

The Unconscious at Work. Individual and organisational stress in the human services. Ed Anton Obholzer and Vega Zagier Roberts, Tavistock Clinic .1994

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Many of the chapters in this book are reflections on the role of the consultant in settings that are described, and, while they are interesting, many require a leap of faith about the role of the subconscious that I personally do not feel able to make.

However the first three chapters offer excellent introductions to three relevant fields of study, so I'll summarise those here. The fourth also has some interesting points.

Although the book focuses on consultancy I think the dynamics described are relevant for our thinking about the role and behaviour of leaders.

Introduction

The whole book is based on the premise that groups that are part of larger organisations have both directly observable structures and functions and also an unconscious life comparable to that described by psychoanalysis in an individual. Institutions pursue unconscious tasks alongside the conscious ones and these affect efficiency and degree of stress of staff. If real change is to occur, then the social and psychoanalytic perspectives must be deployed together.

When a consultant goes into an organisation they engage with both of these, and must be able to reflect on the significance of what they observe. Freud: 'the analyst must turn his own unconscious like a receptive organ towards the transmitting unconscious of the patient'. The instrument with which one explores unconscious processes is oneself – one's own experience of and feelings about the shared situation. We must therefore first undertake an analysis of ourselves to be able to distinguish between what comes from our own unresolved conflicts and what belongs to the patient.

There are two dangers of applying a purely psychoanalytic perspective:

1. it may lead to attempts to develop 'sensitivity' and insight into their own group's psychological processes, while ignoring the systemic elements that affect the work → members' frustration and *not* change.
2. can → 'character assassination', where psychoanalytical theory can be used to disparage character and impugn motives. Can again result in attributing institutional pathology to individual members.

Membership of an organisation makes it harder to observe or understand these unconscious processes.

Chapter 1 Psychoanalytic concepts

There are aspects of human mental life that remain hidden but influence conscious processes. Ideas which have meaning at a conscious level may also carry an unconscious hidden meaning. The consultant takes a position on the boundary between the two and works with both – although it may take some time before can make sense of hidden references.

Organisations develop defences against difficult emotions that are too threatening or dangerous to acknowledge. These can result from external threats, internal conflicts between mgt and employees, between groups and depts competing for resources.... Also from the nature of the work and from the client group. Some defences are healthy, and help staff cope with stress and develop their work. Others can obstruct contact with reality and lead to damage to staff and hinder the organisation in fulfilling its task or adapting to circumstances.

The central defence is **denial**: pushing certain thoughts, feelings and experiences out of conscious awareness. Consultants are brought in because an organisation cannot solve a problem, and thus is a source of hope (conscious) and fear (hidden). So they may well meet **resistance**. **Symbolic**

communication occurs when the consultant's understanding of the hidden message occurs just as the group is ready to hear it.

Children represent their different feelings through characters (good fairy, wicked witch...) and this division of feelings into differentiated elements is called '**splitting**'. This allows relief from internal conflicts (love and hate for the mother → good fairy and wicked witch).

Projection often accompanies splitting, and involves locating feelings in others and not oneself. e.g. slyness → fox, jealousy → ugly sister.

Melanie Klein: early in childhood splitting and projection are the main defences for avoiding pain. Can be called '**paranoid schizoid**' position (paranoid= badness experienced outside oneself, schizoid = splitting.) This is a normal stage of development, and is a state of mind that can recur throughout life. Normally through play, maturation and psychoanalytic treatment (!) the separated feelings (love/hate; hope/despair; sadness/joy; acceptance/rejection) are integrated into a whole. This integrated position is called the **depressive position**, because it gives up the comforting simplicity of self –idealisation and faces the complexity of internal and external reality and the painful feelings of guilt, concern and sadness. It also leads to a desire to make reparation for any injuries caused through hatred etc and this can often lead to people wanting to become a care professional.

In an organisation the client group (patients) are often the originator of projections and the staff group receive them . In the caring professions we tend to deny feelings of hatred or rejection towards clients so it may be easier to deal with by projecting them onto other groups or outside agencies. This projection of feelings of badness leads to a state of illusory goodness and self-idealisation, to a simplifying of complex issues and to a rigid culture in which growth is inhibited.

Splitting and projection often happen between groups in an organisation : ' the gaps between departments or professions are available to be filled with many different emotions – denigration, competition, hatred, prejudice, paranoia. Every group feels that it represents something good and that other groups represent something inferior'. The stereotypes of different professions fulfil the same role as characters in fairy stories.

