

**PART IV**

**Social welfare and education**



## Spotlit: defences against anxiety in contemporary human service organizations

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Organizational formations and cultures in the twenty-first century are in rapid and radical evolution. However, trajectories of change differ according to political, social, and cultural contexts. In British public sector contexts, the influence of neo-liberal market ideologies and practices, encapsulated by New Public Management theory, may be a dominant transnational force intersecting with other local and national traditions and trends. Isabel Menzies Lyth's (1960) original thesis about the functioning of social systems as a defence against anxiety was itself developed under specific professional and historical circumstances, and it is also imbued with particular psycho-analytic theoretical presuppositions.

In this chapter, we propose that the meaningful application of her ideas to contemporary human and public service organizations requires considerable development of the precepts shaping the founding thesis. First, in summary, the nature and sources of the anxieties with which front-line staff and human service managers must contend have evolved to include a powerful range of extra-organizational forces and pressures. Second, the anxieties arising from these new sources are typically different from the familiar task-related anxieties that were Menzies Lyth's main preoccupation, but they are also often congruent with the latter in important ways. We suggest it is helpful to think of task-related anxieties as predominantly depressive in their

nature, and those emanating from the managerial and political environment as predominantly persecutory. Both varieties of anxiety give rise to socially structured defences, and both also generate “secondary anxieties”, which are the unintended consequences of these defences. A nuanced capacity to disentangle these different processes, and their effects on organizational experience, is required. So, third, the contemporary state of affairs requires a more fully psycho-social framework of understanding than Menzies Lyth offers, in which there is (at least) a two-way direction of influence acting on operatives to produce their “lived experience” of the work and its organizational context. The total situation results in a distinctive “structure of feeling” characterized by “fear and dread” in modern British human services. This overall way of thinking indicates a need for case-study-based research programmes that capture the particularities of specific organizational/cultural formations. Thus, we report and draw upon the findings of a small-scale ethnographic empirical study of front-line child protection services to elaborate and illustrate the wider thesis we are proposing.

### *The transformation of human service organizations*

In an earlier paper about the contemporary relevance of Menzies Lyth’s ideas, Cooper (2010) suggested that since the 1980s British public sector organizations have been the object of successive but also cumulative waves of external pressure associated with the neo-liberal political project and its determination to variously “transform”, shrink, marketize, or reposition the welfare state as a whole in its relation to wider economic and state–civil society boundaries. “Modernization” is often the catch-all phrase for these trends, although this term may disguise as much as it reveals about the deep structure of the transformations concerned. Resource rationing, performance management and target cultures, inspection and audit regimes associated with a “value-for-money” public transparency and choice ethic, interagency and cross-sector collaboration (“joined-up working”) all combine to create a distinctive and new network of organizational demands, accompanied by new forms of professional anxiety. In many ways, these contextual forces constitute the phenomenon of public sector “governance”, itself a telling neologism denoting a variety of social order and discipline unsteadily located on the boundary between traditional government and new forms of regulation and social surveillance.

Hoggett (2010) and others suggest that the distorting impact of these forces in relation to the traditionally conceived “primary tasks”

of health and care services constitutes a kind of systematic perversion of those tasks. Krantz (2010) points to the influence of new technologies and digital information and communication systems as further transformative forces shaping organizational life, mobilizing new and unfamiliar forms of anxiety. To date, however, there has been little empirical study of whether and how professional anxieties have actually been modified by these developments, or whether we can confidently assert the emergence of new forms of defence against such anxieties. Anecdotal and experiential accounts abound, but the danger here is that we narrate and hear only those anecdotes that confirm our fears and anxieties about social change, so that the important project of describing and conceptualizing change processes becomes confused with a “narrative of loss”.

