of mind.

Findings: Our experience is that the model engages group members with few drop outs.

Originality/value: The combination of mentalising and the use of therapeutic community principles within MBTC has enhanced outcomes for group members

Key words: mentalisation, therapeutic community, personality disorder, attachment, epistemic trust, ego identity

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INTRODUCTION AND CONTEXT

The Oxfordshire Complex Needs Service provides a comprehensive therapy and recovery service for those with personality disorder and a variety of complex problems that accompany the spectrum of the disorders. The therapeutic work is based around an eighteen month intensive psychotherapeutic experience in a democratic therapeutic community. Entrance to and preparation for the work in the therapeutic community takes place in an 'Options Group' where group members meet weekly to socialise into the group process and begin to consider the issues they need to address.

Mentalisation Based Therapy is designed to help transform a feeling state into a cognitive thought enabling the individual to think about emotional experience. In so doing, behaviour and relational patterns can alter. The Therapeutic Community (TC) model of treatment enables the individual to make conscious what is emotionally and cognitively unavailable and through that process, can transform individual behaviour and relational patterns. For some, participating in the TC model through the experience and structure of the Options Group allows them to grasp the nature of their issues and disturbance, and to move forward into more exploratory psychological work in the formal Therapeutic Community. For others, this challenge proves too difficult. For those who experience greater difficulty with engagement, this article will explore why this may be so and describe the steps we have put in place within our service to help them forward onto a clearer pathway of engagement – with themselves and in relationship with others – through the establishment of the Mentalisation Based Therapeutic Community (MBTC).

For the purposes of this paper we will discuss the intrapsychic, interpersonal and social theoretical components and explore these through a vignette describing 'John'.

John is 47. He is living on his own with his dogs. He has no friends and he keeps his dogs for protection. He carries a knife when he goes out and he is terrified of getting attacked. He comes from a violently abusive family with a drinking father, emotionally detached mother and two brothers who sexually and physically abused him. He joined the army to get away from the family and was medically discharged ten years ago after getting overwhelmed by events during active service. He has little in his life since that time and spends many hours isolated at home.

THEORETICAL CONSIDERATIONS

There are many theories of the development of personality and personality disorder. Major viewpoints include the psychodynamic or intrapsychic, the interpersonal or inter relational, neurological, behavioural and cognitive. Importantly, cultural and social considerations need consideration.

INTRAPSYCHIC STATES

Functional personality formation is characterised by a cohesive and integrated sense of self which psychoanalysts term 'ego identity'. This describes the idea that we know who we are, what we want and helps us establish our core values. We have an idea of how we might be different from others and also the ways in which we might be similar. Ego identity is therefore essential for self-esteem, a foundation for intimacy, genuineness, empathy and the ability to make clear relational sense of the world. Those with a well-integrated ego identity can retain a strength of ego in the face of pressures from internal drives, feelings, relationships with others and external

social and cultural forces. In addition, functional personality structure demonstrates a mature and integrated internalisation of social or moral values, known in psychoanalytic terms as the superego. Some dysfunctional personality structures, particularly the narcissistic and anti-social disorders, exhibit a lack of development of core social values (for example the rule of law), whereas others demonstrate an immature and all condemning 'superego' function, reflecting the internalization of harsh parental discipline and abuse.

The ego integration and superego capacities of functional personality structure enable the management of basic instinctual emotional drives – anxiety, aggression, and sexuality. Melanie Klein (1946) introduced the concept of projective identification and the 'paranoid – schizoid position' to describe the constellation of anxieties and defences characteristic in early infancy at the most primitive layers of the mind. 'Bad' or difficult feelings are projected onto or into the mother or carer and are 'held' until such time as the infant can tolerate them and they can be handed back. 'Good' and 'bad' feelings are split, held with the mother and handed back to develop the formation of a coherent self. Failure of this primitive process will contribute to the formation of what Vaillant (1992) describes as an immature defensive structure illustrated by unconscious processes of splitting, projective identification and turning against the self in the attempt to master pressing internal anxieties.

