

From Robert de Board

"Psychoanalysis of Organisations"

## 9 Organization as a defence against anxiety

It is ironic that as civilization develops and the major killing diseases of the past are gradually eradicated, there is a steady rise in modern stress diseases such as coronaries, hypertension, and mental ill-health. It is salutary to realize that in Britain with an adult population of 46 million, no less than 10 million people receive prescriptions for some kind of mind-affecting drug. While people grumble about losing 15 to 20 million working days a year through industrial disputes, something like 33 million working days a year are lost through ill-health.

### Stress

The purpose in giving these facts is not to be alarmist, but rather to give the problem of stress its proper emphasis. First, stress is a real problem — a problem that causes at the personal level real pain and suffering. Second, at the organization level it causes disruption and loss of production.

Stress can only be fully understood if we go back to the very beginning of man's evolution. In their book, *The Imperial Animal* (1972) the authors (Tiger and Fox) emphasize that much of man's automatic behaviour, that is, our reactions and instincts, was developed and 'imprinted' on the species hundreds of thousands of years ago, when man was a hunter. They wrote: 'If we made an hour-long film to represent the history of tool-making man, industrial man would flash by in a few seconds at the end — he would barely be seen' (Tiger and Fox 1972: 21).

This means that man living in the complex electronic age of the twentieth century, has the automatic bodily reactions that evolved

in a totally different culture and environment. The same authors wrote, 'We are wired for hunting — for the emotions, the excitements, the curiosities, the fears'.

So it is interesting to analyse what happened when primitive man found himself in imminent danger when he was out hunting. The two alternatives open to him were flight or fight, and therefore, through evolution, the body has developed automatic responses that assist in both these courses of action. First, the arteries near the skin clamped down, muscles tensed, and the blood pressure went up in relation to the heart beat increase, so that the body was ready for immediate action. Blood was forced out of the abdominal pool into the arms and legs where it was most needed to assist the muscles. The bowels emptied so that there was no unnecessary weight carried. Simultaneously, adrenalin was pumped into the blood-stream in order to help the blood clot quickly in case of wounding and consequent bleeding. As a result of all these internal physiological changes, man the hunter was more likely to get out of trouble fast, either by running like the wind or fighting furiously. When the danger was past the body resumed a less agitated functioning.

Immediately this gives a clue to the problem of stress in modern society. Stress is a condition in which the body reacts to danger in the same way as our hunting ancestors, *but spread over a long period*. The internal bodily changes, which were meant to last only a short time and were beneficial, may, in the stress situation, last for weeks or months and cause physical pain and damage to the body. Consequently, blood pressure may rise permanently and muscles remain tense with resulting pain and headaches. Digestion and the bowels may be affected, and if adrenalin is frequently going into the blood-stream, there will be a danger of clotting.

When man the hunter had fled from a bear or fought for his life, he slept in order to recover from the effects of his body's internal action. In a stress situation today, people are likely to feel *continually tired, because they are never able to fully recover from the effects of their own bodies' internal activity*. Paradoxically, the benefits of a good night's sleep may elude them owing to the brain's furious activity in trying to deal with its problems.

Finally, the other general symptom of stress manifests itself in an inability to concentrate on long-term plans or objectives. In the danger situation, the present is all that matters, the senses are

stimulated to deal only with things that are immediate. People tend to behave without considering the long-term effects of their action. However, if the stress remains unresolved, tomorrow becomes yet another battle-field for self-preservation.

Stress can now be seen to result from a situation where a person feels threatened by danger and where his body automatically reacts in the same way man has always reacted, so as to preserve his life and safety. Yet the dangers faced by modern man have become much more complex and intangible, and far more difficult to deal with than that of a wild animal or an attacking savage. Those sorts of situations could be dealt with quickly, but for modern man, especially managers, locked into big organizations and carrying burdens of immense responsibility, the danger situation can last for a very long time with no easy solution.

