

# Individual and collective suffering of organisational failures in containment: Searching for a model to explore protomental dynamics

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## Socio-Analysis 12: 2010 (57 - 75)

In this article, boundary phenomena in groups and organisations are explored using both literal experience and the metaphor of skin that can be breached when shame or tact are lacking. One pathway researches how organisations can contribute to psychosomatic group diseases associated with the failed containment of shameless aggression and thus the failed creation of an internalised reliable container. A second pathway describes the emotional experience of having and belonging to an organisation with its own skin. We define how rigid, impinging or lax containment in organisations fail to meet the dependency needs of members making them vulnerable to group diseases.

**Keywords:** Group skin, group disease, failed containment, protomental, psycho-dermatology, shameless violations.

*<sup>1</sup>An earlier version of this paper was given to ISPSO Symposium "Differences at Work: Towards Integration and Containment": Toledo 26-28 June 2009, under the title: Under the skin of the organisation: Violation and shamelessness— searching for a model to explore protomental dynamics.*

*I've got you under my skin  
I've got you deep in the heart of me  
So deep in my heart, that you're really a part of me  
I've got you under my skin*

*I've tried so not to give in  
I've said to myself this affair never will go so well  
But why should I try to resist, when baby I know so well  
That I've got you under my skin*

*I'd sacrifice anything come what might  
For the sake of having you near  
In spite of a warning voice that comes in the night  
And repeats, repeats in my ear*

*Don't you know you fool, you never can win  
Use your mentality, wake up to reality  
But each time I do, just the thought of you  
Makes me stop before I begin  
'cause I've got you under my skin*

*Cole Porter*

This paper outlines an approach to understanding boundary phenomena in relations between organisations and their individual members. The core hypothesis is that social dynamics somatically regulate psycho-physiological phenomena of the bare skin via the emotions of the individual as a social actor in human organisations, and that this regulation can be described using the metaphor and experience of the boundary of a group or organisation as a skin. In developing the metaphor of skin as a means of understanding this relationship, it outlines a field of work that begs deeper research evidence to test and validate this hypothesis from two pathways. One pathway is the exploration of a particular way in which organisations can contribute to specific psychosomatic group diseases associated with the failed containment of aggression and thus the failed creation of an internalised reliable container. This failure in containment results in a failure of ordinary transformation into self-assertion in relating to and working with others. This first pathway can be described as psycho-social dermatology.

The second pathway provides a speculative and interpretative framework by gathering together from psychoanalytic studies, phenomena related to the psychological experience of having and belonging to a skin that has an internal emotional and symbolic reference as well as an external social meaning. This pathway then develops the idea of a group skin and points towards the ways that rigid, impinging or lax containment in organisations fail to provide for the dependency needs of its members, so making them vulnerable to group diseases .

The paper explores the hypothesis that there is a literal link between the three elements: 1) the social sphere, 2) the feelings and mentality of the individual, and 3) his/her somatic skin, that can be explored by developing Bion's concept of the *protomental* matrix from which basic assumption phenomena emerge. We will review empirical research on the psychosocial determinants of dermatologic diseases as well as psychoanalytic conceptual research on the psychic-skin, second-skin and social-skin metaphors. Finally we provide an outline schema for exploring the relationship between flexible and failing containment and the functions of a group skin.

## Introduction

The main conceptual challenge to the psychoanalytic study of groups and organisations has been to develop theoretical models that can bring together the structural and dynamic properties of the social world and the structural and dynamic properties of the individual's subjective experience, the unconscious, and the internal world (e.g. Hinshelwood & Chiesa 2001).

In this paper we will focus specifically on the *skin* and its various bio-psycho-social layers of meaning as the containing border between the inside and outside of the individual and the group. In other words, we will try to bring together the somatic skin in its literal dermatological sense and

the skin metaphor and unconscious phantasy as a psychosocial boundary for the self and the group. This develops two theoretical frameworks, one by Bion (the *protomental* system and its biological, emotional and social components [1961]) and the other by Anzieu (the ego-skin and the group-skin [1974; 1975]).

