

# The Traumatised Organisation

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I feel very honoured to be invited to speak to you tonight. The Trauma Unit has been a shining example of a psychoanalytically conceived service that continually and successfully strives to face reality and help traumatised patients to recover damaged capacities. Set up by Caroline Garland in this mode, it has been developed and expanded to engage in the widest range of traumatisation under the intelligent and loving guidance of Jo Stubbley. I count myself privileged to have been able to encourage this development during my time as Director of the Adult Department; but you can understand my nervousness at coming onto this platform to speak to such expertise about trauma, albeit trauma in organisations.

## Introduction

I am going to share with you a myth. It is the myth of a healthy organisation. I call it a myth because it suggests that it is possible to design such an organisation and that it will simply remain healthy. It won't. Organisations, like everything else in the universe, break down or wear out. I call the specific nature of this, 'organisational entropy'. The point of the model is that it acts as a map or possibly an anatomical view of a human body; it shows you what it should look like, so that it helps you to see what's gone wrong.

This model is the result of what I've learned from people like Wilfred Bion, Elliott Jaques, Anton Obholtzer and other organisational consultants from the Tavistock tradition. It was honed by my experiences as a manager and polished by my work as an organisational consultant.

In the interests of expanding on the entropy idea, let me show you my approach to consulting to organisations:

I start from certain assumptions.

- First, that people come to work to try to do the best they can
- Therefore, if there's a problem in the good function of the organisation, it won't be because they aren't trying to solve it...
- My hypothesis is that they can't solve it because they can't see it, its roots lie below the surface.
- My job is to notice what the group cannot see and make that visible, so that they can attend to it. In this way a consultant can restore a vital feature of reality-based thinking, the capacity to take a step back and, from this '3<sup>rd</sup> Position', take a look at what is really going on.

My experience is that groups and organisations in difficulties *always* form the hypothesis that the real cause is personal; this transforms the language of thinking from enquiry to blame.

You may ask, 'why does it always collapse into a focus on personalities?' Perhaps this will become clear as we proceed, but a starting point is to say it is because of the way that individuals are drawn into expressing the unconscious group dynamic. Wilfred Bion (1961) showed us that this happens through what he called our valencies. You could say these are our vulnerabilities, the 'problem areas' of our personality, very often built around unconscious beliefs about ourselves and the world we live in. I'm afraid I don't have enough time today to go into this in any further detail, but I hope it will come through in the talk.

## The Healthy Organisation Model

Now we must return to organisations. The first thing to say about them is so obvious that I hope you don't feel insulted that I should even mention it. Organisations are built by people to achieve

things that people want, on the assumption that bringing more minds to bear and bodies to act will more easily achieve the ambition that lies behind each one.

It follows that the best organisations are those that most faithfully mimic those functions in an individual that lead to the healthiest performance and here I am speaking of the mental functions. So, what are they in the individual and how might we replicate them in the organisation?

I believe we can answer that question most helpfully if we start with a very brief and schematic description of how the mind develops. You can find a fuller exposition of this process in my book (Stokoe 2020)

- We are organised by three drives, Curiosity, Love and Aggression.
- These drives enable me to be curious about reality;
- relate to it by developing loving concern for others and, therefore,
- I am able to form reciprocal relationships;
- absorb information and
- transform this into symbols, so that it can be thought about, (thinking is an achievement)
- all of which enables me to make decisions. And that leads me to develop a sense of identity, I know who I am.
- I have an identity.

Let's apply these concepts to an organisation. I shall just rearrange them for ease of reference:

- Identity
- Embrace Reality
- Make relationships
- Absorb information
- Transform this into symbols
- Love
- Hate
- Thinking
- Make decisions
- Curiosity

And these must be transformed into something that does the same within an organisation. This is how I see this happening. First I shall collect some of these together under separate organisational qualities. I shall expand on each of these once I've done that.

Identity becomes Primary Task for an organisation.

Embracing reality, making relationships, absorbing information and transforming it into symbols, along with love and aggression, are all contained in what I call Shared Principles.

Thinking and the ability to make decisions become the Hierarchy of Decision making.

All of this is driven or motivated by curiosity and interest, which creates an attitude within a healthy organisation of a Culture of Enquiry, benign enquiry.

Taking these concepts one at a time...

