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# **Who are the real insane? Our perceptions of disordered thinking and behaviour as defences against imagination**

## **Overview**

Dr. Mannie Sher, PhD, TQAP, FBAP, is a Principal Social Scientist and Director of the Group Relations Programme at the Tavistock Institute of Human Relations, London. He manages organisational development and change projects and consults to top teams of organisations on the role of leadership in effecting strategic change.

In this seminar, Dr. Sher reflects on his recent work with a number of organisations who are concerned about mental health issues in the populations they serve. Some common organisational features are proposed including: the way workplace anxiety is managed; competing primary tasks (for example care and cost-effectiveness); double tasks (for example care and detention). A number of theories which might help shed light on the concerns raised are then outlined. Although many of the issues are often well understood in organisations Dr. Sher suggests that the implementation of ideas to improve services is complex and difficult because of dominating cultural influences and the way work is organised. He finishes by suggesting some practical ways forward for organisations. The emphasis is on understanding the unconscious effects of working in these situations and how these might be addressed to improve the situation for all.

## **Introduction**

Dr Sher explained that the thoughts in this lecture arose out of his current work with a number of public sector organisations which have large concerns about mental health issues in the population groups they serve. These organisations include the military, prisons, the NHS psychiatric services and services for victims of sexual violence. The talk would be illustrated by examples of 'institutionally-induced madness' that should make policy-makers and other organisational leaders re-think the kinds of structures they create for others to work in, especially where that work itself is difficult or traumatic. This kind of work requires support to protect both staff and service users against inhumane conditions.

The talk was based on three propositions:

1. All work generates anxiety, and people, at all levels in the workplace, generate personal and institutional defences to cope with this anxiety. The nature of these defences and their construction and management will ultimately influence how managers manage their own and their teams' anxieties. In many cases, the need

to manage this anxiety is ignored and results in dysfunctional teams and institutions serving neither clients nor the staff who may experience high levels of stress, burnout, illness or leave their jobs.

2. In most public services the primary task of the organisation is unclear and may be confounded by a secondary primary task. For example, in the health service the primary task of treatment and cure; of care and compassion, may be overtaken by a cost-effectiveness secondary primary task. This demoralises staff, making them do things that conflict with their professionalism, their values and their desire to serve.
3. Mental health problems are usually linked to the complexities in a system whose working task is based on a 'double task'. For example within a prison or other detention institution there is the double task of detention which often conflicts with the second task of duty of care towards the group detained and respecting their dignity and human rights. This tension and contradiction is felt at all levels of the organisation.

The 'double task' is often split with separate groups being responsible for one element. For example, one group responsible for detention and another for healthcare. This split is meant to protect staff from the overwhelming psychological and distressing trauma of their charges. Instead however, to protect themselves from feelings of hopelessness and helplessness, the two groups use each other to 'export' and 'import' wrong-doing and failure to the other. The relationships between different teams or levels in the organisation can be characterised by mutual blame and defensiveness. These processes of blame and recrimination get replicated across the system and can be seen at government level and in the voluntary sector as well. An alternative would be to think imaginatively together in joint meetings on how inter-disciplinary relationships can best be used for the benefit of their charges.

### **Theories-in-use**

Dr Sher then introduced us to a number of theories which he has found useful in working with these organisations. They were offered to us in the hope that we might find them useful too. These 'theories-in-use' help to shed light on the reasons for the high levels of mental health problems in these services and the difficulties of taking imaginative and effective measures to reduce them. Each theory leads to a number of questions in relation to mental health issues in the statutory provision of services.

#### **1. Organisational theory**

Organisational theory describes the specific collection of values and norms that are shared by people in an organisation that control the way they behave and interact with each other and with stakeholders outside the organisation.

In strong cultures, staff are aligned to organisational values. People do things because they believe it is the right thing to do and don't have to be constantly measured. In weak cultures poor alignment with organisational values results in

control being exercised through authoritative and bureaucratic processes. In these cultures people who challenge standard practices are seen as a problem. But organisations need people who challenge the status quo otherwise imaginative and creative new ideas are repressed.

