

Judgements of Solomon: anxieties and defences of social workers involved in care proceedings

Hilary Taylor, Chris Beckett and Bridget McKeigue

Senior Lectures in Social Work, Institute of Health and Social Care, Anglia Ruskin University, Cambridge, UK

Correspondence:

Hilary Taylor,
IHSC, Webb Building,
Anglia Ruskin University,
East Road,
Cambridge, CB1 1PT,
UK
E-mail: hilary.taylor@anglia.ac.uk

Keywords: care proceedings,
decision-making, organizational
defences, professional anxiety,
psychological defences

Accepted for publication: June 2007

Published online: July 2007

ABSTRACT

Evidence from focus group discussions with social workers in child care and child protection was collected for a research project exploring decision-making in care proceedings and seeking a better understanding of the causes of delay in the process. Here this material is used to examine social workers' feelings about their work and to explore the anxieties they expressed. Isabel Menzies's work on containing anxiety in institutions is used to provide a conceptual framework for thinking about the ways in which individuals' unconscious defences against anxiety may affect the structure, policies and practices of the organization in which they work. It is suggested that this dimension needs to be taken into account in understanding difficulties which arise in putting policy into practice.

'These are judgements of Solomon at times, you know, and we do make them, and that is so scary. That is so scary.' (Social worker A, Daleville Team)

INTRODUCTION

This paper is a further examination of material produced by a qualitative study of aspects of the decision-making process concerning children in care proceedings (Beckett *et al.* 2007). Groups of social workers from four teams in two local authorities took part in focus groups facilitated by the authors. Free-flowing discussion was encouraged, which produced explicit and implicit material about their feelings as well as the information about the decision-making process presented in our earlier paper (in which a full description of the methodology is given). We would now like to consider the feelings which were expressed by our focus group participants in more depth. We have called the teams Hilltown, Hillville, Daletown and Daleville; individual social workers are identified by a letter.

Those involved in care proceedings must make decisions about the fate of vulnerable children, and this inevitably involves high levels of anxiety. Where there is anxiety it becomes necessary to find ways of defending oneself against it. The focus group material

is used to try to understand social workers and the organizations in which they work in the light of Isabel Menzies's classic study of anxiety among nursing staff in a hospital and the ways in which the organization attempted to contain this (Menzies 1960). The original study is now almost 50 years old, but it has become the point of reference for others seeking to make sense of processes in organizations and the way in which these influence, and are influenced by, the anxieties of the individuals working within them (Obholzer & Roberts 1994; Davies 1998; Hinshelwood & Skogstad 2000).

THEORETICAL BACKGROUND

Containing anxiety in organizations

Menzies's work was an early example of the work of the Tavistock Institute for Human Relations, applying insights from psychoanalysis to the problems of organizations. The research process was seen as part of a therapeutic engagement with the organization to facilitate reflection and change. The focus of the study became to understand the nature of the nursing staff's anxiety and how it related to the way in which the hospital's work was organized.

The primary task of a hospital is to care for sick people, taking responsibility for all aspects of physical care and knowing that some of them will die. This resonates with primitive anxieties derived from early infancy when we are completely dependent on our mothers or primary carers for security and life. Melanie Klein's conceptualization of the inner world of the infant is the basis of this understanding (Klein [1946] 1986). The infant's world is starkly divided between good and bad, and characterized by confusion about what is inside himself, within his control, and what is outside, belonging to others. These defences of splitting and projection, and the sense of omnipotence, are developed as a way of controlling the potentially overwhelming anxiety aroused by dependence and vulnerability.

These 'schizoid' mechanisms in the infant in turn affect the functioning of the adult:

It is in phantasy that the infant splits the object and the self, but the effect of this phantasy is a very real one, because it leads to feelings and relations (and later on, thought processes) being cut off from one another. (Klein [1946] 1986, p. 181)

In her examination of the structure and culture evolved by the hospital to attempt to contain the anxieties aroused by the nursing task, Menzies identified defensive strategies related to these processes of splitting and projection. These included the splitting up of the nurse-patient relationship so that the care of each patient consisted of a series of tasks performed by different nurses. This enabled the anxiety about the illness of each patient to be diffused and more easily avoided, and was supported by a culture of depersonalization in which feelings were not expressed and the significance of the individual was denied. The anxieties surrounding decision-making were dealt with by eliminating the need for choice through ritual task performance, leaving no room for initiative. When decisions were made, the weight of responsibility for them was reduced through checks and counter-checks. Responsibility tended to be delegated upwards, so that even the most routine decisions were taken at a very senior level. There was a pattern of projection of responsibility and irresponsibility up and down the hierarchy, with junior nurses seen as irresponsible and senior nurses as strict and disciplinarian.

