What is the role of the unconscious?

What Role do Unconscious Factors Play in the Experience of Organisational Life, and how can Workers' Appreciation of these Factors Lead to better Outcomes for Users?

1. Introduction

The following essay considers the role that unconscious factors play in organisational life, and looks at the extent to which awareness of these factors amongst workers can improve outcomes for users. The idea is considered both in relation to appropriate literature and also in relation to my own experience of a social work organisation, the placement I experienced in a children's home. The ways in which social work practice can be oppressive and anti-oppressive, and the impact of both of these for the user, are also explored. My interest in this area has been informed by my experience in a care home for children (Adeza) as a student social worker.

I worked with a wide range of client groups including children (and their families) understress, children (and their families with mentalhealthproblems, children at risk and children with physical and mental disabilities. I had a wide range of duties including administrative functions, advising clients and supporting children in a variety of ways. I became aware of the ways in which unconscious attitudes can impact upon the way clients and other staff are treated through a phenomenon I later learned was called projection, that is, the psychological mechanism whereby worries and fears about oneself are seen as present in other people, and demonised. For example, some clients had internalised a set of notions about being

inadequate parents, which were then projected onto staff at the home, in a variety of ways.

2. The Notion of the Unconscious

Understanding human needs, wants and motivations is a central part not only of organizational theory but also of humanpsychologygenerally. Various theories have been proposed to explain the variety of behaviours which characterise human beings, for example behaviourism, which reduces the role of the ' mental' and looks at human actions in terms of stimulus and response (Baran and Davis 2011), and Weber's idea of work as salvation (Nelson and Quick 2010). However, the notion of the unconscious has been widely influential, and derives from work by Freud in the late 19th and early 20th Century. The idea is situated in the wider set of notions developed by Freud called psychoanalysis. Central to Freud's idea is the notion that " powerful unconscious drives, mostly sexual and aggressive… motivate human behaviour and put people in conflict with social reality" (Saiyadain 2003, p. 32). For Freud, the unconscious is that of which we are unaware, but which can manifest itself through thoughts and behaviours. He separated out three levels of consciousness:

The conscious (everything one is aware of)
The preconscious (things one is not aware of, but which could be brought to consciousness through effort of will)
The unconscious (that of which one is unaware, and which one is normally powerless to bring to conscious awareness)

The unconscious includes desires, buriedmemories, desires and needs. Individuals can be motivated by unconscious forces, which make themselves manifest through behaviour, thoughts, feelings and words. Freud believed therapeutic work could be done by uncovering these unconscious forces and making the individual aware of their deeper motivations through a process of psychoanalysis (McKenna 2000).

Freud suggested a number of ways in which the contents of the unconscious work to influence human behaviour. These include regression, repression, sublimation and projection. Regression is the phenomenon whereby people return to earlier behaviour patterns (for example a stutter), repression means the ways in which unpleasant emotions are blocked from conscious awareness, sublimation denotes the way in which impulses (perhaps aggressive) which are unacceptable to the conscious mind are channelled into another activity, for example devotion to work or sport, while projection means the mechanism whereby thoughts or feelings which are not acceptable to the conscious mind are attributed to someone else (finding them lazy, for example) (Saiyadain 2003).

Intuitively, and based on my experience in my placement, I feel that there is evidence for the existence of the unconscious. For example, I have seen adolescent children regress to an earlier stage, displaying bed wetting and thumb sucking for example, particularly at times of great stress. However, Freud's ideas have been subject to an intense critique, particularly that there is a lack of empirical evidence for them (Hersen and Thomas 2006). Additionally, it has been pointed out that the idea of the unconscious lacks predictive power: although it can function as a good explanation of

behaviour, it cannot indicate how people will behave in the future (Abbott 2001). I can see that these are valid criticisms: however, as the next sections show, I feel the concept of the unconscious and its mechanisms invaluable in understanding people better, which I feel is a necessary part of delivering the person-centred care that is a key part of social care in the 21st Century (Joseph Rowntree Foundation 2011).

3. The Unconscious and Organisational Life

As well as being widely influential (though much debated) in psychology generally, the concept of the unconscious and its mechanisms has been incorporated into theories of organisational life. The key element to the idea of the unconscious is the notion that " much of the rational and taken-for-granted reality of everyday life expresses preoccupations and concerns that lie beneath the reality of conscious awareness" (Morgan 1998, p. 186). It follows that organisational theories need to take account of the hidden dynamics which influence the workplace. In addition, it has been suggested that theorists of organisational behaviour have been influenced by unconscious forces such as repression.

Morgan 1998, for example, suggests that Taylor's model of ' scientific' and rational management might have been rooted in his puritan background with strong routines and work ethic. Morgan also suggests that the predominant bureaucracy of modern work places might be a function of repression. Worker's reactions to these types of workplace will depend upon their own mechanisms of regression. In other workplaces, organisationalculturecan often by dominated by self-centred attempts at wrestling control from

others, or the playing out of " a phallic-narcissistic ethos" (Morgan 1998, p. 192) within the workplace. Often, the workplace might reproduce the traditional patriarchalfamily, with a dominant style associated with ' male' qualities of aggression, ambition and rigid rules.