In the first part of the paper, 'the organisation under the skin' we will explore the first pathway. Bion's notions of the *protomental* (1961; Morgan-Jones 2007a; Torres 2008; 2010a) will be the framework through which we interpret the onset of dermatological conditions that appear to be shaped by organisational emotional stress. This follows up Bion's idea of *group diseases* (1961) according to which the group's mentality and culture are responsible for changing rates of psychosomatic afflictions of individuals. We will complement this model with the notion of individual emotional vulnerability, and try to integrate the way social and individual primary risks can get literally under the skin of the individual, supporting Bion's suggestion that: 'These diseases manifest themselves in the individual but they have characteristics that make it clear that it is the group rather the individual that is stricken' (Bion 1961).

In the second part 'Group skin boundary phenomena', we will explore the second pathway. The notion of ego-skin, 'le moi-peau' (Anzieu 1974) as a containing envelope for the psychic apparatus of individuals and organisations (1975; 1990) will be included in an integrative model of literal-biological skin phenomena and symbolic skin phenomena. We will explore a possible framework for understanding different kinds of relatedness across the skin as a way of beginning to develop a model for exploring such boundary or skin phenomena on the organisational level. This will draw also on Bick's work (1968, 1986 [2002]) on second skin formation, Hinshelwood's work (1987) on differentiating rigid, fragile and flexible containers and Ulnik (2007) on skin in psychoanalysis. This approach will be used to illuminate the double boundary across the skin of the organisational system at the heart of systems psychodynamic understandings with its internal and external meanings.

### 1. Pathway One. The organisation under the skin. How organisational contexts contribute to dermatological alterations

Exploration of the links between the realm of social identity/group membership and the somatic realm of physical bodies can show multiple influences. As Terence Turner (2007 p. 83) puts it in the chapter 'The social skin':

*The surface of the body seems everywhere to be treated, not only as the boundary of the individual as a biological and psychological entity, but as the frontier of the social self as well. [...] The surface of the body, as the common frontier of society, the social self, and the psycho-biological individual, becomes the symbolic stage upon which the drama of socialization is enacted.*

The culturally sanctioned demands of social identity and group membership impact top-down on the way the skin is dressed, adorned or actually inscribed by tattoos and scarifications, or pierced with objects (e.g. Flugel 1929; Schildkrout 2004). The social clothing and the adornments of the

bare skin can be understood as artefacts that compose a literal second skin, which socially signals the individual's legitimate position in the cultural and social map, or protest against it. These explicit second skin artefacts are the visible counterparts of an implicit psychosocial 'second-skin' of the ego: a metaphorical internal skin which contains and sets boundaries to the feelings of social bonding of the individual, and allows his/her most intimate sense of psychological integrity, dignity, and emotional security by belonging to a group (Bick, 1968 - see pathway two for exploration of Bick's idea; Houzel 1996; Reilly 2004).

### 1.1 Protomentality links

Our hypothesis that there is a deeper layer and a more elemental and literal link between the three related elements of 1) the social sphere, 2) the feelings and mentality of the individual, and 3) his/her somatic skin is based on what Bion described as a *protomentality* matrix (Bion 1961) forming a link between the social aspects of group membership and the biological regulation of the body neither of which can be clearly distinguished. In other words: when the emotional state of a member of a group manifests its biologic counterpart, the events of the socio-emotional dynamics can impact directly the autonomic state of the skin (TARRIER et al 1979; Torres 2010b). This impact will be more evident when certain tensions at the level of social relationships challenge the mental integration and psychological integrity of any emotionally vulnerable individual, and correlate with or causally determine psycho-physiological dermatological alterations that can evolve into clinical skin conditions.