The research project described below was undertaken by Amanda Lees [hereafter A.L.], and in part it set out to test the validity of Andrew Cooper’s and others’ formulations about modern organizational anxieties (Lees, 2014). However, the two authors did not collaborate on this project, and they only met one another after it had been written up. This work describes in detail organizational structures and systems, behaviours, practices, rituals, and affective states that will seem very familiar to anyone who has a working relationship with modern British health or statutory care settings. Alongside our necessarily summary account of this work, we do offer some additional anecdotal accounts of direct experiences of the contemporary “structure of feeling” in these settings, because it is important to grasp just how extreme these can be, and thus how important it is to achieve a more coherent and convincing understanding of what is being enacted in the name of “care” or “welfare” in our society—and what part “defences against anxiety” play in all this.

### *Cases and contexts*

This chapter might usefully be read in conjunction with others in this volume that engage with similar questions—for example, the contributions of Hoggett (chapter 3), Halton (chapter 1), and Boxer (chapter 5). We are in sympathy with the broad position that Paul Hoggett outlines in his chapter concerning the need for a more fully psychosocial account of organizational defences and a less reductionist and more “binocular” psychoanalytic account of the origins and nature of both organizational anxieties and defences, and the strong case he makes for the existence of an autonomous sphere of group and societal defences. The theoretical ambivalence of Menzies Lyth, Jaques,

and others towards the ontological autonomy of defensive systems at the organizational or cultural levels is more fully explored in Cooper (1996). William Halton's suggestion that the defences against anxiety reported by Menzies Lyth in her original study are obsessional in nature also resonates with our experience, with earlier theorizations by Andrew Cooper (Cooper & Lousada, 2005, chap. 3), and with A.L.'s new findings. Like Halton we think it important to be able to specify the anxieties that might be shaping any particular organizational culture, and we have some propositions to advance about the differential nature of task-related anxieties in the care and health sector, and the societal ones that intersect with these.

Our allusions to the specificities of context-shaping organizational cultures and anxieties, allied to the differential nature of organizational primary tasks that are assumed to mobilize anxieties, suggest that a rigorous case-study approach is required for the development of both more refined theory and useful models to inform consultancy or other practical interventions. As Obholzer (1989) notes, Menzies Lyth's key propositions include that "there is innate psychic pain inherent in all institutions (and) that the nature of the pain is specific to the primary task of the institutions". Given the additional variable of social-political context, what holds for a financial services organization in Hong Kong will probably not hold for a hospice in Harlem. Differential organizational forms, the characteristic anxieties their tasks generate, the societal pressures and demands shaping their evolution, distinctive professional cultures within a society, and so on, all combine to create particular organizational "cases" that must be understood psycho-socially as "complex particulars" (Cooper, 2009b). Different organizational cases may manifest considerable similarities with one another, but complex particularity means that these will take the form of stronger or weaker "family resemblances", rather than simply identity or difference .

### *The case of English child protection work*

A.L.'s study was undertaken in three systemically linked front-line child protection teams in an English local authority, with a focus on information-sharing practices. We suggest that English child protection organizations, policies, and practices over the last decade provide unusually instructive examples of how task-related anxieties and internally generated organizational responses to these have intersected in complex and unpredictable ways with powerful political, cultural, and societal processes to produce organizational "states of mind" consistent

with those described by Menzies Lyth, but not actually explicable solely in terms of the mechanisms she postulates.

Rigidly protocolized information-sharing practices are a salient feature of this picture. Overtly, these new procedures and practices derive from the repeated findings of public inquiries, Serious Case Reviews and other analyses of “failures to protect” children at risk, that ineffective information sharing among agencies and between intra-agency subsystems made a significant contribution to the ultimate fate of children at risk. However, the organizational mind states and behaviours associated with these practices bear all the hallmarks of a socially constructed system of defences, with the “obsessional” features noted by Halton very much in evidence. But what accounts for what in this picture? Do profound task-related anxieties associated with professional responsibility for “safeguarding” vulnerable and at-risk children from harm, and ultimately death, dispose front-line and first-line managerial staff to erect organizational systems of defence? Or do public, judicial, and media allegations against individuals, organizations, and at times entire professions, of “failure” to protect children dispose policymakers towards excessively rationalistic, proceduralized policy solutions that are themselves infused with anxiety and hence particular varieties of defence against anxiety? In effect, policymakers have mandated “ritualized task performance” as a solution to perceived “performance failures”. However, policy prescriptions never fully determine the implementation process, and they are always available for mediation, interpretation, and resistance on the part of organizational and professional leaders and management. But if the form in which public policy “solutions” to profound periods of social anxiety about our capacity to protect children from harm are congruent and intersecting with the “solutions” to task-related anxiety arising from the psychic pain and anxiety of the primary task, then we are looking at an over-determined state of affairs in which internal and external dynamics are reinforcing each other in complex ways.

