

COMMON PSYCHOLOGICAL DEFENCES IN THE WORKER IN RESPONSE TO PAIN, SUFFERING AND ANXIETY

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On a journey through grief...

WHY THIS TOPIC?

I think it is worthwhile to think about why this topic “Common Psychological Defences in Workers” has attracted much interest. I would briefly like to mention some possible reasons. One reason may be for us to try to understand some *common* experiences; another may be for us to *do* something, if this is warranted. I ask this in order to distinguish between *understanding* something and *acting on* our understanding. There is often considerable reassurance and relief gained by discovering that the things one experiences are common to other people. How often is the question “Is it normal to feel X...?” asked of people? The experience of *feeling understood* is possibly one of the central factors in human emotional growth. However understanding may only go part of the way towards helping us manage the difficult challenges of working with emotional pain.

It may only go *part* of the way when understanding itself becomes separated from feeling and experience. Or put another way, when thinking is disconnected from feeling. I mention this because I think it is an important and common psychological defence which I will go into later. But I also wanted to set the scene at the outset so that exploring this topic does not seem like a “so what?” experience. I suspect, for example, that the enshrining and “popularisation” of processes of emotional pain into rigid systems has turned this understanding into a prescription, which I think then becomes a psychological defence. For example, as though one “has to” go through or feel certain things, or one might be regarded as not having grieved “properly” etc. Instead I think we could better use our understanding to help people and organisations *think* about their experiences so as to *act* usefully to manage the pain of this work better.

WHAT DO WE MEAN BY PSYCHOLOGICAL DEFENCES?

Over the past century the notion of psychological defences or “defence mechanisms” has been part of our common understanding of emotional or psychological functioning. Indeed so common has it been that the phrase “defence mechanism” has become part of popular cultural usage - often inaccurately. Probably at the core of the idea of “defence mechanisms” is the idea that the mind has ways of protecting itself against pain. But the common usage does not go nearly far enough.

Psychological defences, or more specifically *defence mechanisms* essentially are *unconscious processes*, rather than *conscious ones*. This is where popular notions of defence mechanisms have been misleading. They assume that defence mechanisms are “conscious” choices. We do not make choices to use a particular defence mechanism in the way we might choose this or that technology to defend ourselves against an invader. In a psychodynamic understanding of the term, psychological defences are *unconscious* mental mechanisms which are mobilised to prevent *disturbing, unwelcome or painful anxieties, experiences, thoughts and phantasies from entering consciousness*. The term “anxieties” I use here broadly to refer to some of the more fundamental sources of human pain - like our own death or disintegration, and the loss or threatened loss of those we love.

As we gain deeper insights into our mental functioning we can begin to recognise in a more *conscious* way when a particular defence has been triggered. *Acting* on this understanding may then mean behaving, feeling, talking or “being” differently.

COMMON PSYCHOLOGICAL DEFENCES.

So that we are share a mutual understanding I want to broadly identify some common psychological defences before going on to look at how these and others

might operate in workers in the counselling or helping professions, who after all are only using common human psychological defences themselves against the daily pain they feel in their work.

However a crucial feature that I want also to address is the *accumulation in workplaces* of psychological defences, in other words, collective or group defences.

Remember that these are primarily unconscious processes:

Splitting: This is one of the primary defences we employ from very early in our lives. You will recognise - as I expand on it - its centrality in human functioning. Splitting is essentially the internal or psychological separation of “good” feelings from “bad” feelings. By keeping them separate (or more accurately by maintaining the psychological phantasy that they are separate), we try to prevent our good feelings from being contaminated by the bad ones. A colleague working with a suicidal client reported that he felt quite detached. Thinking through this experience with me he realised that the unbearable anxiety that his client might kill himself was very distressing to him. He understood that he had *split off* these feelings and was left feeling numb as a way of coping or keeping his distress out of awareness. He realised too that the danger of this numbness was he would not be emotionally alert to the risk factors he might otherwise pick up.

Projection: projection and projective identification are used in close association with splitting. At its core, projection means getting rid of bad feelings by displacing them onto someone or something outside of ourselves. Projective *identification* occurs when the person onto or into whom they are displaced - in various ways - takes on or becomes identified with the feeling or phantasy that is projected. For example: A palliative care worker might feel helpless and therefore angry with a dying client. But to feel angry in such a situation would seem heartless. So instead, for example, the worker may unconsciously project his or her feelings onto the management of his or her organisation who is then felt to be angry and heartless. The worker is then temporarily freed of his or her own difficult feelings.

Rationalisation: In rationalisation, emotionally stressful situations are dealt with by purely cognitive/intellectual analysis and the distress which they cause is thus removed. It might again be said that feelings are split off from thoughts.