However, these strategies were unsuccessful in containing the anxiety arising from the nurses' work, as they denied it rather than acknowledging and dealing with it:

The characteristic feature of the social defence system . . . is its orientation to helping the individuals avoid the experience of anxiety, guilt, doubt and uncertainty . . . In fact, of course, the attempt to avoid such confrontation can never be completely successful. A compromise is inevitable between the implicit aims of the social defence system and the demands of reality as expressed in the primary task. (Menzies 1960, p. 109)

The parental care which the infant receives in the course of normal development will contain his anxieties sufficiently for him to be able to experience both good and bad aspects of his world and recognize that they are intermingled rather than split off from each other. In Kleinian terms this is conceptualized as a move from the paranoid-schizoid to the depressive position. The concept of containment was developed in the work of Bion (1959), and its application to institutions is fundamental to the Tavistock model of thinking about organizational dynamics.

Organizational culture

Hinshelwood & Skogstad (2000) draw on the work of Trist, who first described culture as a psychosocial process which makes a bridge between individuals' inner worlds and the social institutions in which they live and work (Trist [1950] 1990). They propose that the particular social defence systems which organizations develop against the anxieties inherent in their work are mediated through this culture, which is made up of attitudes and working practices, but also a less tangible emotional atmosphere, the feelings about the work that are located in individual workers but also belong to the whole organization. Trist identified ritual as an important way in which culture is expressed and transmitted, and the ritual task performance which Menzies identified among nurses can be seen as an example of this process in action.

Hinshelwood and Skogstad's study is a collection of observations of different health and social care establishments at work which focuses on the feelings aroused in the observers as well as the behaviour observed. The observers' feelings are interpreted as indicative of the emotions which are generated by the work, but which the workers need to defend themselves against. In another study of stresses in health and care services, Obholzer identified three layers of anxiety operating at work: primitive anxieties of the kind discussed above in relation to Kleinian theory, anxieties arising out of the nature of the work and personal anxieties (Obholzer 1994, p. 206). In some situations, all three of these may resonate together and threaten to become overwhelming. The book draws on

Tavistock members' experience of consulting to organizations, and illustrates a model of staff support which provides a reflective space to allow the expression and processing of painful feelings so that the need to build defences against them does not deflect the organization from its primary task.

Anxiety and social work

The primary task of social workers in child protection is to protect children from being damaged by their parents. At the worst extreme, this is a matter of life and death. This task is delegated to social workers by society as a whole, as is the case with nurses, but there are some important differences. Nurses have had more institutional protection than social workers, historically working in hospitals which are physically self-contained and separate, while social workers normally work alone in the community, only making contact with the rest of their team when they return to the office. There is also a difference in the perceived content of their professional expertise: medical knowledge is seen as specialized, while social workers' knowledge is in those areas where everybody considers themselves an expert – parenting and family life. Professional boundaries are therefore more pervious, placing more focus on the complex interaction between social workers' anxieties and those of the wider society. A study of social workers' responses to experiences of fear comments that 'social work functions at the sharp end of society's anxieties' (Smith *et al.* 2004, p. 542). Social workers are society's defences against anxieties about damage and delinquency, which are also mediated through the framework of the law, with which social workers in child protection must work very closely. The legal profession, like medicine, is seen as having a long and respectable history and a discrete and exclusive body of knowledge, while social work is still regarded as a 'semiprofession' (Etzioni 1969). A social worker in one of our focus groups expressed this very clearly:

'I think the courts will look on the doctor, or the psychiatrist or the psychologists report as having more weight . . . than the social worker's report. Because doctors are really professional aren't they, it's one of those careers your parents want you to go into whereas social workers . . . !'