'The less contact there is with the other sections the greater the scope for projection of this kind. Contact and meetings may be avoided in order unconsciously to preserve self –idealisation based on these projections'.

Envy. Sometimes groups have a sense of being an inevitable loser in a competitive struggle where the success of one group is seen to be at the expense of another. Survival anxiety → an envious desire to spoil the other's success (spoiling envy) by withholding necessary cooperation, or outright sabotage.

Projective identification: an unconscious interpersonal interaction in which recipients of projection react to it in such a way that their own feelings are affected. They unconsciously identify with the projected feelings. When other people's feelings are experienced as your own this is called **counter transference**.

This frequently leads to the recipient acting out these projected feelings (strictly the counter transference response to); e.g. the staff of an adolescent unit may begin to behave with the rest of the organisation as though they were adolescents themselves.

This can result in one group or one member on behalf of others serving as a sponge for all the anger, depression, guilt etc. The angry member can then be launched at management, or the depressed member may leave....

Depressive position. Once we recognise that our painful feelings come from projections, if we simply try to return them to their source ('these are your feelings not mine') it often leads to more blaming and ricocheting of projections back and forth. But if you can tolerate the feelings long enough to reflect on them, to contain the anxieties they stir up, it may be possible to achieve change. If we act too early it will be perceived as another attack. When we have traced them to their source we can then try and deal with whatever made them so unbearable that they were projected. The aim here is to move from the p-s position to the depressive position, in which every point of view will be valued, and a full range of

emotional responses is available. A group in this state will contain their clients' tendency towards splitting and projecting onto the team by discussing them and thinking through instead of being drawn into acting them out. This leads to lessening of conflict, better working practices, greater job satisfaction as staff process and integrate their collective work experience. But the depressive position is never attained once and for all, whenever survival or self-esteem are threatened there will be a tendency to return to a more paranoid schizoid way of functioning.

Chapter 2 Contributions from the work of Wilfred Bion.

WB studied processes in small groups in the army during WW" and then at the Tavistock Clinic, and this has led to a framework for analysing some of the more irrational features of unconscious group life. The relationship between the individual and the group is the central theme to Bion's work.

He distinguished between two main tendencies in the life of a group:

1. the **work group mentality** – where it is intent on carrying out a specifiable task and assess its effectiveness in achieving it.
2. **basic assumption mentality** – where behaviour is directed at trying to meet unconscious needs of members to reduce anxiety, and internal conflicts.

Much of irrational, apparently chaotic behaviour springs from basic assumptions, common to all their members. There are three basic assumption, each leading to a particular complex of feelings, thoughts and behaviours.

Basic assumption dependency (baD)

The leader is expected to look after, protect, sustain, members of the group and make them feel good, not face them with the demands of the group's real purpose. The leader is the focus for a pathological form of dependency leading to diminished growth and development. The leader can be absent, or even dead as long as the illusion can be sustained that s/he contains the solution. Group debates reflect not so much present difficulties as what the absent leader would have said or thought.

Basic assumption fight-flight (baF)

There's a danger, an enemy which should be either attacked or fled from. But the group is only prepared to do either indifferently, i.e. members look to the leader to work out appropriate action, their task is to follow. e.g. instead of thinking about how to organise its own work, a team spends most of its time worrying about rumours of organisational change, leading to a spurious sense of togetherness, while avoiding facing the difficulties of the work itself. Or the group may protest angrily, but not plan any specific action to deal with a perceived threat.

Basic assumption pairing (baP)

A collective unconscious belief that, whatever the actual problems and needs of the group, a future event will solve them. i.e. a pairing or coupling between two members in the group, or between the leader and some external person, will lead to salvation. The focus is on the future, but as a defence against difficulties of the present. e.g. improved premises will provide the answer to the group's problems, or an awayday, or..... but the group doesn't work towards this happening but sustains a vague hope that it will. Decisions are either not taken or are left vague. After the event there is disappointment and failure, and then high hopes of the next...

Recognising basic assumption activity.