### *Anxiety*

There is no doubt that anxiety is central to all psychoanalytic theory and is probably the most important unpleasant feeling that human beings experience. Feelings of pleasure or of pain are highly subjective and it is extremely difficult to share them with another person. However, anxiety produces similar physiological effects on everyone. Everyone has experienced the pounding of the heart, sweating palms, rapid breathing and all the bodily tensions that anxiety automatically produces in the human body. The reason for these bodily changes are not hard to seek. Anxiety has always been a response to perceived danger. Through thousands of years of evolution man has developed two major responses to external danger — fight or flight. If primitive man was faced by a wild animal or a threatening stranger he either had to run away and avoid the danger or else stay and fight in order to overcome the threat. Only those who were successful in either of these strategies survived and gradually they became programmed into the human system becoming automatic responses to danger.

The physical effects of anxiety evolved originally as aids to survival, triggered off by dangerous situations. But while these physiological effects are commonly experienced by everyone, the causes of anxiety are intensely subjective and depend on the way in which each individual perceives and interprets the situation. In itself anxiety can lead to productive change and personal

development. For instance, a manager at work may feel very anxious about a certain project he has to complete, but given the appropriate skills and resources, both human and technical, he will complete the project and in doing so, increase his ability to contain and master his anxiety. However, a different person in the same situation may experience such intense anxiety that he is unable to complete the task.

The opening paragraphs of this chapter showed that the effects of long-term unresolved anxiety result in the various bodily symptoms that are indicative of acute stress.

### *Neurotic anxiety*

So far, anxiety has been considered as those feelings which are caused by an external source of danger and result automatically in physical bodily reactions. However, what of internal dangers, those subjective, frequently unconscious feelings and memories that can cause intense feelings of anxiety in a person, but which arise entirely from within the psyche?

The anxiety that arises from within the self is called 'neurotic' anxiety as opposed to 'objective' anxiety. Although they have different sources they are all experienced as the same painful emotional state.

*The ego defences.* The normal actions that a person takes to deal with, or avoid, external anxiety are not appropriate to deal with internal neurotic anxiety. Consequently the ego develops additional ways to protect itself from these internal threats, which are called the 'ego defences'. They are usually agreed to be (a) repression, (b) regression, (c) sublimation, and (d) projection.

While they are all important aspects of behaviour, the ego defence of projection is the most important for the purpose of this chapter. Already one specific technique of projection has been explained (in the chapter on Melanie Klein) namely projective identification. However, simple projection occurs when a person unconsciously attributes to another person a characteristic that is in fact his own. Personal feelings of dislike, hatred, or envy that one person feels towards another and which give rise to internal feelings of neurotic anxiety are projected on to that person. The

result is that instead of feeling 'I hate you' this is now experienced through projection as 'you hate me'. What was originally an internal threat is now experienced as an external threat and can be dealt with in the same way as all external threats, that is, by fight or flight. In fact the source of the anxiety remains within the self and there is only an apparent resolution of the anxiety. Until that is dealt with, it will keep manifesting itself as an external threat as in the extreme case of the paranoid who feels continually threatened by everyone with whom he comes in contact. The real source of the anxiety continues to remain within himself, and his continual conflict with people, although costly in effort and mental energy, resolves nothing.

This is where systems theory, and especially Rice's model of the self (p. 90), is especially important in helping to define this situation. The effectiveness of the individual lies in knowing the boundary between the self and the outside world and perceiving what is inside and what is outside. Projection blurs this boundary and distorts reality by making what is inside (within the self) appear to be outside. As long as this happens, not only is energy wasted but the internal state of the individual remains unaffected. Action is based on unreality and facts are distorted.

In the same way, Bion explained much of the behaviour of people in groups. The effective group is one that is in contact with reality and knows the boundary between what is inside the group and what is outside. The group becomes ineffective when, through projection techniques, it blurs this boundary and projects its own internal problems on to others. As long as this happens, the group's energy is dissipated and it only regains its effectiveness by realizing that the source of its anxiety is within the group and not outside.

#### *Social defences against anxiety*

So far, it has been shown that one important aspect of behaviour is the way in which individuals and groups deal with anxiety, whether the source of danger is a real and external threat to the person or whether it is neurotic, arising from within the self. In the latter case, the ego defends itself by externalizing what is in fact internal by projection.

Bion has shown that in a group, the basic explanation of group

action lies in consolidated individual behaviour resulting from the interconnection of individual projection processes. If this is so, then the same sorts of processes should be apparent in society and organizations, and there should be evidence to show that individual mechanisms of defence result in certain social processes and behaviour.