Bion (1962) furthered Klein's thinking by suggesting that the projections into the mother was a normal stage of development between mother and child providing a primitive method of communication which was a forerunner to thinking. In the perceived experience of the child, being received in this communication provides a sense of internal cohesion—the container that can be received into a safe world –

the contained developing thinking and meaning. When this process fails, inner meaning is lost, a sense of internal chaos and fragmentation is experienced and the development of thinking is interrupted and impaired.

For John, internal fragmentation reduces his capacity to manage his anxiety and, aggression, intensifying his experience of shame. The complexity of how these forces overload and overwhelm his psychic functioning contribute to his phobic behaviour and paranoid thinking. When overwhelmed with anxiety, he projects his aggressive feelings onto others – ‘they are going to attack me’ – and through projective identification – ‘the world is a hostile dangerous place’ he is telling us about the state of his internal world.

INTERPERSONAL STATES

The development of coherent personality structures needs to be considered within the frame of relationship. Attachment theories offer important understanding of the development of the individual's psychic and relational functioning. The attachment system is proposed to ‘have its own internal motivation distinct from feeding and sex and of no less importance for survival’ (Bowlby, 1988).

The attachment system is there to promote the survival of young children by ensuring that they maintain proximity to the caregiver (attachment figure). This is especially important under conditions of stress. The system is prone to activation when children are afraid, hurt and anxious. At these times, children will emit attachment seeking behaviours – crying, clinging - in order to establish contact and response from the attachment figure. If the caregivers are successful in providing a sense of security, the child's anxiety will be relieved. This provides the child with the experience of their anxieties, fears, and terrors being recognised and acted upon by

the care giver, offering a model of mastering anxiety and fear that contributes to the creation of a coherent self.

In contrast, when the child seeks comfort and reassurance from a caregiver who is unavailable, dismissive or even abusive in response to the distress, the child will retreat, become more frightened and importantly have no experience of how anxiety and fear can be managed. These difficulties are manifested in subsequent behaviour patterns both throughout the development of the child and into adult relational patterns. Attachment theorists have promoted many models for the different forms of attachment difficulties that arise for the child, depending on the type and severity of the response to their emotional and psychological need.

The complexities of this process has a profound influence on the development of mature as opposed to immature defensive structures. In receiving the child's distress and communication, the caregiver needs to help the child begin to clarify the multitude of strong intense feelings. With parental guidance, the basic state of feeling 'bad' can get differentiated into a range of feelings – irritation, disappointment, hunger, fear. Without that external help, the baby cannot make sense of these distinctions, and cannot move forward into a place where feelings can be regulated, felt to be less overwhelming and thus do not have to be defended against. In the clarification of the feeling state, the parent is holding up a mirror for the baby to recognise their own emotional self and emotional being. These may be different and separate from what the parental figure is feeling or communicating. 'My parent is showing me my feelings' (Gerhardt, 2004). It provides the introduction to a human culture in which we can interpret both our own and others feelings and thoughts (Fonagy, 2003). Fonagy has described this as the capacity to mentalise; the ability to understand ourselves and others in terms of intentional mental states. When these

foundations of emotional development are impaired or absent, feeling states remain overwhelming; anxiety floods a poor defensive structure; the rudiments for empathic relating are missed, leading to poor development in the capacity to see oneself for who we are and see the other for themselves – i.e. a failure of mentalising function.

For John, through the experience of his abusive and volatile family, there has been little to no emotional guidance from either parent, only offering him an unstable model of emotional expression that was uncontained and uncontainable laying down terrors and anxieties that exacerbates the splits in an immature psyche.

SOCIAL STATES

When the child does find him/herself represented in the mind of the caregiver or attachment figure as a thinking and feeling intentional being, the capacity for mentalising will develop well (Fonagy et al., 2002). Within favourable attachment relationship, the child is provided with the basis for feelings of security and exploration (Bowlby, 1973) and provides the training ground for the ability to mentalise. Recent theoretical developments have highlighted another important function of attachment relationships - the development of 'epistemic trust'. Epistemic trust describes confidence in the authenticity and relevance of interpersonally transmitted knowledge (Fonagy and Allison 2014). Fonagy and Allison suggest that epistemic trust enables social learning in an ever changing social and cultural context and allows individuals to benefit from their social environment. Humans are evolved to both teach and learn new and relevant cultural information speedily in order to adapt to ever changing context. The communication of this learning and knowledge is enabled by an epistemically trusting relationship. Having epistemic trust in the other allows the receiver of the knowledge and information being conveyed to relax their natural 'epistemic vigilance' – a naturally occurring vigilance

that is self-protective. The relaxation of epistemic vigilance allows the individual to accept that ‘what we are being told matters to us’ and ‘makes sense’..