The Primary Task is essentially the Identity of the Organisation, it is the reason for its existence, as it relates to the outside world. In my view, it has to be written, so that it can be under constant review. And we must understand that attention to it will immediately arouse anxiety.

Next on the list is Shared principles, these provide the parameters for the work for instance: financial, ethical, practice and attitude; these are the factors that must be held in mind by any part of the organisation (usually the Board) whose function is governance. All of which creates the Personality of the Organisation which is held together by a shared commitment to a benign enquiry.

Finally, The Hierarchy of Decision Making. This is what I refer to as the equivalent in an organisation of the circulation of the blood. In this case it is the circulation of authority and accountability which creates effective decision-making and activity.

Just to say that my approach here, starting with the top of the system and working down is one of my principles about managing and maintaining an organisation. I too often forget to point out that this is central to my thinking and therefore don't open it up for discussion. So, I'm taking this opportunity to make this statement.

We start with a Boss, who delegates decision-making, as a principle, *to the lowest sensible level*<sup>1</sup>, let's say a manager who, in turn, delegates decision-making to a subordinate whom I shall call an operative. Most importantly, each level in the hierarchy delegates to the subordinate level the *authority* to make decisions.

In this way authority is passed down the line.

In the course of engaging with the work (on behalf of the Primary Task), the operative will experience 'anxiety' both from the engagement itself and from the 'clients'. I am going to say that this is the form of emotional information that has not been transformed into information. Usually we are able to 'understand' some of the anxiety, which is another way to say that we transform it into symbols, so that it can be thought about. There will always remain a certain amount of anxiety that the individual has been unable to transform in this way. Such transformation requires help and I am about to explain how this is built into the system.

In exchange for the authority to make decisions, each person in the system has a duty to account to the next level up for how he/she has been getting on. The operative accounts to the manager and the manager accounts to the Boss. Which provides the pathway by which anxiety is passed up the line, but whether that is used or not is crucial to the health of the organisation. It is the hallmark of a functional, or healthy organisation that anxiety is allowed to be passed upwards and authority downwards. This is because anxiety is *always* a coded form of communication, usually the most important sort of information. Indeed I would say that the attitude of each level in an organisation towards the subordinate level should be characterised as a benign enquiry. You will recall that I said, under shared principles, that this is experienced as part of the personality of the organisation.

Just to define this a little more precisely, if we focus only on the line of accountability, these usually take the form of meeting between a manager and a subordinate and will be the location where accounting takes place. If we can approach them from the perspective of K or curiosity, a benign enquiry, what Bion called Alpha Function and I define as the constant question, "what's going on here?" then we will have created the organisational equivalent of thinking!

Without these structures, the organisation becomes rigid, uncreative and, finally, toxic.

If you can bear with me a minute longer, I'll describe the way the system looks when the organisation is dysfunctional... I think you'll recognise it, it is a system in which the bosses cannot

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<sup>1</sup> Another one of my basic principles for the healthy operation of an organisation.

bear the anxiety associated with their job, so, rather than being able to absorb it and think about it, they bat it straight back and live in fear of it. In this organisation, the Roles are apparently the same but there is a serious omission, often experienced as 'micro-management', namely the absence of empowerment, leaving everyone with tasks but no authority. Consequently, when the operative gives an account, the impact on the manager is to fill them with anxiety which they simply bat straight down. When the manager gives his account in this paranoid system, he has the same impact on his boss, who does to him what the manager did to his subordinate and bats it straight down.

The problem is that this never completely rids the system of anxiety (the only way to do that is to *understand it*). Ironically, the absence of an attitude of benign enquiry, which would transform the unconscious communication into a form that can be thought about, actually increases the level of anxiety within the system and particularly within the bosses who move constantly between states of massive anxiety and massive expression of power. I don't have time to describe this here, but the state of mind that is consequent on the absence of benign enquiry, what Melanie Klein called the paranoid-schizoid position (and I call the fundamentalist state of mind) reduces the response to intense emotion to 'action' (thinking is not possible), that's why they can seem like Psychopaths... the absence of a culture of enquiry deprives them all of the single mechanism they need to turn fear into enterprise.

So, what might we say about the way organisations become dysfunctional?

In a healthy organisation, the workforce are all engaged in their roles, which will mean they are facing different directions. For example, in the classic 'systems' model, part of the organisation faces outward to receive the input into the system, other parts attend to various tasks required to achieve the overarching primary task and another part links to the environment to observe the impact of the outcome.