Just as there are ego defences against anxiety, there should be social defences, showing a two-way influence between structure and people. The structure of organizations and society could, presumably, be used by individuals as defences against anxiety and, in turn, these structures could be formed and modified by individual defence mechanisms.

#### *Social defence systems — Jaques' hypothesis*

Jaques explored this idea, having been impressed by 'how much institutions are used by individual members to reinforce individual mechanisms of defence against anxiety and in particular against recurrence of the early paranoid and depressive anxieties described by Melanie Klein' (Jaques 1955: 478).

His specific hypothesis postulates that within the life of an organization the defence against anxiety is one of the primary elements that bind the individuals together. In other words, he suggested that within the organization maladaptive behaviour, such as hostility and suspicion, will be exhibited, which is the social counterpart of the symptoms that an individual might exhibit through projection. 'In this sense, individuals may be thought of as externalising those impulses and internal objects that would otherwise give rise to psychotic anxiety and pooling them in the life of the social institutions in which they associate' (Jaques 1955: 479).

Following Klein's theory, anxiety can be classified in the categories of paranoid anxiety and depressive anxiety and social mechanisms of defence against anxiety can be analysed by considering how these are dealt with in a variety of situations.

*Defences against paranoid anxiety.* According to Klein the anxiety experienced by the infant in its first few months of life is dealt with by the mechanisms of splitting and projective

identification. The internal persecutory anxiety is projected on to the breast, which is then experienced as both an external and internal threatening bad object. Jaques theorized that the same defence mechanism is used by individuals in an organization who project their bad internal objects and impulses into a member of that organization who, either by unconscious selection or choice, introjects and absorbs them. An illustration of this process is the role given and taken by the First Officer of a ship. By common consent the First Officer is held to be the source of most of the problems on the ship, including those things for which he is not officially responsible. Jaques suggests that the rest of the crew project their internal bad objects and impulses on to the First Officer and this gives them unconscious relief from their internal persecutors. At the same time, it allows the Captain to be retained as a good protective figure.

Another illustration Jaques gives is that of a nation at war. Here, the citizens project all their bad objects and impulses on to the enemy, so that their internal anxiety is converted (through projection) into fear of an external threat, a real enemy who actually attacks and can be attacked. At the same time, the citizens' hostile and destructive impulses are projected on to their own army, who introject them and then deflect them against the enemy.

The result is that members of the public avoid the guilt of their unconscious hatred and destructive impulses through their socially sanctioned hatred of the enemy. They can now consciously express these impulses in what is considered to be patriotic behaviour against a common foe.

If Jaques's theory is correct, then a nation starting war as an aggressor should reveal an internal situation that is causing its citizens feelings of intense paranoid and persecutory anxiety. Certainly in the current economic crisis in Britain, there is a frequent comparison made between the evident lack of cohesion in the nation now, compared to the *esprit de corps* of wartime Britain. While no-one consciously wants a war to commence it could be argued that there is an unconscious wish for an external enemy on whom citizens could project their hatred and destructive impulses. It is hoped that the black immigrant community will not become the target for these impulses.

*Defences against depressive anxiety.* According to Klein, the infantile depressive position is characterized by the realization that the good and bad objects are, in fact, aspects of the same thing, that is, the mother can be both good and bad. As well as this, the infant begins to realize that he himself can both love and hate the same object and experiences guilt and despair at his apparent destruction of the loved object.

In adults, situations of persecutory anxiety can cause them to resort to defence mechanisms of this type in order to preserve an internal world of good and bad objects and prevent the anxiety of realizing that both are aspects of the self. Jaques illustrates this situation in terms of social defence with the phenomenon of a majority group scapegoating a minority. Seen from a perspective of the community at large, the community is split into a good majority group scapegoating a minority. Seen from the perspective and preservation of an inner world of good and bad objects.

The majority preserves its belief in its own good by splitting off its own bad parts and feelings, and projecting them on to the minority group. This is revealed in the contempt that it heaps on to the minority and the way it attacks it, reinforced by the cohesiveness of the members of the majority group through introjective identification. The clearest example of this must be the way in which the Nazis treated the Jews (although, of course, there were many other factors—social and economic—involved). Central to the Nazi belief was racial purity, which is a genetic myth for any nation, especially for Germany that is the amalgamation of so many different peoples and cultures. The unconscious hatred of the internal impurities, whether racial or personal, were then split off and projected into a clearly visible minority, who could be attacked, abused, and exterminated in the manner in which the individuals would have liked to have treated that part of themselves.