So social workers are prime candidates for the projection of society's anxiety in the form of criticism. And in their turn, social workers, as we saw in our focus groups, project their anxieties back to the wider society through criticism of the legal process. The anxiety which is being projected back and forth con-

cerns the impossibility of making damage-free decisions about the parent-child bond – the Judgement of Solomon. This anxiety goes alongside the fantasy identified from the focus group material in our first paper that somehow a 'right decision' can be made if only there is enough assessment from expert enough professionals (Beckett *et al.* 2007).

ANALYSIS OF THE FOCUS GROUPS

Methodology

Our previous paper discusses the methodology of the transcript analysis in detail (Beckett *et al.* 2007). For this paper, the focus group material was re-analysed to highlight passages where social workers spoke about feelings in relation to their work, and where they could be seen to be using defences related to those which Menzies observed in the nursing profession. What follows is an exploration of the feelings expressed and a discussion of those defences which emerged most strongly: projection, ritual task performance, checking and splitting.

Feelings in the focus groups

The groups varied considerably in size – the smallest consisted of three social workers and the largest of eight. The largest group was the only one which included male social workers. All the groups moved to and fro between different approaches to the task; sometimes there was a procedural approach, sometimes they engaged with the task in an intellectual and analytic way, and sometimes they move into storytelling mode, and their anecdotes brought families they had worked with alive in the room. There was a general tendency for the more anecdotal and 'feeling' phases of the groups to take place towards the end, as participants became more relaxed. There was a noticeable difference in the atmosphere in the largest of the groups. It was more businesslike, and more references were made to theory and research. When we asked questions there was often some hesitation in the group before replying, which was not noticeable in the other groups. The number of explicit references to feelings in this group was much lower. These differences were probably due to the larger size of the group, and also to the fact that two of the participants arrived some time after the group had started, both of which would tend to decrease the sense of intimacy and safety in the group. But the difference also raises interesting questions about whether there may be a gender dif-

ference in the way social workers talk, think and feel about their work, although our sample was far too small to be a basis for any hypothesis about this.

By far the most common feeling expressed was anxiety. There were also expressions of anger, although these were mostly indirect. The word 'frustration' was however, frequently used, as were words and metaphors to do with fighting, which could be seen as a way of ritualizing anger. Sometimes these were buried in day-to-day social work jargon (several references to 'the court arena'). There were also references to excitement, and on several occasions this became tangible in the room as they talked about the 'buzz' of court appearances. Much of this can be read as an indirect expression of anxiety, as one kind of emotional arousal is converted defensively into another. Smith *et al.* (2004) noted that social workers they interviewed tended to convert fear to drama (p. 552), and Skogstad noted a similar process at work among nurses on a cardiac ward, where anxiety about the sick bodies around was converted into the excitement of flirtatious exchanges between staff (Skogstad 2000, p. 109).

A further common theme in the groups was power and powerlessness. Social workers sometimes felt very powerless and undervalued, while at other times they expressed a strong sense of their own expert power – that they 'knew' what was best for the families with whom they dealt. One group talked in a shocked and disapproving way of a social worker in another team who said to a client with a snap of the fingers: 'I can take your baby away just like that.' The anecdote showed an extreme expression of social workers' power, and they wanted to distance themselves from it. The power is mediated through the legal system, and it is only possible for social workers to say something like this if they identify themselves completely with this system. What our participants spoke about in the focus groups were the complexities and conflicts of their relationship to the legal system, which generates anxiety, frustration- and excitement.

What are the specific anxieties of social workers?

The words used to express anxiety ranged through 'stressful', 'worrying', 'terrified', 'nerve-wracking', 'scary'. Some of the anxieties expressed clearly crossed the boundary between work-related and personal anxiety:

Hilltown A: 'Yet sometimes . . . I can go home and I'm thinking of a case in particular where you worry about it. And it doesn't go away. And you think – well – gosh – you know . . .'

The speaker declines to spell out her anxieties, but the implication is clear that we are talking about matters of life and death. The trailing off into inarticulacy has a superstitious feel, as if it would be dangerous to name the fear. When prompted by one of the facilitators to give words to it, another member of the group said, as if in prayer,

'Please don't let it happen to me – don't let it be tonight!'