One unconscious mechanism which I was particularly aware of in my placement was projection. In this, workers deal with internal turmoil by attributing the key elements of what is bothering them to someone else rather than themselves. For example, in an organisation, poor results might be blamed by one group (managers) on ground-level staff, and vice-versa (Rashid 1983). Projection has been succinctly defined as the " attribution of one's own attitudes and beliefs onto others" (Borkowski 2009, p. 56).

In order to avoid feelings of guilt or excessanxiety, workers might see their co-workers as possessing the qualities they most dislike in themselves (Borkowski 2009). While it allows the person doing the projecting to protect their self-esteem, the mechanism whereby co-workers, for example, are blamed for putting a person in a bad mood, are damaging to organisational efficiency (Borkowski 2009). It can lead to stereotyping and, through this, to oppressive working methods. stereotyping is a way of organising experience by applying common traits to certain groups of people (the elderly, ethnic minorities, children).

While it allows abstract thought to take place more easily, it can lead to the association of negative traits with particular groups. Projection seems to be at work in stereotyping, whereby a group is seen to possess negative characteristics not held by the person ascribing the characteristics. It has

been shown that these mechanisms can lead to worse health and social care for certain groups seen as ' the other' (Borkowski 2009). One example is that people working with abused children can be marginalised and rendered invisible, as society as a whole does not want to admit that such abuse exists.

Nurses are also often forced to bear the brunt of negative projections from service users and other professionals. In addition, social work in general often suffers, as its existence underlines the presence of vulnerable and needy people, mortality and other key issues. These all evoke deep and complex feelings in others, and workers in these professions often bear the weight of others negative expectations, " issues of dependency, aggression and sexuality" Yelloly and Henkel 1995, p. 195).

Within social work, it has been acknowledged that certain forms of practice can be oppressive, particularly to service users but also to other workers. Anti-oppressive practice works to overturn ways of working which marginalise, scapegoat and downplay the people who they work for, both on a personal and micro- level, and at a wider social level. While anti-oppressive practice covers a wide range of activities, becoming aware of the extent to which people are marginalised through unconscious mechanisms such as projection is one key part (Balloch and Hill 2007).

Becoming aware of the extent to which negative characteristics are projected onto others, either individuals or groups, is a central step in moving away from oppression. Today, immigrant groups can find themselves scapegoated for the wider problems of society, for example, both by

individuals and by political groups (Shulman 2008). Anti oppressive practice offers a way for projection, stereotyping anddiscriminationto be combated in the workplace, through an attitude of criticality and reflection upon situations in the workplace. The process of uncovering oppression can be likened to that of becoming aware of unconscious processes, as well as uncovering motivations which derive from unexamined unconscious attitudes and mechanisms (Heenan 2011).

4. Understanding the Unconscious and Improved User Outcomes

The ways in which the unconscious operates in the organisational context, the negative impact it can have, and the opportunities it presents for ultimately improving user outcomes is illustrated by my experience working in a children's home. I have concentrated above on the phenomenon of projection, because this was the unconscious mechanism which most appeared to be in existence during my placement. One child with whom I worked, supporting to live independently after care, would frequently express the opinion that the women staff with whom she came into contact were ' useless', were over-emotional, and were not as effective as male staff. I used to find this frustrating, particularly as she was female herself, until I put her case into the context of her background. One of a family of girls, with whom her mother was unable to cope, she had internalised negative feelings about women, developed a androgenous, tomboy-ish appearance herself, and projected doubts and fears about herself onto female staff.

There are also discusses about two related unconscious mechanisms (first identified by Melanie Klein), splitting and projective identification, both of

which I experienced during my placement. Splitting often occurs in groups, and refers to the process whereby a situation is polarised and seen as ' black' and ' white', that is, with ' good' and ' bad' elements. It happens when people are unable to tolerate ambiguity (Zachar 2000). I saw this in group discussions between staff, when one manager who took a fairly strict line to discipline and adherence to regulations was demonised by staff informally after meetings. I felt (perhaps because I was an outsider) that although she might have expressed her ideas better, there was a great deal of sound advice in what she said. However, others seemed unable to see this, preferring to make her a ' scapegoat' for everything they disliked about the experience of working in the care home. I also saw this situation improve when a higher manager called a meeting in which we discussedcommunicationstyles used within the home. I also saw projective identification, where people unconsciously identify with another person or group, with one staff member, who seemed to project feelings of her own vulnerability (she had just gone through a difficultdivorce) onto the female white children in our care. Her attitude towards this gender / ethnic group was markedly different, she would spend extra time with them, and buy small presents. I was present when this was noted by another staff member, who carefully suggested her experience might be leading to her favouritism. She took this suggestion very well, and her behaviour, I noticed, became fairer afterwards.

5. Conclusion

There are some problems with the notion of the unconscious, particularly its lack of predictive power and lack of empirical evidence. However, in terms of

my placement in a children's care home, I have found it a useful way of understanding why people – both staff and clients – behave in the way they do. It also seems to offer a useful tool for moving towards an anti-oppressive practice. In my experience, if people are made aware of the ways in which unconscious mechanisms operate, they are better able to see their oppressive actions, better able to understand why they are acting as they do, and as a consequence able to change the way they behave in a way which is beneficial to clients.

6. References

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