Yet why are some minorities selected for persecution, while others are not? Jaques says that in some way there is a collusion between persecutor and persecuted. In fact, the persecuted minority have a precise and equally strong hatred of the majority.

'In view of the selective factor in choice of persecuted minorities, we must consider the possibility that one of the operative factors in this selection is the consensus in the minority group,

at the phantasy level, to seek contempt and suffering in order to alleviate unconscious guilt.' (Jaques 1955: 486)

*An illustration from industry.* Jaques then presented an illustration based on his own experience gained when working with Glacier Metals, a small engineering company on the outskirts of London (Jaques 1951). As a consultant to that organization, he experienced negotiations that were taking place between management and a team of shop-floor representatives concerning the abolition of the piece-work payment system. The negotiations and discussions took place over a seven-month period and revealed certain contradictory attitudes. While the discussions took place in a friendly atmosphere, there were many incidents that revealed the workers' intense suspicion of management and this was shown by the length of the negotiations. At the same time, management frequently expressed their confidence in the responsibility of the workers, in spite of apparent evidence to the contrary.

An analysis of this situation, based on the operation of social defences against anxiety, helps to explain the great difficulties encountered in the negotiations despite the good labour relations and high morale of the company. Jaques suggests that the workers had unconsciously split the management into good and bad, the 'good' managers being the ones they worked with daily, and the 'bad' ones being those with whom they negotiated. By projecting their good impulses into the managers in the work situation they were able to maintain good working relations with them. However, the workers' hostile and destructive impulses were projected on to their representatives who then deflected them against the 'bad' managers in the negotiating situation. In this way, the representatives were able to feel an external social sanction for their suspicion and hostility in the sense that they could feel that these bad impulses did not belong to them, but to the people they represented.

The idealization of the workers by the management, revealed by the reiteration of the view that they (the workers) could be expected to do their part responsibly, is explained by the mechanism of idealization, splitting, and denial. Managers split off the good and bad aspects of their own management control, projecting on to the workers the good aspects, seeing them as

responsible people, and idealizing them into perfect workers. By denying the bad aspects of the workers, they were in fact denying their own bad aspects and hence placating and defending themselves from their own internal persecutors.

Thus the attitude of workers and management, expressed through the various defence mechanisms, complemented and reinforced each other, and this developed into a circular process. The more the representatives attacked the managers, the more the managers idealized them in order to placate them. 'The greater the concessions given by management to the workers, the greater was the guilt and fear of depressive anxiety in the workers and hence the greater the retreat to paranoid attitudes as a means of avoiding depressive anxiety' (Jaques 1955: 493).

#### *Social defence systems — a hospital case study*

The purpose of Jaques's paper was to test the hypothesis that one of the primary forces that cause the cohesion of people in organizations is their defence against anxiety, with the converse that organizations are used by individual members as defence mechanisms against their own anxieties.

This idea was taken up and used by Menzies in her study of the nursing service of a general hospital (Menzies 1970). The hospital, a large London teaching hospital with approximately 700 beds, had 700 nurses of whom about 550 were student nurses. The problem presented to Menzies concerned the allocation of the student nurses to meet the staffing needs of the hospital, while at the same time attempting to give the nurses appropriate experience for their professional training. Menzies's help was requested to prevent what was felt by the senior staff to be an impending breakdown in this system of allocation. She described her relationship with the hospital as 'socio-therapeutic' in which the aim was to facilitate desired social change.

Through her analytic experience, Menzies regarded this situation as the 'presenting' problem, that is, a problem that can be openly expressed as socially acceptable, but which is in fact a symptom of the real underlying problem that can only be uncovered by hard work between analyst and client. This diagnostic work was carried out by intensive interviews and discussions both formal and informal. These discussions revealed that the

major factor in the situation was the high level of tension, distress, and anxiety shown by the nurses. 'We found it hard to understand how nurses could tolerate so much anxiety, and indeed we found much evidence that they could not.' (Menziez 1970: 3). Sickness ratios were high and in fact one third of all the student nurses failed to complete their training, the majority withdrawing at their own request. From this diagnosis, Menziez analysed and studied the cause and nature of this anxiety.