Denial: In denial, emotionally stressful situations or circumstances are forgotten or temporarily deleted from consciousness and fundamentally obvious feelings and views are just not perceived. Again this can be understood as a form of splitting where that which is known is banished out of awareness into the realm of the unknown. It is of course a familiar and

sometimes useful element of the grieving process. But interminable denial usually leads to low- key, persistent depression. Denial is a useful example of the “unconsciousness” of psychological defences. To try to urge someone to recognise that they are really in pain appeals only to their conscious self and tends to *embed* denial further.

Regression: In regression, there is an adoption of a markedly passive and often childlike mode of behaviour. In this frame the adult capacity to think about painful experiences is replaced by the need for *others* to think and provide nurture. People who are dealing with emotional pain frequently feel helpless, confused and infantile, as if they have lost their adult minds for a time.

Acting out: In acting out, an emotionally unbearable situation is dealt with through disruptive *behaviour* which releases tensions but creates such a disturbance among the immediate circle of significant others that the actual problem is lost from view. We could see this as thought split off from action. One may lash out at significant others or behave irresponsibly.

Mania: Manic defences are characterised by feelings of euphoria, omni-competence, grandiosity etc. It can be a way of avoiding the depressing feelings that come from our sense of helplessness, impotence, frustration and grief. Irresponsible shopping sprees are characteristic of this defence.

Displacement: In displacement, another less stressful problem displaces one that is difficult to cope with emotionally. As a result of focusing on the former, the more difficult problem is forced into the background. So instead of experience the pain and loss of a death, for example, one might become preoccupied with searching for a lost article. Often the replacement problem has some symbolic similarity to the actual difficulty - in this example, loss.

You can see that *splitting* in one form or another is at the core of many psychological defences.

DEFENCE OR DEFENSIVENESS?

Defences are frequently regarded as the opposite of coping. This is an unfortunately superficial view. It is like suggesting that the mobilisation of the body's immune system to fight infection is a pathological response! We all employ defence mechanisms - we *must* in order to protect ourselves against unbearable pain or from going mad or falling apart. However, here a distinction must be made between defence and defensiveness. Defence is about protection while defensiveness is about suspicion, guilt etc. The key question is not *whether* psychological defences are used, but *how* they are employed - in the service of defence or defensiveness.

INDIVIDUAL AND COLLECTIVE DEFENCES AGAINST PAIN.

I am going to make a beginning reference here to something with which you may not be familiar which I want to expand on later and which I believe is a very important phenomenon to take account of for people working with emotional pain, suffering and anxiety. I have so far been talking about individual forms of psychological defence in workers. I want to introduce you to the idea that there are also collective forms of psychological defence against pain. Later I will try to show how groups of people - teams and organisations in which we work - can develop common collective defences to manage the pain of their work.

SOURCES OF : EMOTIONAL PAIN , SUFFERING AND ANXIETY

Counselling and other helping professions offer support to those who are experiencing emotional pain. There are a variety of sources of emotional pain which may extend well beyond the most obvious forms - that is death and dying. I want to draw attention to a range of people whose work may be about or deal with emotional pain who may share common psychological defences to protect themselves against the fear of death & the pain of loss. ***For it is often against the fear disintegration or death and the pain of loss - which take diverse forms - which workers must and do defend themselves.*** Often the presenting issues of emotional pain can be traced back to core common human concerns: fear of disintegration - falling apart, breaking down, going mad; or of death -

loss of love or trust, the actual loss of loved ones or our own deaths. Here we turn more directly to the workers, rather than the people who are experiencing emotional pain (as if they are on opposite sides.) However we know of a number of factors in the *shared* experience that link workers quite *directly* to the experiences of the people with whom they work. The binary distinction is the first clue to common psychological defences.

One such factor that links workers with those with whom they work is that the work itself and the intimacy with others' intense experience of emotional pain often re-kindles past emotional pain that the *worker* has sustained. The split or binary has the effect of locating the pain "*there*" where I can care for it, rather than "*here*" where I must experience and deal with it in me. It seems more manageable to support *you* in *your* pain than to face *mine*; to establish a *rigid boundary* between you and me. This is often what attracts people to working in the caring professions.

Another factor is that such work also stimulates potential anxieties in the worker. These too may be about the worker's own vulnerabilities ("What if *I* got breast cancer?", "What if *my* child died?") These are frightening thoughts which the worker needs to defend against. If one were to remain in touch with these sorts of thoughts constantly, one might go mad.

In contrast with the binary split, another risk factor occurs when the worker

becomes too strongly *identified* with the other person. Such a *loss of boundaries* means that the worker's capacity to think and have some space and distance in order to work is compromised. In over-identifying with the other person, the worker also becomes more vulnerable to the stimulation of past losses and of potential anxieties.