When this group talked about this kind of anxiety, phrases such as 'oh, God!', 'Oh my God' recurred frequently. The fear here is of a child being killed, and this is made explicit later in the discussion, which goes on to describe a recent local tragedy where a young person in care took her own life. None of the other groups spoke so openly about the death of a child, but there were a number of references to the Climbié enquiry. There were also references to other kinds of damage, sometimes from parents, sometimes from other professionals and sometimes from the workers themselves:

Hilltown C: '. . . If I'd have taken her out of there I'm sure I'd have damaged her very badly.'

Hillville A: '. . . And sometimes I think we abuse, it's institutional abuse of the children because we haven't got placements that can meet the children's needs.'

When they talked about their fears about the responsibility they carried, the imagery they used was powerful, and often Biblical:

Hilltown C: '. . . even though you're not the only one that makes that decision, you feel that you're playing God.'

Hillville C: '. . . you really are playing God, and it's the most horrible feeling.'

Daleville A: 'These are judgements of Solomon at times, you know, and we do make them, and that is so scary.'

God, the ultimate omnipotent figure, is invoked, but they feel that they are only *playing* God – the burden of omnipotence is thrust upon them, and they feel unequal to the task:

Hillville F: '. . . I've only got little shoulders.'

Other professionals were identified as contributing to this burden:

Daleville B: '. . . when you've worked with a case and then tried to close it the schools will phone back and be very worried. You know, 'we don't want you to close this case'. When you say, 'Well look, what can I do?'. 'Well, I don't know what you can do but we don't want you to close it.' And they want this big safety net, it's like the child protection register is this great big book that because the child's name is on it then the child is going to be safe.'

There is a clear recognition here of how the institution with responsibility for child protection functions as a container for the unbearable anxieties of others. Comforting fantasy images (again there is an almost Biblical authority given to the great big book) convey the power of the projection.

Closely linked with the burden of responsibility was the fear of getting it wrong. The images used expressed the difficulty of making these judgements, particularly where child care is only marginally adequate and fluctuating in quality:

Hilltown E: 'And I think they are the hardest cases we work with, I think they take more out of us quite often, because . . . you continually know that you're walking a tightrope.'

There is also the fear of getting it wrong by failing to meet deadlines. The repetition emphasizes the extent of the anxiety:

Hillville B: ' . . . there is sort of big anxiety already about the final hearing on this particular case because the deadlines are going to be so very, very tight to get all the assessments back. But there's sort of big anxiety around how this whole case is going to run because the deadlines are really, really tight. And it's really unknown, and having not done it before I really feel quite anxious about how that's going to work.'

One of the feared consequences of getting it wrong is trial by the press:

Hilltown D: ' . . . if something bad happens to the next child and they know that a child was taken away from them in Hillshire Social Services, it'll be 'social workers fail child again'. And it will be my photograph on the front page of The Mirror. And that's where the worry is.'

In their study of social workers' experiences of fear, Smith *et al.* (2003) found that the fear of shame and blame was as strong, sometimes stronger, than fears about personal safety. One of their respondents spoke of 'a primitive fear about being accused, at some very simple level, of having done something bad' (p. 668). They suggest a link with separation anxiety, where the social worker fears being singled out from the team for personal criticism and attack. Marguerite Valentine commented that one of the effects of enquiries into child deaths is to turn social workers into 'demons of popular imagination' (Valentine 1994, p. 72).

Valentine also suggests that social workers' personal and primitive anxieties are particularly liable to resonate with those generated by their work because their choice of career is an unconscious attempt to heal themselves:

The inner world mirrors in an extremely disturbing way the reality of their work with abused children and the dynamic of reparation plays out, at some level, their own inner struggle. (Valentine 1994, p. 83)

Others have explored this idea in more depth, for example Roberts (1994, in a chapter entitled 'The self-assigned impossible task'), Skynner (1989) and Davies (1998). An Australian study found that over half of the child protection social workers interviewed believed that they had suffered abuse as children. (Stanley & Goddard 2002, p. 174).

What defences do social workers use?