Fonagy proposes that within the developmental triad of attachment (interpersonal), mentalisation (intrapsychic), and epistemic trust (social), significant psychopathology occurs when epistemic trust breaks down. A child whose communications for learning have been disrupted - whose social experiences with attachment figures and caregivers have caused a breakdown in epistemic trust experiences uncertainty and permanent epistemic vigilance. The child’s endeavour to seek reassurance and social knowledge of his/her environment may be met with confusion, rejection and the world may be interpreted as hostile. So, many forms of mental disorder might be thought about as manifestations of failings in social communication arising from epistemic mistrust, hypervigilance and even ‘epistemic freezing’. A child who has been traumatized in early years has little reason to trust others and will reject information that is inconsistent and confusing.

For John, growing up within the terrors and confusions of his volatile family created an intense sense of hypervigilance. Perhaps he joined the armed forces to equip him in a more stable containing environment to combat the failings in his epistemic trust. The fragility of the underlying structure of his psyche prevented him from being successful in this avenue of change and he perhaps became overwhelmed by the psychic forces he was attempting to combat.

DESCRIPTION AND STRUCTURE OF THE MBTC

The MBTC has up to 16 participants at any point and participation for each member lasts for ten weeks. New participants join every 5 weeks so the group has a rolling program of structured task. Through this group composition, there is always a cohort of participants who have gained some experience and learning in the capacity to mentalise. This learning and experience can be passed onto the newer participants by the established members encouraging clarity of thought, mentalising and promoting peer recognition and help. This also fosters a culture of personal responsibility and agency to the work from the beginning of the ten week program – the notion that each participant, with the help of the group members- can learn to use their own thoughts and feelings in relation to themselves and others.

The group lasts for two hours and has a standard structure (see figure 1). Using the TC model of electing a 'chair', the group begins with a 'check in', allowing members to bring into the group experiences from their lives from the very recent past (preferably the past week) and enabling members to begin to get to know each other and their individual and collective struggles.

John checks in and informs the group that he is sure that his neighbours want him evicted as they have erected a new fence to block him out. He reports feeling on edge and found it difficult to come to the group

There is then half an hour of psychoeducational theory offered by the facilitators around the theory and techniques of enhancing the capacity to mentalise eg description of emotional dysregulation; being overwhelmed to cutting off; clarification of non mentalising modes such as 'pretend mode', acting out, concrete thinking and hypermentalisation.

After theoretical considerations, the group takes a fifteen minute tea break in the company of the facilitators as a way of developing social interaction. After the tea break, the group is divided into smaller subgroups in which participants are encouraged to think about the psychoeducational information in relation to their own lives. The inquiry relates to the very near past. It does not encourage disclosure from further back in the members' experience. The members are asked to find an example of where emotional dysregulation has been an issue and, in discussion with other group members, they are encouraged to think about an alternative strategy to enhance the capacity to mentalise. In their life experiences, feelings of sadness, anger, disappointment are often aroused and can be masked by an angry or cut off response. It is through discussions that feelings can be identified, understood, navigated and experienced differently within the structure of the group and in relation to other group members.

The topic for discussion was hypermentalising. With support from other members of his small group, John can see his anxiety is aroused. John begins to see that he has been hypermentalising about the neighbour's motives. He is able to acknowledge that the old fence needs replacing and that he misses contact with others, highlighting his intense feelings of loneliness.

The mentalisation process can be employed within the context of the group. The subgroups return to the large group where each member is encouraged to share their experiences and their 'mentalising statement' or strategy with the larger group. In this way, each member is learning from the other.