The thing that disrupts this is a sudden, usually quite unexpected invasion of anxiety which suffuses everything.<sup>2</sup>

Alpha function, what's going on here, requires the organisation to develop an explanation. The suddenness or the power of the anxiety pushes the system into a paranoid-schizoid state in which certainty masquerades as thinking and will, almost always, form around a belief, but not a conscious belief and, because nobody notices it, this subtly replaces the dominance of the primary task.

In contrast to the reality facing state of mind, which Klein called the depressive position, in which the language of thinking is the language of enquiry, in the fundamentalist state of mind the language of thinking is the language of blame. Whatever the specific shared unconscious belief, the consequence is an agreed new task, to seek the person who is to blame for this current unpleasant state. Usually, the belief will be focussed on persons or personalities, for instance, somebody else is making my life miserable. This unconscious belief moves to dominate the centre of the system and takes on the form of an instruction; discover who is to blame. Everyone becomes preoccupied with this. The focus is turned inwards and there is no longer any real link with the outside... And what actually becomes the focus when everyone is facing inward? People; people and their personalities suddenly seem to answer the question, 'who is to blame?'

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<sup>2</sup> Very often such dysfunction could have been avoided if the organisation had been aware and sensitive to what I call organisational entropy. Indeed it's the reason I say that the Healthy Organisation Model is a myth, all systems and structures require maintenance (even, as it turns out, the human body); so it is an essential part of the management function to be on the lookout for which part of the system needs some attention, just as one would check ones tyres regularly, in the knowledge that they will wear out over time.

## The larger organisation.

It seems to me that any understanding of a traumatised organisation needs to begin with how the more complex version of the healthy organisation works. It is not a complex step but it will help us to think about where trauma strikes and how it looks.

In addition to the basic structure of a healthy organisation, in which I was showing only structure of a single line of management, the reality is that there will be other management lines, we might call this the operational system, all working to achieve the primary task.

At the head is the chief executive and running each department will be a senior manager often described as a director. The directors all work directly to the chief executive and, this group of directors and chief executive form the executive committee.

However, organisations that understand the need to maintain quality by looking after their staff will ensure that some "directorates" are designed specifically to offer support to those who are carrying out the more direct work. This relates to what I described as organisational entropy earlier.

So, let's just think about a typical support system; for example, there is likely to be a department entitled, human relations. H.R. was initially created to offer help and support to people in their roles within the organisation from the perspective of helping them to feel comfortable in those roles. It is tempting to discuss whether this is how HR departments operate these days but I think we'd be following a tempting signpost written in the language of blame.<sup>3</sup>

Another source of support comes from a consultant of some sort. This may be people *within* the organisation who have specific expertise and can be called upon to help staff in role in times of trouble or simply help with decision-making.

They might also be from *outside* the organisation providing direct support to those carrying out the work.

In organisations providing help to individual human beings, there is now an acknowledgement that something called reflective practice can enable the work to take place more efficiently. This would be one of the interventions that an external consultant might be able to provide. Usually offering support to groups of staff undertaking similar work. It works when the consultant can take a sort of 'overview' of the group and how it is functioning. The simple act of providing this view point can transform a space that has become 2-dimensional into a 3-dimensional thinking space.

The reason this is important is because, when individuals are anxious, we all tend to collapse into the paranoid/schizoid state of mind, in which, as I said earlier, what masquerades as thinking is always in the service of maintaining a belief; it is not open to different views because difference is felt to be threatening. The tell-tale language in this state is that of blame.

What restores us to collaborative and, therefore, creative thinking, is the capacity, indeed the desire to face reality. This is achieved by activating a 3-dimensional thinking space, one in which we can move in our imaginations to a position where we can view not just what others are doing but our own interactions. The same is true of organisations and this is achieved by the sort of 'support' structures that I've just been describing. You can, perhaps, see that the key to this is the activation of imagination and that requires the ability to symbolise.

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<sup>3</sup> I think a more profitable approach is to think about how it benefits a dysfunctional organisation to encourage the modern 'personality' of most HR departments who appear to see their task as substituting rules of engagement for a benign enquiry.