Projection

Menzies identified a tendency among nurses to project irresponsibility onto their juniors, and to see their seniors as harshly critical and disciplinarian. She understood this as

. . . a collusive system of denial, splitting and projection that is culturally acceptable to, indeed culturally required of, nurses. Each nurse tends to split off aspects of herself from her conscious personality and to project them into other nurses. Her irresponsible impulses, which she fears she cannot control, are attributed to her juniors. Her painfully severe attitude to these impulses and burdensome sense of responsibility are attributed to her seniors. (Menzies 1960, p. 105)

Our focus group participants made frequent statements about the irresponsibility of others which appeared to be serving the same kind of defensive function, although the pattern was not one of projection up and down the hierarchy of social work. While Menzies's nurses delegated responsibility to superiors, social workers in our focus groups appeared to accept a high degree of professional and personal responsibility for their decisions, and felt the heavy weight of this anxiety, as has been described above. The organization of social work is less hierarchical than that of nursing, and as has been noted above, social workers work in a more open system. In child protection they operate alongside and within the legal system, and also alongside social workers and other professionals in other teams and agencies. So the projections were *across* this wider system rather than up and down their own agency.

Daletown C: ' . . . some professionals are more . . . if you hold them to task on certain issues or you ask them to deal with a child, if there's a job in it for them they're less likely to say that something is not adequate. It's very easy for, say, somebody in education to say 'over to you social services, we think this is totally below standard'. And when you put it back to them to

say 'well how are we going to solve this as a multiagency group?' their threshold suddenly becomes a lot higher.'

Hilltown D: '... I was in X Social Services on Friday, about a family where the child has been abandoned here in Hillshire and he has contact, and I went to visit and I couldn't believe that there were no social workers involved with this family. And when I went down to X Social Services there are 13 family files on this case... And the social worker said to me 'but the thing is, we go in and everything gets better and then we withdraw and everything gets really bad again'. But there are little babies in that family and it is awful conditions that they live in.'

These quotes were typical of many. The first accuses other professionals of failing to accept their share of responsibility. The second criticizes fellow social workers in another agency, also a recurring pattern. In the same group there was also criticism of the 'gung-ho' attitude of the child protection team for callous disregard of the feelings of a mother whose baby was removed, and in another group there was criticism of mental-health workers who were seen as insufficiently focused on the needs of the child as opposed to the mentally ill mother. Both of these criticisms of others' judgement reflect their own 'judgement of Solomon' dilemmas about which the social workers elsewhere acknowledged huge anxiety. Whatever decisions they make will cause pain and risk damage to either the parent or the child, and here they are defending themselves against this knowledge by attacking the carelessness which they perceive in others, but which they fear in themselves.

It is interesting that the fiercest and most often repeated criticism was directed towards children's guardians, who, although appointed by the courts, shared our focus group members' social work training and background.

Hillville A: '... there are guardians, who will remain nameless, who we do know have a lot of personal issues. And over identify with cases, and particularly where they might have experienced separation from their parents or have been adopted. And in cases of adoption there have been some very, very unsound decisions and recommendations, unfortunately gone to court to the final hearing and as a social worker your views are really not often taken much notice of because so much weight is put on the guardians.'

In attacking the guardians they may be defending themselves against fears of their own emotional over-involvement, which could lead to poor judgement, with potentially disastrous consequences. This is not to suggest that their criticisms of others' practice were not valid; we have no way of knowing the objective truth about this. But the strength of feeling expressed

seemed to relate to the anxieties generated by their own role. At other points in the discussion they engaged thoughtfully with the complexity of the decision-making process, showing that they were able to move beyond the defensive tendency to think in terms of 'good' and 'bad', 'us' and 'them'. Possibly the defensive projection of anxiety assisted them in this process; on several occasions in the discussions we noticed that vehement criticism of other workers was closely followed by one of these more thoughtful and analytical passages. The focus groups temporarily established a reflective space of the kind that was not available to the nurses in Menzies's study, and which is one of the main ways in which the anxiety in organizations can be contained. In his study of a cardiac ward, Skogstad observed a similar process: nursing staff were enabled to speak to each other about the recent death of a patient only after they had projected their anxiety about this into intense (and successful) efforts to restore a piece of equipment to working order (Skogstad 2000, p. 115). Smith *et al.* reported that the social workers they interviewed valued the opportunity to talk about their fears (Smith *et al.* 2003, p. 669), and our focus group participants made similar observations.