When under the sway of a basic assumption a group appears to be meeting as if for some hard to specify purpose upon which members seem intently set. Members lose their critical faculties and individual abilities and the group appears to be passionately involved on something ill-defined. Trivial matters are discussed as if they are of life and death (and they may feel like that to members whose underlying anxieties are about psychological survival). The group loses awareness of time passing, and there is little capacity to bear frustration and quick solutions are favoured. Members have lost touch with reality and its demands. Instead of seeking information the group closes off and retreats into paranoia. A questioning attitude is impossible – those who dare are seen to be foolish/mad/heretical. A

new idea or way forward is felt to be terrifying because it involves questioning cherished assumptions and losing the familiar. Because adaptive processes and development and effective work all involve tolerating frustration, facing reality, recognising differences among group members, and learning from experiences, all of these will be seriously impeded.

Leadership and followership in ba groups

True leadership involves identification of a problem requiring attention and action, and the promotion of activities to produce a solution. But in ba mentality there's a collusive interdependence between the leader and the led, and the leader is only followed if s/he fulfils the ba task of the group.

In baD the leader only provides for members needs to be cared for. In baF the leader must identify an enemy outside the group and lead the attack or flight. In baP the leader fosters hope in a better future while preventing actual change taking place.

If the leader does not behave in these ways the group will turn to an alternative leader. So the leader is a puppet of the group and manipulated to fulfil its wishes, and evade difficult realities. The leader being pulled into ba leadership feels in ways related to the ba.

baD: heaviness and resistance to change, preoccupation with status and hierarchy as a basis for decisions.

baF: aggression, suspicion, preoccupation with fine details of rule and procedures.

baP preoccupation with alternative futures.

the group members are happy because the roles are simple, they are relieved of anxiety and responsibility. But they are unhappy because their skills, individuality, capacity for rational thought are sacrificed. So are the satisfactions of working effectively – so they are constantly thinking of leaving.

In work group mentality members mobilise their capacity for cooperation and value the different contributions each can make and they choose to follow a leader to achieve the groups' task rather than in an automatic way determined by personal needs.

ba s in different professions.

Bion also talks of 'sophisticated use of ba mentality' (an important and lesser known aspect of his theory) in which a group may try to mobilise the emotions of one of the bas in constructive pursuit of their aims. e.g. a hospital ward may mobilise baD to encourage patients to trust and depend on drs and nurses; baF keeps an army alert and ready to fight, baF can also be used to help clients suffering from abuse to take action to get away from it. BaP can be used in the therapies, where a paring between patient and therapist is against a background of hope that sustains the inevitable setbacks.

In a multi disciplinary team its important to understand the different sophisticated uses of the three ba mentalities. Each carries with it a different set of values, of views about the nature of the problem, its cure, what constitutes progress and whether this is best reached through a relationship with the professional which involves dependency, fight/flight or paring. Individuals are drawn to one profession or another because of their unconscious predisposition for one or other ba, and is therefore unlikely to question the processes within the group.

Conflict may not preclude collaboration on a task, as long as there is a process for clarifying shared goals and means of achieving them. But difficulties in carrying out the task can lead to breakdown in the sophisticated use of ba s and lead to aberrant forms of each. e.g. after years of dependency as a junior doctor, a new consultant may emerge, valuing independence and insistence on freedom for its own sake, leading to a counter dependent state of mind and denial of the benefits of working with others within the framework of an organisation.

Aberrant baD → culture of subordination

Aberrant baP → culture of collusion in avoiding truth rather than seeking it.

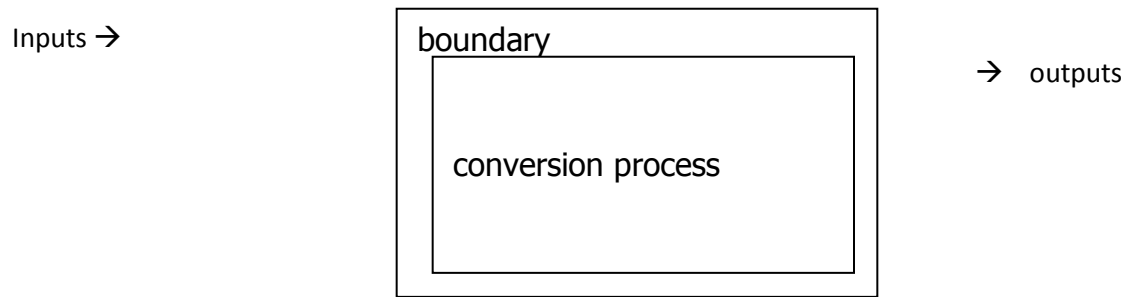
Aberrant baF → culture of paranoia and aggressive competitiveness with enemies outside and within, rules proliferate to control these.