Bearing in mind these risk factors: stimulation of past pain or loss; activation of potential anxieties and over-identification we can examine the common psychological defences workers use either to protect themselves (appropriately) or defensively.

I want to mention a small range of work arenas that can particularly affect workers with regard to emotional pain.

Working with

people who are dying and their significant others

very ill people

the elderly

damaged babies and children

abused babies and children

Emotionally or physically damaged and injured people

disabled people.

Each of these fields deals in different and similar ways with emotional pain. I would like now to look at some of the common psychological defences which are employed by workers from these fields. I would also like to comment on their protective as well as destructive dimensions.

SOME DEFENCES AGAINST EMOTIONAL PAIN , ESPECIALLY THE FEAR OF DEATH OR DISINTEGRATION & THE PAIN OF LOSS

I am going to describe some of the forms of psychological defence that may be usefully or destructively employed. I will try to comment on *how* they are usefully or destructively employed.

Avoidance (and avoidance of thinking)

Avoidance may take a number of forms: not talking about emotional pain (for example death) or referring to it euphemistically so as not to experience the pain it evokes personally; distancing oneself from the reality by addressing the issues in intellectualised terms (eg she is in the “protest” stage of grief); or by being over-concerned with statistics; or by dealing with the ill person or relatives by “telling and running”)a common example: people being told to “pull themselves together”). Workers can easily become absorbed in institutionalised cultures of work which promote the avoidance of thinking and

feeling. But I will address this shortly.

Task-centredness & aggressive intervention

One version of this split is by the worker becoming over-involved with the technical aspects of their role; eg prayer rituals replacing and helping to avoid personal contact; medical intervention replacing personal contact. Another is by aggressive intervention: eg radical surgery, heavy medical regimes, which help the physician feel omnipotent and split off the personal engagement for other professionals to manage.

Chronic niceness

This may involve excessive concern with making death a “nice” experience, and denying the negative aspects of caring for the dying. Workers may wish to be the perfect carer making impending death or loss palatable, but in so doing creating excessive stress for themselves.

Survivor guilt & the need for gratitude

Workers may find themselves feeling guilty for their own good health and fortune or even guiltily triumphant. These are painful feelings in the face of someone else’s tragedy. However, **tolerating** these contradictory feelings ultimately helps one to manage them.

NEED FOR SUPPORT & CONTAINMENT

Workers need their own sources of nurture to help manage painful feelings that arise from this work. Often shame prevents them from sharing their ambivalent feeling with supportive colleagues, leading to splitting and denial. But being *understood* may also need to be accompanied by appropriate *action*.

At the heart of the matter, the most unhelpful - even destructive - defences are those which maintain excessive splitting between thinking and feeling, and which lead to feeling detached, omnipotent, ashamed of not being good enough, excessively diligent or perfectionistic leading to burn-out; or being excessively matter-of-fact. A degree of denial and avoidance may temporarily ease the pain but ultimately psychological defences that rely heavily on extreme splitting are very stressful. There is no easy answer to managing this individually, but ultimately it is in the recognition and acceptance of *ambivalent feelings* that relief is possible: so one may resent the pain of the distressed person while simultaneously empathising closely with their distress.

I want to turn now to look also at the common psychological defences that can develop collectively. I mentioned a few minutes ago that workers can become institutionalised in their delivery of care, working in ways that try to eliminate or

minimise thinking and feeling.

ORGANISATIONS AS CONSCIOUS AND UNCONSCIOUS SYSTEMS

We all live and work in groups of various sizes and configurations. Yet our attention is mostly drawn to the functioning of the individual. It can be disturbing to discover that the group we belong to often powerfully influences our experiences. It is disturbing because it threatens our sense of being in control of ourselves. Study of the dynamics of groups and organisations over many years has demonstrated clearly that our experiences are a function both of our individual characteristics, as well as of the group. Groups influence us in ways of which we are aware. But we are mostly *unaware* of how we are powerfully affected by the groups in which we function, and that groups have a life of their own, so to speak. I want to look briefly at how groups or organisations establish collective psychological defences against the pain evoked by the work in which they are engaged.

ORGANISATIONAL DEFENCES AGAINST PAIN

Studies of organisations which deal with people in emotional pain have demonstrated ways in which their culture and organisation establish collective

defences against pain. One of the most well-known studies is that of the nursing system in a hospital by Isobel Menzies-Lyth. She demonstrated how the organisation of nursing services in the hospital prevented nurses from developing close relationships with patients. In so doing they rarely had to deal with emotional pain. However the destructive element was that they also experienced very low morale, poor job satisfaction and high staff turnover. By avoiding the pain of the work the staff were also denied the experiences of emotional repair which are necessary in such painful environments. Other studies have described organisations such as hospices, schools for disabled children, nursing homes, wards for at-risk babies, AIDS organisations, psychiatric hospitals etc. All deal with loss, grief and associated emotional pain. It is in the collective ways of working, relating to each other, thinking together and the structure of tasks that organisational psychological defences are apparent.