Well, that's my view of a healthy organisation. I've already described how a ubiquitous feature of dysfunction is the focus on people and personalities in pursuit of the unconscious drive to find somebody to blame for things going wrong. What I want to do now is to think about the nature of an organisation that has become dysfunctional as a consequence of trauma.

I don't need to tell any of you that trauma disables symbolisation which instantly undermines the capacity to think that I've just described.

I just want to say something about what I mean by that which is very particularly that the individual feels stuck in the re-enactment, the reliving of the original trauma. It is still going on. What I have in mind when I use the word thinking is the capacity to do something that I learnt at the very beginning of my career. I was working as an assistant nurse in the children and adolescent unit of a psychiatric hospital in Exeter. I was trying to get one of the kids to do something, perhaps it was to go to school, and he was arguing with me and I was arguing back. At that moment the psychiatrist in charge of the unit, Chris Wardle, walked past the door to the room I was in, paused came back to the door and beckoned to me. I went over to him, and he said to me, "do you know the difference between a child and an adult Philip?" I asked him to tell me, and he said, "the adult is the one who can stop digging."

If we are going to stop digging, we need to be able to notice that we have got caught up in something with the other person that is simply going round and round in circles. Not only that, but we also need to be able to step out of the hole that we are digging and have a look at what's really going on. This is often described as the ability to take up a third position. I see this as fundamental to real thinking because it opens the door to the question, "what's going on here?" If you were traumatised, this capacity is disabled and replaced by certainty; you *know* what is going on here. What is going on here is what is *always* going on here.

Traumatised organisations operate around an unconscious belief that there really *is* certainty. Although an outside observer might, initially, be fooled into thinking there is a capacity for thinking because there are often exchanges that look like discussion, you only have to stay a short while to know that the participants in the apparent discussion are not exchanging views in the hope that they might both benefit from the others contribution, they are really exchanging *blows* in the service of pushing their own certainty.

## Clinical Example

*This example is drawn from an experience of the delivery of my 'short course intervention', a method of working with organisations which provides both a training and consultation. I ran this with a team of colleagues in the Adult Department of the Tavistock Clinic for 15 years. One of the principles of the approach is to apply the model for the healthy organisation, which means we expect to be 'caught up' in the unconscious dynamics of the receiving organisation, so those doing the work present it to the larger team for supervision. We also always debrief amongst ourselves after every event. I say this because, in my attempt to provide some confidentiality, I speak as if I was alone in the work and my insights came to me unaided. They didn't. One always needs help.*

I found myself invited to help an organisation working in the area of mental health which had suddenly found itself able to expand. I was asked to help because the chief executive knew about work that I had done enabling organisations to move from an entrepreneurial shape into a managed hierarchy. He thought that this was the problem his organisation was suffering from. As I began to engage with this system, it became clear that the emotional atmosphere was much more unpleasant than the resistance to change that accompanies every organisation moving into a managed hierarchy. In my meeting with staff teams, I was either told about incidents in their reflective



practice meetings, where somebody attacked somebody else in an extraordinarily violent way, or incidents in which clinicians felt completely misunderstood by managers. It turned out that these incidents happened in *every* reflective practice meeting, all of the time. I wondered about the external consultant who ran the groups. I was able to talk to him. He had already handed in his notice, and he told me that he found the whole experience to be the most horrific and disabling in his professional life. No interpretation seemed to have any effect (straight transference interpretation didn't work) not even pointing out that they seemed to think behaviour that would not be acceptable in any other social gathering was reasonable in this one. The only response to that was that there had been some event that justified the attack.

The system for providing support had become perverted into a place of violence. (I should say that there had been no physical violence, but the nature of communications felt extremely and dangerously aggressive.) What should have been a safe place had become a very dangerous place. It was clear that most of the vitriolic abuse was aimed from workers towards managers.

I started an intervention that is partly consultancy and partly training which I had invented in the Tavistock Clinic Adult Department in 1994 and had run very successfully for many years. Over those years my team and I produced different ways of running it but the most successful was a weekly intervention for a period of ten weeks. The managers of this organisation were very keen to run it although they thought that it was not possible to get the whole team together more frequently than once a month. The format was a lecture for an hour and a quarter followed by a 20 minute break and then an experiential group without agenda.