*Menzies Lyth and modern policy processes:  
from depressive to persecutory anxiety*

Lees, Meyer, and Rafferty (2013) discuss the striking parallels between Menzies Lyth’s typology of defensive behaviours and practices found in the hospital setting, including the secondary anxieties these defences generated, and the defensive character of policy driven “solutions” to the succession of public and professional crises that have afflicted

child care and protection work in Britain. The Munro review of child protection (2010, 2011a, 2011b), which aimed to dismantle the rigid, proceduralized organizational and practice culture of child protection work, may represent the most powerful example of Menzies Lyth's influence on public policy, although Munro also draws on a number of other theoretical and research traditions. However, we think there are important theoretical and practical distinctions to be articulated with respect to the origins and nature of defensive processes generated at the task and the public policy levels.

Central to Menzies Lyth's analysis is the idea that it is anxiety about potential harm to patients that drives the individual and collective need to erect defences—to offload decision-making responsibility, generate obsessional rituals around decision-making, maintain emotional distance from patients, project harsh and critical voices onto junior staff, and so on. Menzies Lyth directs attention to how close contact with suffering, loss, injury, anxieties about death and dying, as well as the libidinal impulses aroused by close contact with patients' bodies, may mirror and mobilize early infantile anxiety states in staff. These core anxiety states conform mostly to what Kleinian theory denotes as "depressive anxieties", in which fears about harm done to the "other", and the consequent fear of guilt about such harm, predominate.

Lees et al. are right to point to the congruence between the varieties of defence that arise at the task level and at the public policy level, but are the underlying anxieties the same? We suggest not. Rather, the dominant source of anxiety inhering in, and deriving from, the public sphere is of allegations and accusations of failure, of the potential for public humiliation and scapegoating of individuals, of entire organizations, and even of professions, with many well-publicized real-world instances to reinforce such fears. In a performance culture, the consequences of organizational "failure" are real and rapid. Heads roll, careers are destroyed, organizations shamed and put into "special measures" and so on. Here the paramount anxieties concern threats to the self, not to the other—that is, to "persecutory anxiety" in Kleinian terms. Hence the familiar and oft-repeated observations about contemporary defensive organizational practices being directed towards "covering your back". What is implicitly lamented here is precisely the replacement of concern (albeit anxious concern) for the patient or service user by a dominant anxiety for the survival of the professional self.

We think this is an important and useful distinction to recognize, but of course it is also not as neat as the above formulation suggests. First, we can see in the Menzies Lyth thesis how projections or displace-



ments of anxiety into superiors, or onto junior staff, dynamically position them as potential “persecutors”, who via processes of projective identification may then indeed enact exactly this role. In post-Kleinian clinical thought, the oscillations and dynamic interplay between persecutory and depressive states have been well theorized and illustrated (e.g., Britton, 1998a). But the key point remains. Where persecutory anxiety predominates, the vulnerable or suffering other is obliterated. Where depressive anxieties predominate, there is at least the possibility of retaining emotional contact and concern for others.

