

of how things can go wrong for those who are practitioners and leaders in custodial settings. Furthermore, it can also be useful for others who study, observe, comment or critique these very institutions.

Paul Crossey is Deputy Governor at HMP The Mount

Classic Book Review

The Functioning of Social Systems as a Defence against Anxiety: Report on a Study of the Nursing Service of a General Hospital

By Isabel Menzies-Lyth (1959)

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In the late 1950s a London Teaching Hospital approached the Tavistock Institute of Human Relations to undertake a study. The purpose of the study was to explain and help address the high rate at which nurses left the profession, many before completing their training. One of the outcomes of the study was the article, which appeared in the Tavistock Institute's journal in 1959, which is the subject of this review. The article was subsequently republished in a volume of selected essays by the person who led the study, Isabel Menzies Lyth, a psychoanalyst who died in 2008. The article, while of seminal importance in establishing her reputation, was not all for which she was remembered. She was also behind the Tavistock's widely respected work on the dynamics of authority and leadership. Indeed, Menzies Lyth's obituary in *The Times*, published on 25th February 2008, noted that her reputation for the studies of nursing 'was embedded in a

lifelong commitment to investigating and supporting processes of change in individuals and institutions.'

The conclusions Lyth drew about how individuals and institutions devise the means of protecting themselves against the emotional and psychological difficulties of their work remain of interest. The value of this retrospective review of a 'classic' is the parallels that may be drawn between Menzies Lyth's findings in hospitals and what may be observed in prisons. This is not to suggest that the literature on this aspect of prisons is wanting, indeed there is a rich and distinguished archive on the work of prison officers in particular. While parallels and analogies lack the rigour of proper research, the hope is that those which may be inferred here may more than idly amuse.

Menzies Lyth found that much of the nurse's anxiety stemmed from the proximity to intimate body functions and the issues of life and death. She saw that instead of devising methods of coping with the anxieties that would inevitably arise from working with ill people, nurses and hospitals devised mechanisms to avoid or displace the anxieties — principally in terms of projection and sublimation. By avoiding rather than addressing their anxieties, the nurses and the hospitals actually sustained and even intensified them. This in turn affected the quality of the work nurses and hospitals undertook and their efficiency.

The means by which anxieties were avoided in hospitals are features commonplace to many organisations, although they are not always used as defences against anxiety. The features Lyth observed at the London teaching hospital (features which she had observed as typical of other

hospitals too) included splitting-up the nurse-patient relationship; the depersonalisation of the individual; the use of professional detachment; and displacing responsibility.

Splitting up the nurse-patient relationship was achieved partly by requiring different nurses to attend to different needs of one patient; and partly by the use of a rigid task-list with each task minutely prescribed. Diluting the individual nurse's contact with one patient and emphasising the importance of the technique of the task (however mind-numbing — like the importance of 'hospital corners' on bed linen) rather than the contact with the patient, provided a distance. This necessarily reduced considerably the individual nurse's scope for discretion — and in 1956 her colleague Elliot Jaques had identified how important a correlation there is between responsibility and discretion.

The depersonalisation of the individual, which Menzies Lyth observed as a defence mechanism, was reflected partly in the erosion of discretion and was reinforced by the importance of uniform and hierarchy for nurses; and in ways patients too were depersonalised. Instead of referring to patients by name even, Menzies Lyth heard such references as 'the liver in bed 10'. In this way the delivery of what are fundamentally personal services and care to fellow human beings was depersonalised.

Reinforcing the effects of this depersonalisation of the individual was the importance attributed to professional detachment. Menzies Lyth refers to it as the 'stiff upper lip'. (Ben McIntyre, the historian, recently described this 'British characteristic' as essentially an unwillingness to confront embarrassing or emotionally challenging reality). Emotional outbursts — by patients as well as

by staff, Menzies Lyth noted — were not merely frowned upon but in the case of staff particularly they were reprovved.

Another telling feature of the 'defence against anxiety' Lyth noticed was how responsibility was displaced. This manifested itself in a number of ways. Often responsibility was diluted by having a system of checks and counter-checks — and not only in situations (such as the dispensing of dangerous drugs) but in more commonplace decisions. Linked to this was the tendency to 'upward delegation', again underpinned by the restriction of personal discretion at the nursing level. And compounding this was what she

saw as the tendency to obscure responsibility by the lack of clarity about who was responsible for taking decisions in the management chain.

In her concluding remarks in this essay, Menzies Lyth commented that 'the social defence system represented the institutionalisation of very primitive psychic defence mechanisms...which facilitate the evasion of responsibility but contributes little to its true modification and reduction'. She also concluded that in spite of the obvious difficulties of the nursing task those difficulties were not enough to account for the high level of anxiety and stress she

observed. She inferred that this inversely affects patients' recovery rates. And finally she remarked, 'The success and viability of a social institution are intimately connected with the techniques it uses to contain anxiety.'

While the way we recruit, train, retain and support staff in institutions today may better anticipate the anxieties they will experience, the insights this seminal essay offers may afford some interesting reflection.

William Payne is a former prison governor and member of the PSJ Editorial Board