Ritual task performance

Menzies noted a culture of ritual task performance in an attempt to defend staff against the anxiety inherent in decision-making. As she notes, the anxiety derives from the absence of full factual information: 'If the facts were fully known, no decision need be made; the proper course of action would be self-evident' (Menzies 1960, p. 103). As we noted in our previous paper, the court process gives rise to a similar seeking after certainty, with reluctance to contemplate the possibility of uncertainty and mistakes, leading, as we observed, to the tendency to overvalue expert opinion. It is easy to see how the formality of court proceedings, like the task-list of nurses in the 1950s, works to produce the illusion of control and infallibility. The same is true of the policies and procedures developed through legislation and within social work agencies. Predetermined procedures in social work may have a defensive function, but they are also an important tool in pursuit of the primary task, hard-won through the many enquiries into child deaths that are never far from the minds of social workers. Applying Menzies's analysis to the work of an area team, Celia Downes observes that

Most of the time workers find themselves crossing and recrossing a threshold between policies and practices providing an enabling framework to a defensive use of the same procedures. (Downes 1988, p. 120)

Our social workers too spoke of procedures as being both restricting and enabling.

Three aspects of ritual task performance emerged from our focus groups: game, drama and procedure. As we observed in our previous paper, the images of game and drama were widely used in relation to the court 'arena', and there was an awareness of the depersonalizing aspect of this, and the tendency to lose sight of the child:

Daletown H: 'I think once it gets in to court proceedings or care proceedings . . . it's less focus on the child . . . courts are adversarial or playgrounds for barristers or whatever . . .'

C: 'A due process . . .'

H: 'Yeah, and it becomes more of a game'

As well as a game, it was also often described as a 'drama' or a 'fight' which some of our focus group members admitted to enjoying. As suggested above, this may have to do with the way in which anxiety is converted to excitement, and the court ritual may help with this process.

In relation to procedures within their own departments, some frustration was expressed, particularly about the way in which the child could be lost sight of in bureaucracy:

Hilltown D: ' . . . We're not doing any direct work with children anymore. We're doing all the administration, we're just like glorified secretaries.'

Hillville F: ' . . . With all the red tape and everything else that comes with it now, you lose the children. . . . I find that's the hardest part that they're the ones who are getting swept along with the process.'

Menzies observed that ritual task performance in nursing went alongside depersonalization, prioritizing the task-list over the holistic needs of individual patients. However, procedures bring a sense of security in the face of anxiety and doubt, and this was also apparent from our focus groups:

Hilltown A: 'It's a structured procedure and you'll go to a directions hearing, then you will have your directions or instructions and you follow that to the letter . . . And I like that.'

Daletown C: ' . . . we have the assessment framework which is at best a very good tick list in making sure you're covered'

Another worker summed up the way in which the combination of following the formal care planning

and court procedure while also working sensitively with the individual child can lead to satisfaction of a job well done:

Daleville A: ' . . . it's the pleasure of a well constructed statement and care plan, . . . it weighs up the pros and the cons, it takes the weight of the evidence of the experts, it considers the whole process within that perhaps six, seven months. And you look at it and you measure it against what's happening for your child and the work you've done with the child alongside that, maybe in foster care, and to get consensus at the end and to get a well constructed care plan that the guardian actually praises you for. Yes, it is very satisfying . . . and you can't get a better high than coming out of there and saying 'result!''

Checking

Menzies observed a culture in the hospital which reduces the weight of responsibility for decision-making through checks and counter-checks:

The final act of commitment is postponed by a common practice of checking and re-checking decisions for validity and postponing action as long as possible. (Menzies 1960, p. 104)

In their study of child care cases, where decisions took 2 years or more, Beckett & McKeigue (2003) identified repeated assessments as a major factor in delay and suggested an explanation of this in terms of 'an unrealistic hope that assessment would somehow deliver certainty if only it went on long enough' (p. 40).

Our social workers indicated that they were aware of this. They spoke about it mainly in relation to the court process and the need to be seen as impartial and to protect themselves from criticism:

Hilltown D: ' . . . we kind of know which direction it will go eventually . . . but we have to . . . make sure that every single thing that could have been considered, was considered. Because otherwise we'd be criticized at the final hearing.'

A speaker in another group suggested that there had been a recent change in the culture of checking and counter-checking as a result of the new protocol on court delay (Lord Chancellor's Department 2003):

Daletown C: ' . . . A few years back, we would repeat assessment without any clear reason as to why we were repeating that assessment. I think we're getting an awful lot better at asserting our position and saying 'well, in the absence of fresh information, this is our view' . . . I think the protocol is going to help that even more, that you don't undertake an assessment unless you can identify the benefits for the parent and the child.'