So, second, when we describe policy prescriptions and the cultures of practice emanating from them as “defensive”, what are we suggesting they are defending against? Is it the same kinds of anxiety that Menzies Lyth identified, or something different? It is not clear to us that the anxiety states driving policy processes are “depressive” in nature, but more that they are efforts to quell anxieties about allegations of “failure” by governments, ministerial departments, professional leaderships, and so on, as well as the political and professional repercussions of blame becoming attached to any of these. Cooper (2005) and others (Reder & Duncan, 2004) have noted how public enquiry and media preoccupations are marked by the absence of any conscious or explicit sense of mourning, or depressive reflection in relation to the tortured, dead, or severely injured children who are their supposed object of concern. Equally, these political and public processes have been emptied of any reference to the idea of tragedy or accident. Instead, a discourse of perfectability and failure or disillusion in relation to a shattered ideal predominates—“This must never be allowed to happen again, and today I am announcing measures that will ensure this.”

Thus, our contention would be that when human services become the object of intense critical public scrutiny, then the likelihood is that a social dynamic will ensue that entails an escalation of generalized persecutory anxiety, organized by idealized fantasies, with accompanying defences against such anxieties that translate into an overdetermined anxiety situation at the level of front-line service provision. Cooper (2011, 2014) has conceptualized the history of child protection policy in Britain as a story of successive episodes in which the containing boundary of the formal child protection system has been breached at points of crisis, resulting in the need for some form of arbitration or “settlement” in the judicial or public sphere, before some semblance of social containment is re-established. The Francis Inquiry into Mid Staffs NHS Trust, successive public scandals in the wider social care domain, and the trail of crises afflicting the police service suggest that the analysis

advanced here is probably applicable well beyond the particular professional case with which we are primarily concerned.

But what might all this mean for the “lived experience” of staff working within services afflicted by these complex processes, and for the vulnerable children and adults who depend upon them? How have anxieties developed since Menzies Lyth’s study? Given the recognition of an increasing burden of policy prescription and performance management, have persecutory anxieties replaced depressive task-related anxieties or do the two coexist? And in response to these, how do socially structured defences manifest and to what end? This has received less attention than it deserves, and its study requires a closer, experience-near, or ethnographic form of enquiry.

### *A psycho-socially informed case study*

The small-scale empirical study reported here (Lees, 2014) comprised a psycho-socially informed case study. The study employed ethnographic methods of observation, interviews, and documentary analysis and was theoretically informed by the work of Menzies Lyth and that of Woodhouse and Pengelly (1991), Cooper (2010), Krantz (2010), and Hinshelwood and Skogstad (2000). Research questions related to social workers’ experiences of information sharing in the context of multi-agency working to safeguard children. Underlying the research was the recognition of the problematic nature of information sharing and a belief that it is an area of practice likely to be influenced by anxiety and defensiveness.

The cases were three social work teams within the same Local Authority Children’s Services directorate. The teams were a Referral Screening Team (RST), an Initial Assessment Team (IAT) and a Longer Term Team (LTT). Practitioners in all teams were open about the anxiety-provoking and emotionally intense nature of their work that, in many ways, is unlike any other. As one senior practitioner in the LTT expressed it:

You’re very often taking the weight of the world on your shoulders, I mean where else, I sat back . . . one day and listened to the phone calls that were going on around me, I had one young boy of 12 that was in a sexual relationship with a family dog, I’d got another one who it was her father, and you can go round the table and you’ve got Mr A knocking absolute skittles of shit out of his wife, every night, night after night after night, the children are caught up in it all,

you've got another baby over there that's just eaten a huge lump of cannabis and has been rushed to hospital. Where else can you actually get up, shower, come to work in the morning and it's full on?

A great deal of anxiety, and other powerful emotions such as sadness and anger, were generated by the nature of these cases and by contact with vulnerable children and adults. (Powerful emotions in many forms were present in the workplace, and we agree with Paul Hoggett that anxiety is not the only emotion that needs defending against. Social workers often reported using humour, for example, as an antidote to the sad and upsetting nature of the cases they dealt with.) Social workers also spoke about dreading visits with particular service users and of being threatened and even physically attacked. This was not unexpected terrain—such issues have received attention within the academic literature (e.g., Ferguson, 2005; Taylor, Beckett, & Mckeigue, 2008; Waterhouse & McGhee, 2009). These powerful emotional states resonate with the primitive anxieties aroused within nurses in pursuit of the caring task in Menzies Lyth's study.