THE NATURE OF ORGANISATIONAL PAIN/ANXIETY

All organisations exist to perform a particular key task - such as nursing the dying, for example. The *nature of this task* is the source of the pain that workers have to face: nurses and doctors deal with pain, illness and dying; mental health professionals deal with madness and disintegration and so on.

You can determine from this that people working in many human services are constantly faced with managing suffering of this kind.

Frequently the *task* in which people are engaged also influences the type of collective defences which develop. I will give an example of this shortly.

COMMON ORGANISATIONAL DEFENCES

Interestingly some of the psychological defences in groups are very similar to those in the individual: however the power of numbers increases the pressure to conform to these ways of functioning. There are also processes in which individuals or groups take up or are endowed with a special role, in order for those at the coalface to manage the pain. Frequently, however, these processes also contribute to serious dysfunction in organisations and are therefore destructive defences.

1. **Splitting and projective identification** are extremely common mechanisms.

However, painful or disturbing feelings are usually projected into a group or person who seems to draw these feelings to themselves. Earlier I gave the example of a worker feeling angry and helpless towards a dying patient.

Imagine groups of workers feeling this way. Such feelings might be projected into the organisation's management who are then felt to be heartless and aggressive - and often act this out - as expressed by meanness of wages or withholding resources etc.

Another example is an organisation dealing with people with AIDS, a disease which evokes much anxiety and grief. HIV transmission essentially involves a virus breaching a boundary and entering the body. Prevention of infection involves establishing barriers to transmission, sexually as well as in patient care. This organisation was so fraught with anxiety - its head being a particularly anxious person - that much of its energy was spent in defending and mending breaches to its organisational boundaries - between teams, between the clinic and its stakeholders etc, and in managing the anxieties of the head. In so doing the anxiety, pain, and grief of dealing with very ill and potentially ill young people, was avoided. Even breaches to the structure of the building became a preoccupation! These examples demonstrate how the *actual work* shapes the *particular defences*.

2. Role suction

Individuals and groups also often have characteristics or qualities - valencies - which draw split-off feelings onto themselves. The anxiety of the clinic head described above resulted in her being the recipient of much additional anxiety. This is because her *valency* for anxiety made her vulnerable to what may be called "role-suction" - that is attracting projected feelings of anxiety in the organisation to her which then coalesce like iron filings to a magnet. Once she is fixed in a role, the rest of the system can then seem to function relatively free from these feelings.

3. Loss of thinking capacity

Organisational defences tend not only to relieve susceptible workers from feeling, but also prevent them from thinking. One organisation managing a deluge of distressed families functioned in such a way that there was no space or time to think about the work or to plan and implement decisions. The families with whom they worked were overwhelmed by disruptive behaviour such that they too could not make space to think about their difficulties but acted out impulsively. Thinking would have meant recognising many painful issues and then having the difficult task of working through them. Instead, acting out may prevail, just as the adolescent children in these families did.

4. Organisational denial

An organisation having to deal with the grief and loss evoked by working with injured and disabled adolescents continued to insist on a policy of “normalisation” as a desirable standard for the young people. Their students were seriously disadvantaged by their disabilities and to treat them as if they were “normal” in the sense of being able to compete with able-bodied peers, effectively denied the grief and loss and actually *disadvantaged* the students further. The denial was extensive. It also, however, relieved the staff of the distress of working with severely disabled children.

CONCLUSION

The examples I have given of ordinary individual and organisational psychological defences against the emotional pain of the work have some common features. They can be helpful and they can be destructive. In effect they do so by impairing thinking and eliminating pain from feeling. Ultimately, the actions which ensue from destructive defences unexpectedly cause more problems than they solve. At the core of many of these defences is the splitting off of thought from feeling, and vice versa, as well as from effective action.

What constructive action is needed? Essentially, it involves creating space, time and containment for reflection (ie thinking) and emotion (ie feeling), to be engaged with. The shoring up of splits like these means finding ways of tolerating conflicting feelings - love and hate, care and anger, grief and hope and so on - for the individual as well as for the organisation. We want people working with emotional pain to protect themselves *constructively* in the face of this pain. But the capacity also to sustain concern and reparative support requires acknowledgment, affirmation as well as tolerating the co-existence of these unbearably conflicting feelings.

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