In the experiential group I was able to witness not only the attacks but also the impossibility of being able to discuss it. On one occasion a senior member of staff, part of the management team in fact, was attacking a more senior person. The charge that was being made was that the more senior person was cold and manipulative, uninterested in how other staff felt and intent on getting his own way. I interrupted to say that this was a description of a psychopath to which the assailant simply agreed.

Although I stopped this attack and made it clear that this was not acceptable in this forum because it was a place where people should feel safe to be able to express their feelings not frightened of the consequences of doing so, my point in reporting it is simply to say that there was something intimidating about the certainty with which one person was vilifying another.

These incidents led me to notice something else, which was that there were an inordinate number of managers for an organisation that, although too big to be an entrepreneurial system, could still be described as a small organisation. It was as if there was a concrete response to the accusation that managers were out of touch with workers which was to promote everybody so that they would become a manager.

Usually in this intervention I warn new members of my team that there is distinct antipathy to the method for the first two sessions but by session three things begin to change. The dislike is expressed in different ways in the two different sessions. In the lecture, there is always an assault on the psychoanalytic nature of the model, often in the form of claiming that it is widely known that psychoanalysis has been discredited, or else that, 'none of this is relevant to what we do'. In the experiential part, the challenge is most typically in the form of enormous pressure on the consultants to become experts and supervise the work. This organisation didn't do either of those things; first, there was no challenge to the material in the lectures and, secondly, there was absolutely no discussion of their work.

What I knew was that they work with both victims and perpetrators of abuse. The construction of the different teams was classically multi-disciplinary, there were therapists from a wide range of

modalities, social workers, psychiatric nurses and psychologists. After several weeks of no discussion at all about the work, it began to appear in the material, but the strange thing was that it was impossible to tell who was working in which clinical group. The impression they gave was that there were no differences in working with these very different client groups. It was as if anyone can do it. I should say that there was and always has been very good work going on but the impression was that this happened in spite of management rather than enabled by management.

Gradually I became aware that I was colluding with something I didn't think was working and yet I didn't do anything about it. I had to work really hard within myself to wrench myself away from my explanation to myself that I wasn't challenging these things because I was *consulting* to their system not managing it. Eventually it dawned on me that I was, rather ritualistically, reproducing a kind of mantra. In other words, a form of certainty and this certainty protected me from knowing about what I was really feeling. Once I had had this thought, in other words, once I had been able to drag myself into the third position, I realised that the emotion I was avoiding was fear, I was frightened of what might happen if I said that I couldn't go along with what they were doing.

At this stage, it was clear to me that I was not having any real impact on this very stuck and very toxic system. I tried to think about this more deeply and recognised that I was able to provide firm boundaries around the task and the behaviour, but this was misleading; I could do that only because I have a very deep response to bullying. Indeed, it might be described as one of my valencies. Fortunately, once I recognized this, I was able to step back and think about the larger picture. In other words, what I'd taken as a sign of a strong professional intervention no longer seemed like that to me. What other explanation could there be? Well, at this point in my thinking, it was suddenly really obvious; I had been caught up in an enactment. I was acting on behalf of the other, in this case, the organisation. My action was living out a potentially violent and damaging event; I had stepped in to protect a victim. Action is the work of the paranoid/schizoid position; I had not even noticed that there was no thinking going on. And then it became clear, my capacity to symbolise had been replaced by concrete certainty.

This insight led me to approach the organisation in a different way. I decided to speak about *my* problem with thinking and I described this story, but I also explained what I had not challenged. I said to them that I knew, from many years' experience, that a gap of a month between each session of the course was not viable, there would not be a proper emotional, psychological link between the meetings.

I suggested that the thing that I'd been told from the beginning, namely, that whole-team meetings (their reflective practice groups) were violent, dangerous and toxic events, had been the means by which I had also become traumatised. It now struck me that allowing the sessions to happen less often was an **act** that I had joined in with, therefore, an *enactment*. I had acted, rather than helping them to get sufficient space from the fixed belief about danger, to think about it instead.

## **Discussion.**

This is an organisation with a well merited reputation for excellence in a very difficult field of work. The clinical work is primarily with trauma and involves staff in close encounters with violent, toxic, frightening and very disturbing material; in other words, it has the potential to traumatise the clinicians.