Chapter 3 Contributions from open systems theory

Open v Closed systems.

Work of Kurt Lewin (1947) in applying these ideas to human (social) systems was taken forward at the Tavistock institute (by Rice and Miller 1967)

The work of any organisation can be thought of as a conversion of inputs to outputs:



The throughput (inputs, outputs, conversion processes) defines the task. There are lots of subsystems, sometimes competing, so how all these resources and priorities are allocated depends on the **primary task** of an organisation. i.e. the task it must perform if it is to survive. (*We would probably nowadays think of this as the mission*) However different groups can have different definitions of the primary task., especially in organisations which aim to help or change people where there are multiple tasks (e.g. working with patients, teaching medical students, and doing research) which are all important. There are often conflicting assumptions about which is the most important.

Understanding what people see as the primary task can explain some of the dynamics in organisations. People pursue different kinds of primary task:

- normative: formal, official, defined by chief stakeholders
- existential: what people in it believe they are carrying out
- phenomenal: task that can be inferred from people's behaviour – they may not consciously be aware of.

Analysis of these three helps highlight discrepancies.

If a group doesn't seek or know its primary task it can either lead to dismemberment of the group or to the emergence of another primary task. This 'anti task' is typical of groups under the sway of bad leaders.

This can result from :

- Vague task definition: e.g. here to help
- Defining methods instead of aims
- Avoiding conflict over priorities (defines task in a way that fails to give priority to one system of activities over another)
- Failing to change primary task as the environment changes :

Management is needed at the **boundary**.

Management of boundaries is crucial to effective organisational functioning. Boundaries must separate, and relate what is inside and outside. Open systems theory locates managers not above those they manage but at the boundary of the systems they manage. For this they need to be:

- clear about the primary task
- attend to flow of information across the boundary
- ensure the system has the resources it needs to perform the task
- monitor that the task relates to the requirements of the wider system and to its external environments.

So: key management/ leadership activities: define the primary task. Then ask: how does our way of working relate to this task? If it doesn't: 'what are we behaving as if we were here to do?' This will give clues about underlying anxieties, defences, conflicts; and identify dysfunctional task definition and dysfunctional boundaries.

Chapter 4 Authority, power and leadership. contributions from group relations training

Authority: the right to make an ultimate decision and in an organisation the right to make decisions that are binding on others.

authority from above: delegated within a hierarchy

authority from below: people joining an organisation sanction the system and delegate some of their personal authority .

Full authority is a myth, what is needed might be called 'full-enough' authority (derived from Winnicott's concept of 'good enough' mothering 1971). i.e. state of authority in which there is ongoing acknowledgement by persons in authority (in own minds, not necessarily publicly) not only of their authority but also and equally of the limitations of authority. This leads to ongoing monitoring of authority enhancing and authority sapping processes within an organisation.

authority from within: This is just as important and depends largely on the nature of their relationship with figures in their inner world, especially past authority figures. Barracking by inner world figures is the key element in the process of self-doubt and is likely to prevent external authorisation in the first place. Inner figures can also give an inflated picture of self.

Authoritative v authoritarian. The first is the depressive position state of mind, the second is the paranoid schizoid state.

Good enough authority is the state of mind arising from a continuous mix of authorisation from organisation structures and sanctioning and connection with inner world authority figures.

Power: the ability to act upon others and upon an organisation structure. Unlike authority, it is an attribute of persons not of roles. It can arise from internal and external sources. External : the things the individual controls, money privileges, job references, promotion.... Internal: knowledge and experience, strength of personality, state of mind regarding role, how powerful a person feels and how they present themselves to others.

Perceived power and powerlessness counts more than the actual – so the inner world connectedness is important. Projections are relevant here too.

Leaders need power and authority, and there must be a match between the p and the a and responsibility. And time spent assessing and clarifying the nature and source of power and authority and the titles given to roles that reflect the combination of these with responsibility is well spent.

Leadership

this implies followership. Management less so. Leadership is future oriented , management less so.

Constructive followership is very different from baD or baF.

Rivalry, jealousy, envy often interfere with the process of taking up the leadership or followership role.

Envy in institutional processes is one of the key destructive phenomena: a destructive attack on a person in authority and a spoiling of the work under their aegis. This is led by the staff member with the highest naturally occurring amount of rivalry and envy. They are set up unconsciously by projective identification to express their own and others' envy.

Dynamic then becomes: leader plus attacker locked in fight with the rest as distressed and helpless onlookers.