Splitting

Perhaps the best-known defensive technique which Isabel Menzies discusses is splitting up the nurse–patient relationship; as she observes, ‘the core of the anxiety situation for the nurse lies in her relation with the patient’ (Menzies 1960, p. 101). It is possible to see many of the changes that have taken place in the organization of social work in this light, as an attempt to deal organizationally with the unbearable anxiety which close contact with, and responsibility for, damaged and vulnerable individuals stirs up in the social worker. Social work organizations are shaped by the anxieties of the wider society as well as those of the workers in immediate contact with service users, and for both the tendency is to deal with these anxieties by splitting them into more apparently manageable tasks. But what is lost is an awareness of the complexity of the whole, and the anxiety remains while the limits of knowledge and control are not faced.

Our social workers showed an awareness of how splitting the service user’s relationship between different social workers limited the effectiveness of the work, and risked glossing over complex needs. The Hillshire social workers spoke more about different approaches between different children and family teams, while the Daleshire social workers were more concerned about their working relationships with social workers from other specialisms, such as mental health and learning difficulties. A Daleville worker used a double image of dissociation:

Daleville B: ‘Yes, in the past I’ve had a couple of cases where parents have been disabled . . . And even though they had workers in their own rights, they [the workers] didn’t seem to want to work together to look at the needs of the children . . . they had their own remits and the fact that the parent with the disability or the terminal illness was actually affecting the children and their life within the home, that was in a box in a compartment, and they just wouldn’t really engage with us.’

A speaker in the Daletown group had a more positive view of how different perspectives could be constructive:

Daletown B: ‘Yeah I’ve noticed that tension certainly with a learning disabled partnership worker who’s very much working for the adult, or the rights of the adult. You know, there is that tension and you can see it. But I think that in this particular case . . . that forum actually helped to make sure that people had the full view of what was going on.’

Social workers in both Hillshire groups also showed an awareness of how the distinct cultures and roles of different child care teams could affect attitudes to their work:

Hilltown D: ‘. . . but if I had gone straight to child protection in Hillville as opposed to coming to Continuing Care at first, then I can imagine myself getting into that way of being gung-ho, you know, ‘I’m the best’ and all this nonsense. Which they begin to believe. And it’s not like that at all.’

Hillville D: ‘. . . what we do have a difficulty is with . . . inheriting the work, from the short-term team. They’ve often made up their mind of the plan because they don’t seem to look into the future and often that will delay things.’

Managing anxiety

This paper has focused on what we observed about social workers’ anxieties and defences, but this was a by-product of our original research. We did not therefore specifically address the question of how anxiety was managed, though some indications did emerge. Procedures and frameworks which gave clarity without ‘losing the child’ were valued, as was support from managers and colleagues. The members of our focus groups were prepared to talk very openly about their work and the feelings it evoked, and there were several comments which indicated that they enjoyed and valued the opportunity to do this:

Daleville A: ‘I think we need more of these focus group where you can sit and talk about this.’

C: ‘It’s therapeutic, isn’t it?’

The Tavistock model of organizational consultancy which informed Isabel Menzies’s work proposes that staff groups in the human services should have space for reflection and support in order to process their work-related anxieties, and that this is essential for the health both of the individual and the organization. And Buckley (2000, p. 259), in examining child protection practice, argues for a greater emphasis in social work education on the understanding of organizational dynamics and the defensive responses which lead to the kind of splitting among professionals which our focus groups spoke about.

CONCLUSION

This research project was conceived as an attempt to understand difficulty and delay in coming to conclusions in care proceedings. Beckett & McKeigue (2003) have suggested elsewhere that one factor in the delay is the unrealistic quest for certainty in these ‘judgements of Solomon’ and an unwillingness on the part of those involved to trust the judgement of others. This paper has examined the way in which social work in this area awakens primitive anxieties. It suggests

that the powerful defences of splitting and projection underlie social workers' tendency to see other professionals involved as irresponsible while assuming the full weight of responsibility on their own shoulders. This is a recipe for stress and is likely to be a contributory factor in the burnout and staff turnover, which is a further factor in the drive towards repeated assessments in care proceedings.