For most of its life it ran on an entrepreneurial model. What I mean by this is that all staff had direct access to the boss. The language of the workforce was compassionate and caring both for their clients *and* for each other. Freud described this kind of arrangement in his booklet group psychology and the analysis of the ego. He proposed that the reason why organisations with strong leaders worked was because each member of the system felt they had a direct loving link with the leader



and, because they felt that this was reciprocated, they were not inclined towards rivalry with others. Of course, this has a direct link to Bion's idea of a defensive state in the group that he described as basic assumption dependence.

In this context the model for the reflective practice system was based upon the same idea, namely that *this* was a benign environment in which everybody could look after each other because they felt looked after. This is enormously important in work with trauma because there has to be a place for staff to shed the impact of the trauma they encounter through their clients by transforming it, through a benign enquiry, into information.

It seemed to me, that problems began when the decision was made to transform the shape of the organisation into a managed hierarchy. There is no doubt that this was the correct decision. The organisation had become successful in attracting funding and had grown considerably. It was no longer possible for the chief executive to be linked to every member of the team.

There is always resistance to this kind of change and the resistance is organised unconsciously; at that level it is driven by a belief that loss of the direct contact with the beloved leader exposes the individual to danger. Nevertheless, most organisations work through this resistance to change, partly because each individual recognises that it is the sensible way forward.

It is my belief that, for this organisation, the link between support in the face of the dangerous encounter with trauma and the shape that fostered dependence added enormously to the intensity of the unconscious panic that this change was going to expose everyone to terrible danger.

At this point we could argue that the organisation itself became traumatised. The expectation that collective meetings were dangerous evoked behaviour, essentially based on panic, that seemed to prove that they really were.

Management was as much caught up in this unconscious belief as the workforce. Although they were consciously utterly convinced that the change to a managed hierarchy was essential, unconsciously they kept undermining their own work towards this end. For example, complaints about the changes were always expressed as violent criticisms about the behaviour of the chief executive. None of the management, including the CEO, had even the thought that a management hierarchy provided a pathway for complaint, namely, to express the complaints to your line manager. Complaints are often another way to pass on anxiety. So, the new system for doing this was never properly authorised.

In this system nothing could be thought about, it had to be reacted to.

The distinction between thought and action is important. When Freud (1911; 1920) first described the building of the mind, he began with our animal nature. He described how animals and humans experience the activity of our brains as *feelings*. A feeling acts as a drive. The intensity of feelings drives the animal to find some kind of relief, so it *acts* to achieve this. Action is essential because raw feelings are so intense. Freud called that intensity unpleasure and he said that the system by which a drive forces animals to act could be described as the pleasure principle when pleasure is actually the relief from the unpleasure of the activity of the drive. He went on to say that human beings are able to rise above the pleasure principle by turning to face reality and, thereby, developing the capacity to think instead of acting. There is a lot more to this business of facing reality than I can cover in this talk but the process involves developing a capacity to reduce the intensity of feelings. It is the intensity of those feelings that stops us from thinking.

Our primitive defences provide the amplification control which means that, when those primitive defences breakdown, we are at the mercy of the full intensity of those raw experiences.

When the intensity is at a high level we can say that the process is traumatic.

When the building blocks for thinking have been wiped out by trauma, and here I am referring particularly to the ability to symbolise, action replaces thinking.

The primitive version of thinking transforms raw feelings into symbols that are the basic building blocks of our dreams. When even the most primitive version of thinking is broken, we cannot dream, we re-enact.

I would argue that the state of mind in which the pleasure principle operates is identical to that which Melanie Klein called the paranoid schizoid position. This is helpful because there are certain characteristics of *that* state of mind that we can recognise in this organisation. Notably there are only two types of experience, totally good and totally evil. The only safe place to be is with the totally good but that means that anybody who is different is a threat because *they* might become part of the totally good and we will be excluded.

Thus, difference is a threat. This means that there can be no creative thinking, because *that* relies of the capacity to be curious about a different view. The alternative to curious interest or benign enquiry is certainty. This creates fertile ground for the growth of unconscious beliefs because these appear as facts in the conscious mind, viz the enormous growth of conspiracy theories in the US. The only relationships possible are either merger, because when we are all the same, there is no threat of difference. Or else a sadomasochistic relationship. Adult reciprocal relating is based entirely in the pleasure that comes from exploring the difference of the other.