*Nature of the anxiety.* No matter how well a hospital is organized, the nature of a nurse's work is likely to arouse a great deal of anxiety and other emotions. The jobs she has to perform are frequently frightening and disgusting. Intimate contact with patients may arouse libidinal desires and in spite of loving and caring attention, a patient may die. Both patients and relatives will have a variety of conflicting emotions towards the nurse, such as gratitude for the care and attention received, envy of her skills and health, and hostility at their enforced dependence on her. According to Menziez, this confused and highly emotional situation confronting the nurse, 'bears a striking resemblance to the phantasy situations that exist in every individual in the deepest and most primitive levels of the mind' (Menziez 1970: 5). Through the pressure of these intense and persecutory anxieties generated through her work, the nurse projects her unconscious infantile phantasy situations into her work situation and then re-experiences all the vivid and painful emotions that are really appropriate to the phantasies. These violent and intense feelings, which Klein has shown to be present in the infant's phantasy life, are then experienced as part of the nurse's adult life.

Of course, early attitudes and experiences affect every adult's life, and problems of relationships that remain unresolved in infancy are frequently revived in a modified form. As Klein said: 'the attitude towards a subordinate or a superior repeats up to a point the relation to a young sibling or to a parent... A condescending and unpleasant older individual stirs up anew the rebellious attitudes of a child towards his parents' (Klein 1959: 299).

The nurse, by projecting her phantasy situations into the work situations uses this universal technique for mastering anxiety. The

objective situation is used as a 'symbolic representation' of the inner phantasy situation and, in as far as the objective work situation is mastered, then symbolically the phantasy situation is mastered, leading to internal reassurance and a diminution of anxiety. However, problems arise when the objective situation does not symbolically represent an inner phantasy, but is equated with it. When this happens (and Menziez believed this was happening to the nurses) the symbol fails to contain the anxiety, but in fact causes it. The result is that in the work situation 'nurses will consequently experience the full force of their primitive infantile anxieties in consciousness' (Menziez 1970: 9). The work situation, instead of providing a legitimate and essential opportunity for the individual to cope, and develop skills to deal, with anxiety, was in fact causing the nurses to regress.

*Defensive techniques.* Menziez argued (following Jaques) that one of the factors in any organization that helps determine its structure, culture, and mode of functioning is the social defence system. This is the result of the collusion between each member of the organization as they attempt to operate their own psychic defence mechanism. Menziez gave many examples of the operation of the social defence system. For instance, decision-making can clearly be a life and death matter in a hospital and could cause a great deal of stress and anxiety. The defence against this anxiety is what Menziez called 'ritual task performance'. Each nurse was taught to work by following an extremely rigid task-list, and the attitude inculcated was that every task is a matter of life and death, to be treated with appropriate seriousness. Consequently, student nurses were actively discouraged from using their discretion and initiative.

Perhaps the most interesting illustration of the hospital's social defence system was the way in which nurses attempted to minimize their anxiety regarding their individual responsibility. Each nurse experienced a powerful internal conflict between the responsibility demanded by her work and her wishes to avoid this heavy and continuous burden by acting irresponsibly. This conflict was partially avoided by the processes of denial, splitting, and projection, which converted this intra-personal struggle into an interpersonal conflict. 'Each nurse tends to split off aspects of

herself from her conscious personality and to project them into other nurses' (Menzies 1970: 17).

The irresponsible impulses were projected into a nurse's subordinate, who was then treated with the severity which that part of the split-off self deserved. The stern and harsh aspects of herself were split off and projected into her superiors so that she expected harsh disciplinary treatment from them. The formation of these psychic roles was clearly seen in the hospital when nurses habitually claimed that other nurses were careless, irresponsible, and in need of continual supervision and discipline. This clearly illustrates how part of the culture and operation of the hospital resulted from the social defence system, arising from the individual seeking relief from the anxiety caused by internal persecutors. Other examples of the social defence system revealed ways in which individuality was minimized, both for nurses and patients so that feelings of attachment could be denied.