Perhaps somewhat surprisingly, then, given the nature of the cases described in the quotation above, most day-to-day worry and anxiety for social work practitioners within the research site was caused by the demands of heavy workloads and competing priorities, within contexts of high demand and scarce resources.

was "opening quote"  
(did the chapter  
originally have  
an epigraph?);  
ok as changed to  
"quotation above"

You're kind of almost always catching up with yourself and you're almost always doing just enough. Which is why they get into this cycle of case open, little bit of signposting, case closed, referral, case opened, signposting, you know. You just kind of get into the circle. And time and time again you see families coming round and round and round . . . I think that's probably the worst part, is that if the case loads were lower and the timescales weren't so prominent I think we'd all do a much better job than what we do, even though we all do the best we can with the time we've got. (Social Worker, IAT )

Reflecting the increasingly "informational" nature of social work (Parton, 2008), it now appears that "managerial" anxieties are inherent in the working lives of social workers, as much as exposure to abuse, distress, and hostile clients. Menzies Lyth identified a number of these "managerial"-type anxieties in her study, but she described them as being secondary consequences of the adoption of socially structured defences against the primary, primitive anxieties of the nursing task.

For example, she suggested that fears about operational breakdown (or inability to cope with the work) resulted from the defensive adoption of rigid and inflexible processes. Frustrations about the lack of opportunity to use professional judgement was described as another secondary anxiety of this rigid organization of work. In this study however, it is clear that external pressures of high demand for services and policy blueprints for work organization have given these anxieties a life of their own. They bear down on social work teams from outside and are as powerful, if not more so, on a day-to-day basis than anxieties about caring for vulnerable children.

Reflecting this, Cooper (2010) suggested that the political and policy context of twenty-first century organizations was likely to have created a new set of anxieties, related to the prevailing conditions of market economy. These he named as:

- » rationing anxiety (relating to the scarcity of resources)
- » performance anxiety (relating to performance management and audit)
- » partnership anxiety (working in networks and multi-agency arrangements over which no one has central control).

Anxieties expressed by participants across the three teams strongly resonated with the broad categories that Cooper defined. "Rationing" anxieties commonly expressed included staff and service cuts, pay freezes, staff turnover, and outdated/unsuitable office space. "Performance" anxieties related to heavy workloads, high administrative burden, competing priorities, performance management, and being able to do work well enough in pressured environments exacerbated by cases that are ambiguous and complex. While social workers' concerns about their own ability to function well and to keep children safe were depressive in nature, persecutory anxieties abounded as well. These related, in particular, to the monitoring by senior managers, of social workers' adherence to case timescales. Although social workers often did not feel this to be a fair reflection of the work they were doing, they were nevertheless susceptible to feelings of shame when they were flagged as falling behind.

When we get work allocated to us that's late, Day 1 starts on the day of the referral regardless of when it's allocated to us. So we all have periods of time where all of our initial assessments are red because they're over 10 days, so then you're like I'm crap, I don't do my job

... So you then do the monitoring report avoidance: I'm not looking at it because I know I haven't done it so you don't need to remind me every day. (Social worker, IAT)

For social workers within the LTT, the court environment added a tranche of anxieties about their ability to present evidence that was clear enough to stand up to cross examination and to allow the best judgements to be made for children. In such adversarial environments, persecutory anxieties did not seem to be misplaced.

Especially when you're in court, you're going to have to give evidence in court, court proceedings are a bit of a blood bath. You get cross-examined, you need to be very thorough in your work . . . (Social worker, LTT)

"Partnership" anxieties were often forcefully expressed and related to the lack of willingness by some other agencies to engage fully with the child protection process, with social workers feeling that they were sometimes literally, as well as figuratively, left "holding the baby".

