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## A Psychoanalytical Perspective on Social Institutions\*

Psychoanalysis has made many contributions to our understanding of social institutions. It has done so through extending the understanding derived from exploration of the one-to-one relationship in clinical psychoanalysis to the larger and more complex relationships in groups and institutions. This is widely recognized. Less well recognized is psychoanalysis' other contribution, the derivatives from the psychoanalytic method in work with institutions and how this illuminates understanding of their content and dynamics. Wallace's view, quoted by Almansi (1986), that Freud's most valuable gift to anthropology was the clinical method of psychoanalysis and the unequalled insights it provides, is equally applicable to work with social institutions.

This paper is concerned with the second type of psychoanalytic contribution to institutional practice. Central to this approach is a deep conviction about the existence of the unconscious such as most easily comes through having an analysis oneself. This was how it came to Freud as he pursued the difficult course of his self-analysis. A useful alternative experience is membership of a group where the work is based on psychoanalytic principles as applied to group phenomena and directed towards increasing insight into group process (Bion, 1961). There is no harm in having both. They are different and complementary, the latter leading more directly into work with institutions. Such experience develops the capacity to recognize and understand the unconscious mind, both content and dynamics, and its manifestations in the conscious thoughts, feelings, speech and behavior of the people one is working with—and in ourselves. One also learns to recognize its presence in the institution itself—its structure, sub-systems and culture.

In institutional practice psychoanalytic understanding is extremely useful in orientating oneself to the nature of the situation, even if it is unlikely that one would interpret deep unconscious content directly to the client, as a psychoanalyst might to a patient. Perhaps more important than content are the dynamic psycho-social processes that go on in institutions at both conscious and

\*A new paper.

unconscious levels. Of particular significance are the defenses developed to deal with anxiety-provoking content and with the difficulties in collaborating to accomplish a common task. These defenses appear in the structure of the institution itself and permeate its whole way of functioning.

People do not say what they really mean even when they honestly and sincerely say what they consciously think, let alone when they do not. Neither patients nor clients are likely to be absolutely sincere and honest, although they become increasingly so if work is going well and trust in the analyst or consultant is growing. In the institutional setting it is not only the unconscious thoughts and feelings one needs to understand, but also the implicit; what is not being said. Thoughts conscious in some people, or even shared in two's and three's, are not openly shared with everyone in a work situation where they could be realistically and constructively used. The ability to see behind what is being said or done to what is unconscious or implicit, to understand it, to open it up and explore it with the client is a focal skill for the institutional consultant. This implies recognizing the defenses that are holding the content unconscious or implicit and helping the client to give them up or modify them. Such an approach is familiar to the psychoanalyst and the methods he uses to accomplish this task are in many ways directly transferable to institutional practice.

The approach of the consultant to the client institution that facilitates the elucidation of such situations strikingly resembles Freud's recommendations about the way the psychoanalyst may best gain access to his patient's mind (Freud, 1911–15). Freud recommends "evenly suspended attention," not directing one's attention to anything in particular, not making a premature selection or pre-judgment about what is significant, which might distract one's attention from whatever might turn out to be significant. If one can hold to this attitude something will—hopefully—evolve that begins to clarify the meaning of what the patient is showing the analyst. Bion developed this point further (Bion, 1970). He recommends eschewing memory and desire, not consciously summoning up memories about the patient or what has previously happened; previous understanding about the patient; desires for him or for the progress of the analysis, or for that matter for oneself.

Bain (1982) stresses the value to the institutional consultant of ignorance and adds that, even if one is not ignorant, a "cultivated ignorance" is essential to the role of the social consultant. In a paper on work done in the Royal National Orthopaedic Hospital (RNOH) in London, I talk of the need to take a fresh look at the situation, to set aside habitual ways of looking at things, to blind oneself to the obvious, to think again (Menzie's Lyth, 1982). It is beneficial if the client too can foster these attitudes so that consultant and client together can work towards the emergence of new meanings and appropriate action. In other words, the consultant may—indeed should—encourage the members of the client institution to speak as freely and widely as they can about

their work situation, relationships and experiences, something akin to psychoanalytic free association. In the initial exploratory survey of the nursing situation in a general teaching hospital I invited nurses to talk about the presenting problem—difficulties in the deployment of student nurses in practical training—but also invited them to talk about anything at all that seemed to them significant in their experience of nursing (Menzies, 1960; Vol. I, "Social Systems as a Defense Against Anxiety"). This invitation evoked much of the material that led to our deeper understanding of the work and training situation, particularly the anxiety patterns and the socially structured defenses developed to cope with them.

The strain of this way of working is considerable for the consultant, as it is for the analyst. One does not have many props since one has at least temporarily pushed to the back of one's mind such conventionally useful things as memory, consciously set objectives and theory; they are not to be directly used for guidance in the field. One exists most of the time in a state of partially self-imposed ignorance which may feel profound, frightening and painful. One needs faith that there is light at the end of the tunnel even when one does not have much hope.

If one can hold on to ignorance and evenly suspended attention, meaning will probably emerge and one will experience the reward of at least one mystery or part of a mystery solved, uncertainty and doubt dispersed. But this will not last, especially if one communicates one's understanding to the client who accepts one's interpretation and is prepared and able to proceed again into the unknown. One is thrown back on ignorance, uncertainty and doubt and must experience the process all over again. One may need to give a good deal of support to the client to go along with the process, especially a client who is accustomed to using the "expert" and expects him to produce a definitive answer quickly. If one resists this pressure, one may be bitterly attacked as though one is delinquently withholding goodies to which the client is entitled. Failing that, the client clutches at straws and magical unrealistic answers.

I have often had the experience while consulting with a group that I was the only person in the room who did not know what was going on. The group members "knew," that is, had abandoned ignorance. Fortunately, clients can identify with the model presented by the consultant and learn to work this way so that collaboration in the process becomes progressively easier and more rewarding to both parties. Patients are similar. A new patient may ask an analyst to tell him or her what to do about a problem or how to use an interpretation; experienced patients know, even if they may not like it, that they must take responsibility and work out what to do for themselves.

This introduces another way that psychoanalytically oriented consultancy runs in parallel with psychoanalysis—the initiative for taking appropriate action as insights and meaning evolve lies with the client. Just as patients make