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3 *John explains to the larger group that his underlying feeling is one of being very*
4 *isolated and recognises that, while the neighbours have put up a new fence, they*
5 *have not moved away and he could perhaps try and get to know them to reduce his*
6 *isolation.*
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12 The group ends with a 'check out' encouraging participants to think about what they
13 have learnt. Facilitators join the same structure of the group offering life experiences
14 within the bounds of professionalism and a transparent and flexible model of group
15 facilitation.
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24 Before a new cohort of members join, there is an introductory session to clarify a
25 definition of mentalisation – the capacity to think about what we feel- and a
26 description of the structure of the group, laying down clear boundaries (fig 2). The
27 introductory session has become an important part of group formation, identification
28 with the task and information about what it means to improve the capacity to
29 mentalise. At the first session, each group member is given a workbook as a guide
30 through the ten week course. Included in the work book are the following:
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- 39 - Clear outline of the boundaries of the group highlighting punctuality,
40 importance of attendance and prohibition of alcohol and illegal drugs on the
41 day of the group to ensure a safe environment which can maximise the
42 capacity to mentalise.
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49 - Principles of the Mentalisation Based Therapeutic Community encouraging
50 personal agency and accountability to the group work and peer responsibility
51 for the group through the use of a member as 'chair'.
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- Two questionnaires completed at the beginning and end of the ten week group to promote self-reflection and self-monitoring over the period of the course.
- Definition of mentalisation and diagram and explanation of the emotional thermometer – illustrating how over arousal (feeling full of feeling) and under arousal (being emotionally cut off) interferes with the capacity to think feel and make choices about how to behave.
- Worksheets describing various aspects of learning to mentalise – formation of ‘mentalising statements’; ‘What stops me mentalising?’; flexibility; non mentalising modes of hypermentalising, ‘pretend mode’ acting out and concrete thinking; empathy; information about personality disorder, especially borderline personality disorder and how MBT can help manage behaviours linked to these disorders; and lastly what treatment options they may want to consider as a result of their experience in the MBTC.

WAYS IN WHICH MBTC DIFFERS FROM THE GROUPWORK ELEMENT OF MENTALISATION BASED THERAPY AND A DEMOCRATIC THERAPEUTIC COMMUNITY

MBTC is most similar to the small group component of the original psychoanalytic partial hospitalization (Bateman and Fonagy 1999) that came to be known as mentalisation based therapy (MBT). This small group operates as one half of the outpatient MBT intervention developed later, the other half of which is individual work (Bateman and Fonagy 2009). The main difference from MBT is that MBTC is a standalone intervention, without parallel individual therapy. There are additional differences in the technique and emphasis of the group. MBTC places a greater

emphasis on democratic therapeutic community (DTC) approaches with the values of communalism, democratisation, permissiveness and reality confrontation (Rapoport 1960). It is designed to foster empowerment, responsibility and a sense of community through belongingness. In order to achieve this, members are encouraged to chair and administer the meetings (communalism), and a greater emphasis is placed on support and challenge between group members (reality confrontation and permissiveness). Mentoring is encouraged, by which more senior members who are half way through the programme support and encourage newer members, a technique borrowed from DTCs and fostered by the 5 weekly intake structure. In MBTC the facilitators are more directive, setting the theme and leading the group rather than the more democratic stance of a traditional DTC where the hierarchy is flattened. The elements of MBT that inform the model will be obvious from the description given in this article, but include an emphasis on the here and now, the application of learning to relationships in the group, close adherence to boundaries and safe process, and a steady and unwavering focus on the mentalising function. Of these only the last is not prominent in DTC technique, and it is this along with the avoidance of discussion of historical events and narrative reconstruction that marks MBTC as different from the briefer forms of DTC. The community elements, which foster a sense of agency and discourage reliance on professionals as experts, are what give rise to the sense of community in MBTC, and are the reason for the name of the intervention, mentalisation based therapeutic *community*.

CONSIDERATION OF THE THEORY IN RELATION TO THE STRUCTURE AND
CONTENT OF THE MBTC.

INTRAPSYCHIC STATES

Everyone has an experience of being in a group – in a family, at school, in a community. For those with personality disorder, the notion of joining and being a member of a group evokes intense and at times persecutory anxiety. The sense of self is very poor and is diminished in the face of the other. This experience profoundly reduces the capacity to think and is commonly witnessed as new members join the MBTC. However, with the guidance of the ‘older’ group members, and facilitators, that anxiety can be identified, (*“I am sure you may be feeling quite anxious today”*), noticed,(*“I am not surprised you are feeling anxious , you have just got off the bus”*), acknowledged,(*“everyone feels anxious when meeting strangers”*) made sense of (*“I too am scared to make friends”*) and understood (*“I felt just the same when I joined this group”*). In this way group members can begin to learn to master and navigate their own anxiety. Furthermore, in hearing from other participants and facilitators, they can begin to think about their feeling state differently, and internalise new ways of managing anxiety as it arises.