Resulting questions might be:

- How well do the values and practices of outsourced companies align with the values of government departments?
- To what extent do prison officers and healthcare staff share similar objectives, attitudes and norms towards the management of prisoners?
- Do the competing cultures in detention centres, prisons, hospitals and the central administration cause detainees to become psychiatrically ill, contribute to existing mental health conditions or make no difference?

## 2. Associated technical theory /Socio-technical systems theory (STS)

Much of contemporary 'scientific management' subordinates the human element to technological imperatives. STS theory emphasises the inter-relatedness of technical and psychological factors in work alongside political and economic factors. It shifts the focus from the individual to work groups and the wider organisation as a whole. STS theory questions technology as the determining factor and as a result increases organisational choice. STS also suggests that every individual is called upon to manage themselves in relation to work tasks and activities and to manage relationships to other role holders.

Questions that arise include:

- Structural: how integrated in practice are the different departments and how co-ordinated are they with partner organisations?
- Professional: how collaborative are the different professions?
- Psychological: how well are the causes and effects of mental ill-health understood and practised by staff? Is mental illness located in individuals only, or can mental health problems be caused and spread by the social situations people are in?

## 3. Social systems as a defence against anxiety

This concept is linked to STS theory. It postulates that in order to avoid the anxieties aroused by the work of the organisation people develop defences to avoid psychological involvement with their patients, prisoners and so on. These defences include:

- The idea that professionals are interchangeable and should all look the same (e.g. nurses in uniform).
- Tasks are broken down so that several professionals will see one person and deal with a different aspect rather than one professional working in-depth with the person.
- Avoiding expression of individual initiative or decision-making by prescribing professional and administrative tasks from above.

- Discouraging expressions of emotion or interest in individual patients, prisoners and so on.

These defences are embedded in the culture and routines of the organisation and woven into professional identity and practices of staff in their training programmes. Ultimately, these defences are ineffective as staff are still subject to the difficult emotional demands of the work. Being disengaged from their patients, they are not able to effectively engage with the causes of their anxiety and work through their feelings. This results in many talented professionals not engaging emotionally with their charges and thus unconsciously allowing the growing mental health issues to prevail.

Questions leading from this concept are:

- Does professional training encourage initiative or lead them to perform routine tasks and keep relationships at a superficial level?
- What are the unspoken anxieties in organisations and what are the consequences for how people work together?
- What social defences does the higher level have to stop people thinking clearly about the difficult feelings people experience at work?
- Do these defences work?

#### 4. Systems psychodynamic theory

Systems psychodynamics describes the collective behaviour within and between groups and organisations. It provides a way of thinking about energising or motivating forces resulting from the interconnections between various groups and subunits of a social system. The theory focuses on the challenge of crossing boundaries and how unconscious factors affect leadership efforts, learning, productivity, communication and social change.

Questions covered include:

- How well do the various groups understand the meaning of mental illness for the people who are designated ill and for the public?
- How well do they integrate their efforts to address problems?
- How well understood is the construct of 'crossing boundaries' in different contexts?

#### 5. Boundary theory

An important element in a number of these theories is the idea of the 'boundary' that separates the organisation from its environment, one department from another and people from the roles they play. The boundary involves the roles and activities concerned with mediating relations between the inside and the outside. Leadership is very important here. The health, and ultimately the survival, of the system depend on an appropriate mix of insulation/protection and permeability/adaptability. The boundary separates certainty and uncertainty. Good leadership and management at

the boundaries help to create a more controllable world. Where boundaries are poorly designed and managed they cause considerable stress and anxiety.

### **The complex problem of implementation**

In their work, Dr Sher and colleagues have noticed that usually people understand the limitations of their organisations and many sensible ideas have been suggested to improve services. However, implementing these ideas is difficult if not impossible because of dominating cultural influences and the way work is organised. Implementing recommendations requires serious internal work within the management system.