Defences against anxiety are at the same time defences against reality, when the external or internal situations present a stress situation too painful to bear, and the individual regresses to primitive psychic defence mechanisms. In organizations, this is revealed in social defence systems that help individuals avoid the feelings of anxiety, guilt, and uncertainty. However, because these defences require energy to operate them, it follows that there must be less available energy for the primary task. At the individual level, the ego is weakened when mechanisms of splitting, projection, and denial are employed. Bion has shown that at the group level, the work group ceases to operate when anxiety and other emotions cause the group to work in one of the basic assumption modes. The way forward is to enable the individual to 'work through' their anxieties by facing and coming to terms with the cause of them, that is, by facing reality. Yet Menzies found that in the hospital, although 'anxiety is to some extent contained, true mastery of anxiety by deep working-through and modification is seriously inhibited. Thus, it is to be expected that nurses will persistently experience a higher degree of anxiety than is justified by the objective situation alone' (Menzies 1970: 25).

The social defence system not only failed to alleviate primary anxiety but also caused secondary anxiety. For instance, the fixed, ritual-like procedures for carrying out tasks made it impossible

for the nurses to adjust to varying work loads, which led to a constant fear of an impending crisis. The constant movement of nurses from one position to another, seen by Menzies as a defence against close individual relationships, caused anxiety due to the requirements of the new and unknown situation. Staff levels, always planned for peak loads, and the way in which the nurses' work was allocated, resulted in guilty feelings of underemployment and job dissatisfaction.

Although the social defence system in the hospital developed originally from the combination of each individual's need, it rapidly became fixed and rigid. Because of the nursing profession's unwillingness to change, each new student was forced to accept the norms that had developed and she was unable to project her own psychic defences into the social system and contribute to and modify it. She was forced to introject the hospital's defence system and this resulted in the new student experiencing a considerable degree of pathological anxiety. Menzies's conclusion was bleak. The hospital system was not only failing to develop the nurses' ability to recognize and deal with anxiety but 'in many cases it forces the individual to regress to a maturation level below that which she had achieved before she entered the hospital' (Menzies 1970: 36).

#### *A case study of residential institutions*

A further example of social defences against anxiety is given by Miller and Gwynne in their pilot study of residential institutions for the physically handicapped and the young chronic sick (Miller and Gwynne 1972). This study illustrates how anxiety arises from the task that society gives to institutions of this sort, such as the Cheshire Home. 'The task that society assigns — behaviourally though never verbally — to these institutions is to cater for the socially dead during the interval between social death and physical death' (Miller and Gwynne 1972: 80). Carrying out such a grim and painful task must inevitably create intense stress and anxiety, which affects not only the staff but also the inmates. The authors analyse the culture and practice of such institutions in terms of social defence mechanisms.

These defences are divided into two categories, namely the humanitarian defence and the liberal defence. The humanitarian

defence is based on humanitarian values, prolonging life at all costs but without asking for what purpose. Society wants to believe that the inmates are happy and contented and is affronted by any show of discontent, which is equated with ingratitude. The liberal defence attempts to deny the inmates' abnormalities and fosters the myth that they are really normal. Hopes are encouraged of physical cures and social rehabilitation, which any inmate realizes are false as soon as he attempts to cross the boundary into 'normal' society. Staff professing these liberal values frequently infantilize the inmates by saying that 'they are just like children'.

Resulting from these defences are two models of residential care, the differences arising from the different perceptions of the primary task. The first is the 'warehouse' model, in which the task is perceived to be the prolonging of physical life. An institution using this model concentrates on the provision of medical and nursing care and the 'good' inmate is the one who accepts the staff's diagnosis and treatment of his needs.

The other is the 'horticultural' model in which the primary task is the development of the deprived individual's unfulfilled capacities. Although the latter model would seem to result in greater advantages for the individual inmate, both are in fact social defence mechanisms 'set up to cope with the intolerable anxieties that are associated with the task that society implicitly defines for these institutions'. The real task for these institutions is to help the inmates make their transition from social death to physical death by providing a setting in which they can find their own best way of relating to themselves and to the environment.