When he first joins, John is looking dour and suspicious and he says ‘No one is going to touch me here’ ‘You have got another think coming if you think I am going to stay in this group’. He is terrified.

In response. Alex, an experienced group member, says ‘John, it is alright. I was exactly the same when I joined this group. It is OK to be scared. Think about this and come back next week’.

Alex has introduced him to a ‘mentalising’ statement – putting a thought to his feelings. This enables John to make sense of his terror and helps him to return to the group less frightened.

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3 *The structure of the group gives John the opportunity to construct a more secure*
4 *robust defence system, relinquishing the immature defensiveness of paranoid*
5 *hostility that has kept him isolated for so long.*
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12 Immature defences of projection and projective identification prevail for survival and
13 acting out of feelings severely interrupts the capacity to build relationships. The
14 group structure 'holds' the responses to these powerful mirrors that the facilitators
15 and group members present.
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24 *In week two, John is looking very preoccupied and anxious. Looking straight at one*
25 *of the facilitators, he says 'you are laughing at me' and gets up to leave the room. As*
26 *he is leaving, the facilitator encourages John to stay seated, and suggests that his*
27 *intense and troubling feelings can be felt and experienced. She says 'It is OK John. I*
28 *will work with this with you'. John calms himself, sits down and says 'You are just like*
29 *all women, always laughing at me'. The facilitator replies 'That is not my intention.*
30 *Perhaps we can help you with the feelings you are experiencing here with us and*
31 *help you think differently about those feelings'*
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43 *John calms himself and thinks about the fact that his intense anger defends himself*
44 *from other painful emotions around humiliation and shame; that he does not have to*
45 *continue the concrete thought that 'all women laugh at me'. He can begin to think*
46 *that 'some women may be different' – altering his mentalising capacity to continue to*
47 *build on a different sense of self and esteem.*
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54 *'You think therefore I can think'.*
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INTERPERSONAL STATES

Working in a group provides a multiplicity of interpersonal relationships, evoking parental, sibling and peer connections. For those with poor sense of relating, this experience can be overwhelming. Within the structure of the MBTC, these issues can be slowly and carefully addressed. Having a 'participant' chair creates an atmosphere of peer support and felt experience (essential to all models of therapeutic community work) and fosters a sense of 'belongingness' (Pearce and Pickard, 2013) that allows the group member to begin to feel safe. In the sharing of life experience, often familiar to group members, there is a reduction of the feeling of isolation 'It is helpful to hear other people struggle like me'. The peer or the 'other' becomes less threatening. With the offer of experience of the MBTC and their own journey towards thinking about feelings, the 'older' cohort in the group provide hope and inspiration that things can change. The facilitators provide a non-threatening, encouraging and directive stance. Interpretation is not used so that the immature defensive structure is not threatened.

It is John's birthday soon, a day he hates. He usually spends it in bed. He is full of sadness and despair. Jane, who has been in the group some weeks, says -'I know exactly how you feel. I often feel very gloomy on my birthday (Recognition of John's feelings by the other). 'Go and buy yourself a cake, put a candle on it and think of us - and I will think about you on Saturday'. (Recognition that he could to be held in mind). The following week, John returns saying he has had the best birthday for a long time. (Recognition of a shift of feeling state around an ongoing event).