### *Socially structured defences against anxiety*

How, then, did defences manifest in response to the anxieties outlined above? In this study, socially structured defences were taken to be working processes that appeared to be disproportionate responses to the situations encountered (Trevithick, 2011) and that were linked to secondary consequences such as delays, frustration, and despondency. These were identified tentatively by the researcher during observations and checked out in interview with research participants. As a result of this process, a new socially structured defence was identified, which took the form of "spotlight" practice to clarify and justify the focus of professional attention in the context of limitless demands, under-resourcing, complex cases, and rigid performance management. This took a variety of forms—in particular, attempts to make sure that over-worked teams were doing the right work in the first place (manifest in boundary and threshold disputes), to make facts and proposed courses of action as explicit and clear as possible, and to rehearse and repeatedly check actions and decisions to ensure that mistakes are not made.

Boundary disputes between agencies and the careful checking of referrals by social workers have previously been identified as defensive features of practice related to heavy workloads (Broadhurst et al.,

2010) and feelings of being under siege (Woodhouse & Pengelly, 1991). Within the research site, boundary disputes were most evident at the internal boundary between the RST and the IAT. Despite the existence of a detailed local authority threshold document within the research site, interactions between the two teams were characterized by disputes over the nature of cases and whether they warranted social services intervention. Within the IAT, there was criticism of the RST's ability to filter cases "correctly". The IAT would sometimes immediately close cases that had been referred to them by the RST or would send them back with requests for further information. In turn, there was a perception among the RST team that their decisions were being scrutinized and unfairly criticized by the IAT. Within both these teams, there was also frequent criticism of the inability of some other agencies to make appropriate or detailed enough referrals. As the team leader of the IAT explained, the careful manning of in-boundaries represented a defence against taking on the "wrong" work, when they already have too much of the "right" work to do. If this happens, nothing can be carried out to a high enough standard.

If we took that premise we'd be inundated and we're already too busy as it is. So if we are doing all the wrong work we can't get to the right work . . . I'm like "STOP! Don't do anything!" because we have a principle here that we must challenge this. We have to challenge this, because if we start taking things . . . I think has been part of our problem why we've been so inundated, because we can't just be a "yes" team.

Prominent in the LTTs, elaborate processes for clarifying and checking facts and decisions had developed. Social workers' tasks were often laid out, and reported back, on a step-by-step basis—with seniors setting out specific tasks for social workers to complete, who would then complete the task and return straight away to the senior to provide feedback. Involvement of a number of levels of management in discussions about casework were also frequently observed. Practitioners described multi-layered systems for the approval or sign-off of documentation—in particular, court paperwork. While the involvement of seniors/team manager in the day-to-day details of cases was perceived as supportive by some more junior members of staff in need of reassurance, it could cause frustration for those with more experience who identified associated consequences of delay and role overlap.

Why is that system in place that 3 people need to check it? I don't understand. Isn't someone competent enough to be able to check that report once, sign it and send it off? Because otherwise it's making the whole process even longer than what it needs to be, because ideally you'd want your court work done a week before. It's impossible. (Social worker, LTT)

These defences resonated with a number of those identified by Menzies Lyth regarding decision-making and checking with seniors. They also had an obsessional aspect to them, as Halton suggests. Taken together they represented socially structured defences against anxieties about carrying out important and risky work in contexts characterized by lack of time, resource, complexity, and ambiguity but, importantly, also in the shadow of an omnipresent inspectorial "management system in the mind" that was not the sole product of task-related anxieties or defences against these.

Spotlighting was used to shed light on complex and ambiguous cases, to illuminate decision-making, and to sift out any of the "wrong" work. While a spotlight is powerful for illuminating the details of dark and murky contexts, it is less able to provide a wider view, and therein lies the problem for inter-agency information-sharing and collaboration. Important issues may be lost in the shadows outside the concentrated but narrowly focused spotlight of professional attention. Information that is lost in the shadows cannot be shared. To allow a more diffused view to be taken, there is a need for enhanced "holding" of professionals through an increased sense of role clarity and containment within the organizational and inter-organizational contexts.