This phenomenon was demonstrated very clearly in the curious absence of challenge to the lectures and discussion about work. I came to understand that, in a world of certainty, in which difference is a threat, nobody would challenge a visiting lecturer for fear of being revealed to be "wrong", which would really mean thrown out of the totally good. In the same way there could be no discussion about work in case those who worked with perpetrators revealed a different attitude to their clients than those who worked with victims. Instead, there was this amazing pretence that everybody could do everything; wouldn't we call that omnipotent?

This explains why the consultant felt that his interpretations made no difference to the awful behaviour he was witness to. This is the world the borderline personality disorder. Offering transference interpretation, in other words describing what the group, or individual is doing, merely feels like an assault. John Steiner pointed out that the only transference-based communication that stands any chance of being received is what he called the analyst-based interpretation. To say to a patient that, "when I say or do a particular thing, this reveals my hidden hatred for you" is more likely to be heard, particularly because it is indeed how they feel.

There is another thing to be said about this traumatised organisation and it links to what we know about a borderline state of mind. The prerequisite for the individual who eventually manifests this sort of problem is that, as a baby, they avoided that part of development where we all have to recognise that mummy isn't perfect and, therefore, mourn our link to omnipotence. Avoiding this means that there is an unconscious belief that one can merge with omnipotence but there is also an unconscious belief that accepting the loss would lead to a catastrophic collapse into depression. I think it is possible to see from my description of this organisation that the original shape had become identified with something omnipotent and there was a complete absence of discussion about working through the feelings of loss for that original form.

## Conclusion

A final comment about the agony that individuals go through when they are part of a traumatised organisation. The best way to describe what I'm thinking about is the rather wicked pleasure I have had when I have been part of the group relations event. Most of my experience has been as a staff member of these remarkable institutions, but the wicked pleasure has been when psychoanalysts have been members of the conference. It is not unusual for a member of the conference to speak about a view that they have come to after much internal processing only to hear one of the staff reply that this is an expression of the unconscious *group* dynamic. This is never an easy piece of feedback to receive but psychoanalysts tend to be mortally outraged. It's as if there remains an unconscious belief that one's personal analysis, though never enabling one to know one's own unconscious, nevertheless protect one from being caught up in some external unconscious processes; that one's conscious understanding of how one's own unconscious functions, is enough to protect one from getting caught up in unconscious processes around one.<sup>4</sup>

The simple truth is that the processes that go on unconsciously in groups are much more powerful than our conscious mind. I have no doubt that, were I to have a quiet drink with any of the individual members of staff of the organisation, we would be able to have a thoughtful conversation about the organisation and that the need for it to change to a managed hierarchy would not be challenged. In spite of that, the moment they are back in the organisation, they will be overwhelmed by all the feelings I've been describing.

I began by describing an image of a healthy organisation because I thought it might help us to see what goes wrong when an organisation becomes traumatised.

I hope that I have shown through the example that the functions necessary to maintain organisational thinking and development are petrified in the same way as those in a traumatised individual.

- Action and re-enacting replace the capacity to symbolise and therefore to think.
- Massive anxiety dominates the whole system which becomes terrorised.
- Difference is a central threat.
- All focus is on people and personalities; they *become* the threat instead of representing (or symbolising) it.
- The only available language is that of blame.
- This state is maintained and led by unconscious beliefs.
- Because of these features, particularly the need to be 'right', Nobody is happy, this is replaced for a few by triumph.

Unless there is an intervention that enables individuals to reconnect with their ability to develop third position and, therefore, think about what is going on here, the organisation will be fated to go round and round in a toxic process that will lead it to destroy itself.

This is where the individual-in-the-pub phenomenon becomes important. If we imagine the situation in the group. And, if we can enable one individual who is currently 2-dimensional and held there by certainty, to regain a capacity for curiosity, they will be able to access 3-dimensional mental space within them – the capacity for reality-based thought, and this can have the effect of bringing the same capacities alive in the rest of the group, which can get back to imaginative and collaborative work, always with curiosity at the centre.

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<sup>4</sup> This links to my work on boundaries as the place where the [psychoanalytic] work happens. (Stokoe 2023b)

One final thought, I consult a great deal to organisations within the NHS and it is my sad view that trauma is a very common state; made worse because it is the result of mindless attacks from the centre in the service of holding onto a belief that quality of care is something that can be measured on a financial spreadsheet.

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