It is appropriate for social workers to be anxious about the work they do. Anxiety is an important diagnostic tool and also a stimulus to defensive action against the perceived threat. The difficulty is to ensure that this anxiety is functional rather than dysfunctional. The tendency in organizations is to address problems through the creation of structures and procedures, and these have undoubtedly contributed to the effectiveness of child protection. However, as Menzies observed in her classic study of nursing, institutions can become distorted by the anxieties they have to contain, and the danger is that their procedures can become ritualistic and imbued with magical thinking. Ultimately, it is not procedures which will protect children, but the mobilization of the perceptions and anxieties of individual social workers, other professionals and members of the wider community. This essential process will be best supported by an organizational culture in which anxiety can be expressed and worked through rather than projected elsewhere, and in which uncertainty can be acknowledged and held while also coming to the necessary conclusions for decisions to be made without damaging delay.

REFERENCES

- Beckett, C. & McKeigue, B. (2003) Children in Limbo: cases where care proceedings have taken two years or more. *Adoption and Fostering*, 27, 31–40.
- Beckett, C., McKeigue, B. & Taylor, H. (2007) Coming to conclusions: social workers' perceptions of the decision-making process in care proceedings. *Child and Family Social Work*, 12, 54–63.
- Bion, W. (1959) Attacks on linking. *International Journal of Psychoanalysis*, 40, 308–315.
- Buckley, H. (2000) Child protection: an unreflective practice. *Social Work Education*, 19, 253–263.
- Davies, R. (ed.) (1998) *Stress in Social Work*. Jessica Kingsley, London.
- Downes, C. (1988) A psychodynamic approach to the work of an area team. In: *Social Work and the Legacy of Freud* (eds G. Pearson, J. Tressider & M. Yelloly), pp. 117–128. Macmillan Education Limited, Basingstoke.
- Etzioni, A. (1969) Introduction. In: *The Semiprofessions and Their Organisation* (ed. A. Etzioni), pp. v–xvii. The Free Press, New York.
- Hinshelwood, R. & Skogstad, W. (2000) *Observing Organisations*. Brunner-Routledge, Hove.
- Klein, M. ([1946] 1986) Notes on some schizoid mechanisms. In: *The Selected Melanie Klein* (ed. J. Mitchell), pp. 176–200. Penguin, Harmondsworth.
- Lord Chancellor's Department (2003) *Protocol for Judicial Case Management in Public Law Children Act Cases*. Lord Chancellor's Department, London.
- Menzies, I.E.P. (1960) A case-study in the functioning of social systems as a defence against anxiety: a report on a study of the nursing service in a general hospital. *Human Relations*, 13, 95–121.
- Obholzer, A. (1994) Afterword. In: *The Unconscious at Work* (eds A. Obholzer & V.Z. Roberts), pp. 206–210. Brunner-Routledge, Hove.
- Obholzer, A. & Roberts, V.Z. (eds) (1994) *The Unconscious at Work: Individual and Organisational Stress in the Human Services*. Brunner-Routledge, Hove.
- Roberts, V.Z. (1994) The self-assigned impossible task. In: *The Unconscious at Work* (eds A. Obholzer & V.Z. Roberts), pp. 110–119. Brunner-Routledge, Hove.
- Skogstad, W. (2000) Working in a world of bodies; a medical ward. In: *Observing Organisations* (eds R. Hinshelwood & W. Skogstad), pp. 101–121. Brunner-Routledge, Hove.
- Skygger, R. (1989) *Institutes and How to Survive Them*. Routledge, London.
- Smith, M., McMahon, L. & Nursten, J. (2003) Social workers' experiences of fear. *British Journal of Social Work*, 33, 659–671.
- Smith, M., Nursten, J. & McMahon, L. (2004) Social workers' responses to the experience of fear. *British Journal of Social Work*, 34, 541–559.
- Stanley, J. & Goddard, C. (2002) *In the Firing Line* Wiley, Chichester.
- Trist, E. ([1950] 1990) Culture as a psycho-social process. In: *The Social Engagement of Social Science*, Vol I (eds E. Trist & H. Murray), pp. 539–545. Free Association Books, London.
- Valentine, M. (1994) The social worker as 'bad object'. *British Journal of Social Work*, 24, 71–86.

Copyright of *Child & Family Social Work* is the property of Blackwell Publishing Limited and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use.