There are, however, ways of introducing cultural change which are not as difficult as they sound. The place to start is to state clearly the task of the organisation. This would mean a realignment of the staff culture and the working relationships within the organisation all focused around the agreed primary task for example: 'to prepare people to return to their work, roles and lives they had before detention.' Where there is a 'double task' one should not be privileged over the other. For example, the task of detention and the task of care and welfare need to run in tandem. If they do not, the effect on individuals is to exacerbate their mental health problems.

### **Understanding the processes of grief**

Not enough recognition is made of the psychological impact of detention. In these situations, people – whether or not they are deemed mentally ill – suffer from feelings of loss experienced as bereavement with ensuing grief. Unresolved grief plays a significant role in the aetiology of mental ill-health. Following detention the four phases of grieving must be worked through and it will take a period of time to do it: shock/denial versus reality; protest versus experience of pain; disorganisation versus adjustment; attachment/letting go versus reorganisation. Managers have to facilitate staff to facilitate their charges to work through these stages.

Everyone seems to agree that detention is harmful to mental health. It would appear that in many detention centres mental healthcare is inadequate from reception onwards and staff seem inadequately trained. Assessment in particular needs to improve. In many instances it has been said that if detainees' histories were known at the time of detention they would not have been detained.

However, this individual approach will not address the institutional cultures where people are detained. Two cultures, the 'detainee culture' (resisting detention) and the 'staff culture' (disbelief and psychological distancing) conflict and create confusion exacerbating mental health problems. Difficulties in integrating the two elements of the task (detention and care) need to be recognised but it is possible with the right sort of leadership to achieve both. 'Futures thinking' and 'whole systems working' are two examples of a range of tools that can productively help to bring different parts of a system together to address the future in useful ways.

## What should we be doing?

From these ideas and examples flows a clear requirement for any organisation to pay attention to the following aspects of their functioning:

- Alongside its business-like image it is important for organisations to also emphasise listening, understanding, nurturing, integrating, sustaining and so on.
- Adopt holistic approaches which consider individuals, groups, change and communication together alongside the links between individual and technology.
- One defence mechanism against integration is that people perceive themselves as isolates. It is easy to 'keep your head down' and pretend the issues do not affect you. There is scope to find ways of fostering integration.
- There is a need for education, training and development. However, in order to work, slow, step-by-step organic approaches are required to change attitudes and behaviours. This is not about a revolution by tomorrow.
- Establish continuing education to enrich work-related communications to shape the nature of communication as a resource which promotes the organisation's general purpose.
- Develop people's knowledge of other parts of their organisations and their roles in relation to these parts in a tangible way. Foster joint learning and development (for example multidisciplinary action learning) but also more social occasions – spontaneous and formal.
- Provide learning and development activities that are integrated with day-to-day work rather than removed from it. People should have a choice and be able to contribute creatively.
- Target-driven services mean that the focus is on the target rather than the person the service is designed to help. Targeting people by their 'deficits' for example as unemployed, as an offender, as a teenage parent is part of the problem.

## Conclusion

The main point of theoretical importance in this lecture is to understand that the types of organisations discussed are a projection of the anxieties evoked by the primary task of the organisation. The social system itself fails to deal with these primary issues and anxieties. For example, the processing of the horrors of war is not done internally by the armed forces but is outsourced to others in the voluntary sector. By doing this, the higher level department must be aware of an inherent risk to the organisation of this task and the potential for management failures.

The talk set out to demonstrate the relevance of the 'anxiety' thesis and to show how powerfully it explains evolving catastrophic developments in our institutions. Dr Sher urged a greater focus on the role of unconscious defences such as suppression, denial and projection which people adopt to avoid the anxieties aroused by work. These defences may also be adopted by society against the organisations themselves.

The aim of the paper used in this talk was to help all parties understand better what happens in their institutions. It is important to down-play blame. We need to get beyond this to try and understand the situation and its passions as a whole, explaining what is happening to everyone involved. An element of critique can hardly be avoided, but our emphasis should be upon understanding the unconscious effects of working in these situations and how these might be addressed to improve the situation for all.

The views expressed in this paper are those of the speaker and do not necessarily reflect the views of the Glasgow Centre for Population Health.

Summary prepared by the Glasgow Centre for Population Health.