*The professional "self"  
and modern organizational anxieties*

Our own experience of intensive post-qualifying training work with social workers and healthcare staff strongly suggests that the state of affairs we are describing has profound impacts on the lived experience of the workforce at all levels. Most people enter human service work with a primary, if sometimes naïve, desire to "help others", to provide care, and to engage humanely with complex human predicaments. Whatever else their roles and task demand, they want to be able to work in a relationship-based fashion and to use their professional self as a central resource in doing the work. Menzies Lyth's great contribu-

tion was to show us how complex and disturbing this simple aspiration actually transpires to be, as we encounter the reality of suffering, injury, mental pain, internal and relational conflict, fears of death and dying, and strong libidinal impulses in both others and ourselves in the ordinary course of such work. However, the hopeful dimension of her work was to show that if organizational boundary conditions are attuned to these realities, allowing space for continual non-judgemental reflection upon working experience, then the satisfactions and rewards of the work may far exceed any detrimental impact of the anxieties it generates.

Equally, the hopeful dimension to the case study described above is that *despite* carrying the weight of persecutory and depressive anxieties, practitioners nevertheless expressed much joy and satisfaction in their work with their service users. The respondent below surprised the researcher with this comment—as most of the conversations they had shared in the office were to do with his stress concerning the magnitude of his workload and performance management reports:

. . . we all are, I think, making some difference somewhere, some positive impact somewhere. Um, you know, not all the clients would be happy with us in terms of like the parents or dads and mums, um, but I think we are working for the children. They may not even be able kind of, . . . share their views when it's really like, um, you know a teeny tiny child, um, but I, I am glad I'm doing it and I feel good by the end of the day. Most of the days (*laughs*). Not all the days, most of the days! I feel good that at least, you know, we have done something about that situation, about the child.

Thus, in the research process, A.L. was arguably subject to something analogous to a negative transference from her subjects. Given an opportunity for open-ended narrative disclosure, it is the weight of frustration, anger, and despair that is first communicated to a receptive listener, because these feelings and thoughts have no proper organizational outlet. This is a frequent experience for psychoanalytically attuned researchers, and it facilitates access to the complexities and subtleties of the lived experience of subjects, much as a good organizational consultancy would aim to do. The thinking and research advanced in this chapter suggests that negative, externally generated “boundary conditions” have become much more prominent in shaping the context of service delivery and that the anxieties and defences involved typi-



cally invade organizational “space” and, beyond this, the mental space that is the self of the worker. An account of lived organizational and personal experience by a child protection worker, written some years ago now and reported in Cooper (2009a) illustrates this vividly:

I am working in a factory. I have been working there for the last five years. When I started working there I did not think it was a factory. It didn't look like a factory, not from the outside and not from the inside.

We produce initial and core assessments in our factory. Our management counts the assessments completed on a weekly basis, and informs the workers of the results in team meetings and by emails. The workers don't seem to care about these numbers but they preoccupy the management.

There have been many changes in our factory in the past five years, due to demands from above and competition from other factories. The management has been replaced, the teams were reconstructed, the machinery (workers, forms, IT systems) also saw great changes.

I am quite confused about who is my master and who do I need to serve. Is it the customer or is it the government and do they have conflicting interests? I am thinking of running away from this factory to look for another job . . . in another factory.

Later she writes of how:

The management measures (in percentages) the reports of initial and core assessments completed on time, and compare these to other teams. When the team manager reports these statistics in team meetings, I can recognise how my body becomes tense and my heart rate increases, and I get very angry . . . I have voiced my resentment about to this ritual but it was ignored by managers and other colleagues.

In order to adjust practice to inspection standards our organization has become:

- Obsessive about records
- Obsessive about statistics
- Manipulative of the statistics.

