

The psychodynamic workplace

Elsbeth Crawford explores workplace counselling from a psychodynamic perspective

The psychodynamic perspective on workplace counselling gives the employing organisation a central authoritative position in workplace counselling practice. A psychodynamic practitioner holds this in mind at the same time as holding their concepts of the counselling relationship and task. 'The task of counselling is to give the client an opportunity to explore, discover and clarify ways of living more resourcefully and towards greater wellbeing.'¹

The territory of the workplace is wide²: all 'players', the organisation itself, and its social context. Given the diversity of players, interactions and relationships, duties and responsibilities, boundaries, power and resources, ethics etc, which lie in it, and which may emerge, it may seem absurd to add yet further dimensions of 'don't' or 'can't' know, but this is precisely what a psychodynamic perspective does. As in all psychodynamic work, from therapeutic psychoanalysis to developmental brief interaction, the unconscious is supposed to be present, somehow, in all its manifestations of present relations and past history, in each individual, in the counselling relationship, in the organisation, and its context³⁻⁸.

Finding focus, boundaries and helpful interfaces

There is a joke in which a visitor asks a local person if he can tell him the way to Ballybeg. 'Of course,' says the local, 'but if I were going I wouldn't be starting from here'. What has come to be called systems psychodynamics⁴ starts from where the client seems to be, but the practitioner has a familiarity with unconscious territory, not the place where a visitor is likely to start.

Palmer⁹ has described the basic elements of systems psychodynamic practice as:

- working with groups
- being a container for client anxieties
- working with transference and countertransference
- working through boundaries
- working interpretatively
- using experiential learning techniques and events.

Each of these engages with 'reality testing', which addresses the problem expressed by a reflective client: *How can I tell the difference between when something I'm feeling is really real, and when it is just that something has pressed one of my buttons?*

The practitioner working from the unconscious map recognises in their own experience the 'collision of internal worlds' that is taking place. An immediate consequence is that they expect to be affected by the system in some way, even when in a comparatively external position (as EAP counsellor, supervisor or consultant, say). A second consequence is the realisation that it does not really matter where one thinks one begins, as the first provides a spotlight that identifies a focus within the knowns and unknowns of the system. Then the basic elements of psychodynamic working hold a mental space so that recognition of boundaries and interfaces in and between the client and the organisation emerges. At the moment of meeting, the work has begun.

Working through boundaries in a contract

A story illustrates how 'working through boundaries' gave an enabling focus. From a large department in a caring profession, W was capable but could not manage her workload, and her work-life balance suffered. Her line manager and colleagues saw her as valuable but difficult, and made little use of her considerable experience. W described herself as subject to authoritarian task-oriented management, which interfered with her being caring. She was determined to use the 'caring qualities' that she knew were why she had joined the profession. In trying to do this, and at the same time influence and change the attitudes of immediate colleagues and managers, she knowingly worked longer and longer hours, and finally became ill. She was referred to the 'in-house' counsellor, C.

C was both sensitive and careful in making a contract², for 10 sessions, which was the longest time she could offer. She listened to W outline her

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grievance and illness, confirmed that the sessions would be confidential, and also drew attention to the time of the sessions, the recognition that the work would end¹⁰, and the manner of working, saying she was interested in W's feelings and personal history, as well as how she saw her difficulties. Almost immediately, she discovered she also had to wonder about counsellor/client roles, as she found herself being treated as a co-worker, who would also be suffering from the task-oriented management, by being forced to time-limit her work. The first session ended uncomfortably with C unable to concur with W's resentment that '10 free sessions' were only a way of getting people well again, and had nothing to do with 'caring'. Thinking about her feelings, wondering about 'countertransference', she was conscious that she did have her own discomforts about the organisation, as she sometimes had to 'buy-in' to structures she did not fully agree with.

Struggling silently in the first few sessions, C offered simple listening and containment for anxiety, but became aware of further discomforts: a phone call to check the time of the second session seemed a rational anxiety but unnecessary, W's too early arrival then interrupted a previous client, and she made a remark which labelled a previous very brief acquaintance with C as mutually helpful. C knew they had both been present at a meeting, and hoped she had found an appropriate way to counter the closeness implied by the remark.

During a supervision session, C's supervisor was alerted by an unusual neediness in C 'to give her some real help', saying she felt there was a small child present. This triggered C's recollection of how she had fleetingly wanted to cry when she saw W's response to 'only 10 sessions'. What response? She felt she had had a momentary glimpse of 'cold rage', which made her want to cry. The supervision prompted C to seek childhood memories in the next session with W. She learned that W's father had died when she was four, W didn't really know much about him as her mother 'cut-off' when asked. W said her mother was angry at being left bereft, and would not talk, even now. Further, W could recall frequent occasions when found herself holding the role of comforter and friend to her lonely mother, eg an early memory of her mother getting wet on a beach, and W doing some scolding. C began sensitive interpretative work. A courageous and intelligent W emerged, able to use the final sessions to see how boundaries, especially endings, were literally unthinkable. W had no experience of grieving, she felt 'cut off'. Any perception that caring had limits, boundaries in the counselling contract, or the managed use of resources and workload in her profession, led to a projection of 'coldness'.