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3 *John remains very tense and angry around the facilitators. "My mother never*
4 *remembers my birthday. Not even a measly card. In fact she was never around". He*
5 *is encouraged to recognise what he is feeling with the group – suspicious that the*
6 *facilitators will be just the same; very disappointed his mother has not thought about*
7 *him and very sad to feel so abandoned. Having recognised his feelings, he is*
8 *encouraged by the group members and facilitators to think of a response to his*
9 *feeling state – "My mother has failed me but I can make friends" or "there may be*
10 *other people who can care about me or Jane , here , in the group thought about me".*
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12 There is no interpretation; no encouragement to reflect back to past trauma around
13 his birthday. An altered response to his feeling state and a capacity to mentalise
14 around some very painful feelings is beginning to emerge.
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28 'The other (my mother) thinks I think therefore I am'.
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36 In the MBTC, the facilitators provide clear, transparent teaching. Using handouts,
37 charts and diagrams, a theoretical foundation is offered. The foundation of MBTC is
38 the provision of safety authentically transmitted knowledge that is pertinent to the
39 task of the group. Questions, debate and critical appraisal are encouraged. The
40 facilitator's task is to stay with the process of that inquiry without humiliation or
41 interpretation.
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50 *John says 'No one is going to touch me here. If you think I am going to stay in this*
51 *group, you have another think coming' His 'epistemic vigilance' is overwhelming him,*
52 *creating a hostile paranoid presentation that hides his terror. With a consistent and*
53 *safe presentation of ideas that he can absorb and understand, he becomes more*
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relaxed and more able to relate and belong. He is able to recognise that he is more paranoid when anxious – coming to the group, going to the supermarket, facing an electricity bill. With that knowledge, he can begin to self-regulate, negotiate his anxiety, reduce his ‘vigilance’ and begin to carry out the everyday tasks he needs to do in his life.

The group has a clear beginning and a clear ending providing another important component of the MBTC. It allows the group members the emotional experience of joining a group – of becoming attached, creating friendship and a sense of belonging. And in the leavings, it offers the members the experience of letting go, - with the variety of emotions that endings arouse. This provides the opportunity to clarify their own ego states in relation to the other and enhances knowledge of their own minds. Through personalised feedback offered to each other, members can recognise that they have a greater sense of self and have offered something of themselves to other group members.

‘I know that you think I think – therefore I am’.

As John begins to settle, with more consistent attendance, he can begin to offer his hand to others. When Mark joins the group, he says to him; ‘If I can do this, so can you!’

Mark’s comments on leaving the group. ‘I started my road to recovery with MBTC When I started, I could not even write my name with a pen. For the simple reason my hand shook so much owing to the stress and fear of being with other people.

Jane’s comments. ‘The concept of the programme is outstanding in simplicity. The delivery is to be recommended and in my opinion, should be part of everybody’s

therapeutic journey. It gives insight into behaviour whilst also allowing the care team to assess the service user's actual needs'

Alice's comments. 'When I left the MBTC, I didn't leave as a 'fixed' happy social butterfly but as a person with a more open approach to trying new things; someone with the tools to cope when my emotions are either up or down and an understanding that it is only me that can sort out my problems and that how much I progress is down to how much work I put into it'.

CONCLUSION

The MBTC has been set up at the Oxfordshire Complex Needs Service to help those with fragmented minds and poor sense of self to encourage their capacity to mentalise and to discover their own minds. Through the use of clear group structure and transparent directive facilitation, intrapsychic anxieties and recognition of emotional states of feeling are placed into interpersonal relationships within the group setting. This enhances emotional trust that can be used to engage in relationship with greater safety. Drop outs from this group have been very low. From January 2014 to January 2015, seventy six people were offered a place in the group. Twenty eight percent did not attend the introductory group so could not proceed into the group. Of the remaining group members, ninety five percent completed the ten week course.

Through the work of the MBTC, albeit through the illustration of the one vignette of 'John', members seem to gain some greater capacity to think about what they feel, moderate emotional stability and recognise how their emotional state may impact on

others. Like John, some gain a greater sense of core self to help them forward on their future pathways and enhances their capacity to work on the hard journey of democratic community treatment helpful towards longer term recovery.

Figure 1: MBTC structure

- 15 mins: Check in
- 30 mins: theory
- 15 mins: break for tea and coffee and social milieu time
- 30 mins: small group work bringing personal relevance to the theory.
- 20 mins: feedback and large group discussion
- 10 mins: checkout

Figure 2: Group Boundaries

- Time keeping: members are asked to arrive on time. If more than 15 minutes late they are asked to wait until the break to join the group
- Absences should be communicated to the group in advance where possible
- Confidentiality is essential
- Respect for other members
- No use of drugs or alcohol before or during the group
- No contact with other group members outside of the group setting

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