[Cooper, 2009a, pp. 174–175]

Our experience of receiving experienced, well-qualified practitioners like the one who wrote these passages into post-qualifying “continuing professional development” trainings is that they are often, in effect, depressed by their working lives. However, they do not usually know this, but gradual exposure to both the experience of reflective “work discussion” spaces (M. E. Rustin & Bradley, 2008) and also experientially inclined seminars on contemporary policy processes enables

them to begin to feel and know about their depression and the frustration and anger that underlies it, and to rediscover a “lost” or buried sense of professional vocation rooted in the desire to engage with other people—a professional self that has gone into hiding. But crucially, *both* forms of training experience are required. Reflective case discussion that does not engage with the baleful impact of the organizational and policy environment goes only so far. Recognizing, naming, and recovering some sense of personal agency in relation to the different, intersecting, and frequently congruent forms and sources of anxiety delineated in this chapter—those that are located primarily in the difficult nature of the primary task, and those that flow from the organizational, managerial, and policy environment—becomes possible and, to a degree, liberating.

*Fear and dread:  
a contemporary “structure of feeling”*

In a much-cited but not very well developed or articulated passage, Raymond Williams introduced the idea of a “structure of feeling” to suggest that particular social epochs or formations are characterized by pervasive, organized, but not cognitively very “legible” collective emotional experiences. A structure of feeling, he writes,

is as firm and definite as “structure” suggests, yet it is based in the deepest and often least tangible elements of our experience. It is a way of responding to a particular world which in practice is not felt as one way among others—a conscious “way”—but is, in experience, the only way possible. Its means, its elements, are not propositions or techniques; they are embodied, related feelings. In the same sense, it is accessible to others—not by formal argument or by professional skills, on their own, but by direct experience . . . [Williams, 1993, p. 18]

Menzies Lyth’s seminal thesis about the functioning of social systems as a defence against anxiety captured something of the same idea, but at the more specific, micro-level of organizational culture. The sense so many people have of finding in her work the articulation of something they have “always known” but for which they have had no language or concepts with which to make sense attests to its potency. For example, recently one of us (A.C.) encountered a senior professional and psychotherapist who had been his social work tutee twenty years earlier. She recalled, “I told you about my struggles in the agency where I was

on placement. You said, 'Go and read Menzies Lyth'. I did and I never looked back."

The practitioner in A.L.s' study who described "taking the weight of the world on your shoulders" was referencing the astonishing variety, complexity, and emotional intensity of his team's encounters with individual suffering, family conflict, infantile vulnerability, and adult perversion and neglect—the demands of the primary task. The practitioner who expostulates, "Why is that system in place that 3 people need to check it? I don't understand. Isn't someone competent enough to be able to check that report once, sign it and send it off?", is referencing something different that in our view cannot be fully explained or understood with the conceptual resources Menzies Lyth bequeathed to us.

However, it is in the nature of defences, whether functional or dysfunctional (and most defences are sometimes or in part one and sometimes the other), that they successfully disguise or obscure the threats, feeling states, and fantasies to which they are an attempted solution. As a paradigm instance of good psychoanalytic work, Menzies Lyth's research allows us to see beyond certain kinds of apparent bureaucratic mindlessness to the literally "dreadful" sources of anxiety, located in the task, that generate defensive practices. There is much further work to be done in order to provide corresponding empirical support for the proposition that the pervasive obsessionality of modern managerialist practice arises—in part, at least—from a collective need to defend against equally pervasive fears of personal and organizational failure emanating from, and situated in, a public sphere organized by a competitive, risk-averse policy and political climate. The sociology of modern organizational development suggests that many forces other than just task anxiety are at work in producing the total picture we are describing, forces imbued with but not simply reducible to processes of projected anxiety or social ambivalence. In line with Halton's observations, we hold that we can only undertake this more fully psychosocial enquiry via a rigorous engagement with the experiences of social subjects inhabiting the live world of such psychosocial formations, and in these terms we believe that the work reported in this chapter is a beginning.