Others did not understand caring, which should not end. At the same time, 'carers' became beleaguered and inadequate, driven by internal 'shoulds' to provide limitless caring to a crying child.

The containment offered by the contract and C's willingness to work with what arose, accurately held the difficulties that W had experienced in her workplace. One element of W's personality, 'doing too much', was a defence against the experience of loss, and her mother's loss. The 'cold' bereft part of her inner world was projected onto aspects of the organisation and the counsellor. C's initial discomforts show how easy it might have been to collude, or control, becoming the 'good carer', or the 'good manager'. Her countertransference helped her to stay with her role and its boundaries, and her supervisor supported her in working with countertransference feelings. When the supervisor said 'you seem like a child', both could quickly move to exploring what the perception might mean.

In the workplace, however brief the work, helping people understand essential elements in their personality helps them understand problems with their work, and their inner and outer worlds, and vice versa. The dichotomy of treatment versus development loses its power, as each enables the other to happen.

Issues of power, authority, discrimination and rights

Wherever an individual is positioned, they will know there are differentials of power and authority as in every workplace, and each organisation will have unique patterns by which authority is held and power exercised, used, misused, or abused. In an article on racial oppression in the workplace, Alleyne¹¹ says 'internalised oppression is the primary means by which all of us hold on to, "agree" and re-enact our unresolved and repressed difficulties'.

This is different from the idea of 'normal psychological injury'⁶, which counters the idealistic wish that nothing should ever cause hurt. Growing, following good authority, or leading with good authority, cause 'normal' hurt, especially within the workplace, where the differentials of power, and the differences in individual roles, are inherently part of getting work done. In feeling processes, the safety of splitting experience into good and bad, grows painfully into something more difficult, a feeling that bears with and engages the outside world of others, bringing a different quality of goodness: enquiry, curiosity, concern and motivation to learn. Growth happens through containment. Relationships with 'good authority' (inner or outer good-enough parents) temporarily contain the risk and hurt. Good-enough management can contain potential psychopathology.

Organisations have recently become conscious of and distressed by the recognition of institutional discrimination. The meaning of discrimination, an action (different from prejudice, a feeling) is that damage is done. Oppressive experience, suffered by 'outgroups' (race, ethnicity, gender, sexuality, ability, class, poverty, age etc) is not the same thing as the 'normal' hurt, because it initiates from the group with power, and is felt by those in the group without power. Oppressive actions towards others arise from internal splits, in which the 'other' and the otherness of their experience is not seen; possibly only their otherness is seen, and not their personhood. Projections onto the 'outgroup' follow, double standards and 'political correctness' develop while the discrimination becomes both entrenched and invisible in the organisation's culture and structure. Both groups became mired in 'unprejudiced discrimination'. That is, one does not have to be personally prejudiced to be enacting the discrimination, as one follows institutional procedures and possibly much of its culture.

Many have seen or heard about the training video 'A class divided'¹⁴ where trainer Jane Elliot arbitrarily divides a group into blue-eyed and brown-eyed people. Its most salutary lesson is that there is an oppressor in us all, given conditions beginning with difference, unless positive and active steps are taken that contain the unconscious pressures experienced.

In organisations, those who suffer discrimination do not necessarily need counselling. As Alleyne and Elliot show, there is an internal oppressor in everyone. What is needed, as well as awareness that a problem exists, is a will to act towards dialogic understanding, not acting out through projective identifications with the internal oppressor. In these very difficult circumstances, the cooperation of many players is needed, for example HR personnel, unions, legal advice, as well as work managers and key workers. In whatever position they have, the psychodynamic practitioner can contribute their ability to sense the group dynamics from moment to moment, elicit meaning in defensive communications, and increase the capacity for 'emotional containment' in the organisation.

Summary

The psychodynamic workplace counsellor sees themselves and the positions they may hold in the system. They have a 'map' and a toolkit of basic elements to use in addressing the way in which the organisations come into the client's experience, and they also understand that their work will affect the organisation, somehow. They may find appropriate ways in which to convey 'upstream' information to the organisation, as well as enabling

an individual to recover or develop resilience. They may look at other ways in which their skills enable, for example, being part of teams that develop different, non-counselling ways to support workers¹². For example, recent discussion at the Scottish Institute of Human Relations looked at work in police occupational health¹³, and the support offered to specialist postholders who had repetitive exposure to severely stressing incidents. Postholders did not always value counselling, the organisation did not always value team incident debriefing, but both valued an overall attention to organisational process and to data collection that acknowledged the nature of the work, the skills of the postholders, and monitored the exposure to traumatic stress.

Psychodynamic practice in the workplace continues to develop. The client, individual or organisation recognises the authenticity of listening 'under the surface' and their development and growth is their own. A psychodynamic practitioner, for example the EAP counsellor, is also in a good position to support the development of organisational procedures and policies. ■

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