*Institutional defences.* Like Menzies's study of the hospital, Miller and Gwynne found the operation of a social defence against close staff/inmate relationships. There was usually a duty roster, which ensured that staff rotated their duties with different inmates, which preserved an interpersonal distance. The inmates, especially in institutions operating the warehouse model, were de-personalized and non-differentiated by being treated as either mentally incompetent, or as if they were all as totally crippled as an advanced sclerotic. This defended the staff against the varied needs and abilities (albeit limited) of individuals. A similar

defence was seen in some institutions in the attitude of staff to aids and equipment, such as electric wheelchairs. These were usually dismissed as irrelevant and useless toys, perhaps because 'staff who reject aids, whether on the ground of expense or that their inmates are too helpless to manage them, are really expressing an inability to tolerate a measure of independence in those they look after' (Miller and Gwynne 1972: 133).

Other social defence mechanisms arose because of the inevitable death of the inmates. Using general systems theory, an institution caring for the chronic disabled has only one export, and that is dead inmates, and this is bound to cause intense anxiety among the staff. While some defences must be inevitable and to some extent essential, nevertheless energy devoted to such defences could be channeled into greater care for the inmates. It was found that inmates were frequently transferred to other institutions when they showed signs of physical or mental deterioration. Some institutions took in a small number of people in a different category of illness, either those convalescing or those with a terminal illness. It can be supposed that the motive for the former action was the hope that the incurables might gain comfort from the convalescents, and the latter a sense of gratitude and relative fortune from the incurables. A further defence mechanism, and perhaps the one having the greatest effect on these institutions, was the assumption that the critical import-export process involved the staff rather than the inmates. This is a defence against paranoid anxiety, whereby the inmates and the staff split off their bad objects and feelings and projected them in to a suitable member of staff. Miller and Gwynne found that in every institution at least one staff member was considered at best incompetent and unsympathetic, and at worst sadistic. Alongside this, some staff were idealized as always good and benign. This process could escalate into the belief that all the troubles and problems of the institution would go away if only the bad and wicked matron would leave. The proof that this mechanism actually operates is seen in the staff wastage figures — over 30 per cent per annum, with a higher turnover for the heads of these types of institution than others. Inevitably, after a while, the new replacement, seen initially as all that is good, falls from grace and the process is likely to begin all over again.

The counterpart of this mechanism was also observed — the

scapegoating of inmates by the staff. The assumption arose that the home would be a better place if only a certain patient would leave, and sometimes this assumption was turned into reality by an inmate being consigned to a mental hospital.

To complete their study, Miller and Gwynne make some tentative suggestions for better organization and leadership of these institutions, which avoid the pitfalls of the warehouse and horticultural models. They recognize three sub-systems that should operate within the total management of the institution.

*Dependence system* This deals with the physical resources needed to help the inmates cope with their daily living activities, such as dressing, feeding, and so forth. However, this cannot be the only operating system, otherwise the inmates have no role, other than to be dressed and fed, which is in fact what happens in institutions operating the warehouse model.

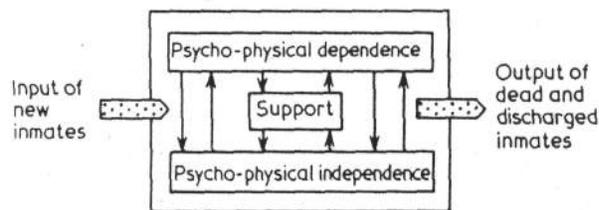
*Independence system* The primary task of this system is to provide an environment that gives the inmates opportunities to act

as independent individuals. These opportunities may result in what may seem trivial activities to the normal person, that is, delivering the letters, and may be taken up by only a few. Nevertheless, it allows the inmates to manage, to some extent, their own personal boundaries.

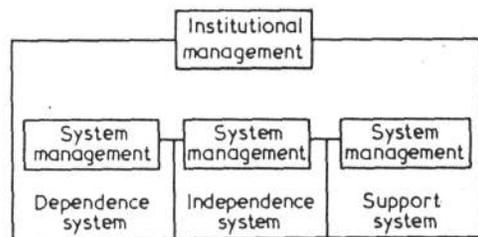
*Support system* This system, an innovation, would provide a counselling service, perhaps backed up by external psychiatric resources although local voluntary services, such as the church, could make a valid contribution.

The institution is an open system, and an organizational model, based on the three sub-systems illustrated in *Figure 11*.

Figure 11 The basic organizational model



The institution as an open system, showing constituent systems of activities



The basic organizational model

Source: Miller and Gwynne (1972: 190)