### 1.2 Psychodermatology and Protomentality: how socio-emotional stress can get under the skin

In a thorough review of psychoanalysis and dermatology, Ulnik (2007) concluded that the skin is far more than erogenous. It is the place where many other emotional states manifest. It is very well established that the skin reacts autonomically to events perceived by the individual to be threatening, including to social and emotional challenges such as situations of professional and academic testing (that is, to *socio-emotional stresses*), via a series of electro-chemical and endocrine correlates of the autonomic nervous system activity (e.g. Fenz and Epstein 1968; Sequeira et al 2009; Arnetz et al, 1991; Garg et al 2001). Actually, research on emotional expressiveness (EE) reveals that the mere presence of particular persons in the same room as the subject can increase or decrease skin electrical reactivity, as a function of the kind of emotional expression the other person manifests and the social bond between the subjects (Leff, 2001; TARRIER et al 1979). Momentary psycho-physiological alterations in the skin determined by socio-emotional parameters are an example of what Bion described as *protomentality* phenomena that form the matrix from which basic assumption group dynamics emerge. We will now move to explore the clinical domain of dermatological disorders.

### 1.3 Psychodermatologic disorders and their Social Determinants

Rene Spitz was maybe the first psychoanalyst to focus on social-environmental influences on psychogenic skin diseases in infancy (1945; 1951). He reported a higher than normal incidence of infantile eczema in children living in the nursery of a penal institution for delinquent young mothers. Later research on child dermatology showed that families' social relationships quality was an important variable affecting Atopic dermatitis and Eczema symptom severity (Gil et al 1987; McSkimming et al 1984; Koblenzer & Koblenzer, 1988). For instance Gil et al (1987) found that children from families high on Active Support and on Organised/Independent social-environments (measured by scales of 'social climate' [Moos & Moos 1994]) had significantly lower atopic dermatitis symptom severity. This result contrasted with families in a moral/religious social-environment (characterised by strict and rigid views of right and wrong and punishment for wrong doing) whose children had significantly more severe symptoms.

On the other hand infantile skin problems such as atopic dermatitis and chronic eczema are shown to decrease when parents receive psychological interventions such as counselling and insight oriented education (Jafferany 2007; Koblenzer & Koblenzer 1988; Koblenzer 1996).

These studies suggest that the relationship between the flexible quality of emotional containment in the family system correlates with capacity to metabolise emotional experiences in the child and also that the lax, intrusive or rigid quality of emotional containment in the family can manifest *protomentally* as dermatitis and eczema in the child.

In research of life-stories of four adult psychodermatological patients made by one of us (Torres 2008; 2010b), it was observed that these subjects reported to be chronically troubled by experiences of social stresses and strains in the school, family and the workplace. In the interviews it was patent that, despite having a stable and traditional family of origin, subjects had been exposed to amounts of cruelty in childhood including physical and psychological abuse, largely due to educational strictness and moral rigidity of their family values, school pedagogical values and macro-societal values (e.g. Ornelas 2002). Furthermore, the interviewees seem to have identified internally with very strict, moralistic and conformist norms of social behaviour. They do not seem to re-enact cruelty and violence on others and seem to have a rather apathetic reaction towards injustices against them. In compliance with these strict internal norms, the interviewees apparently endure immense emotional suffering and abuse in their adult family and professional life, without being able to assert themselves.

### 1.4 Individual factors mediating social determinants of skin diseases

Psychological factors also play an important role in the kind of individual skin reactivity caused by socio-emotionally challenging situations. Some studies suggest that these factors determine the

way the individual deals with emotional states of hostility, anger, perceived offences (Wu et al 1988; Jafferany 2007), as well as the perceived social support to mitigate the effects of stressors (Arnetz et al 1991; Verhoeven 2008).

In research made in cooperation with a dermatologist (Tavares-Bello and Torres 2003; Tavares-Bello et al 2003a, 2003b, 2003c; Fernandes et al 2010), we found that the common denominator of patients with various psychocutaneous diseases (Acne, Psoriasis, Alopecia and Rosacea) was to have significantly higher *interpersonal sensitivity* than patients with non-psychocutaneous skin conditions. The interpersonal sensitivity scale (measured by the questionnaire SCL-90) is composed of items that express: feeling critical of others, being easily hurt, shyness, embarrassment and inferiority. In sum, the patients easily feel resentful and critical, but they cannot assert themselves when faced with social-emotional challenges and threats.

In the doctoral research of one of us (Torres 2008) psychometric scales to assess alexithymia<sup>3</sup> were used (Krystal 1988; Taylor, Bagby & Parker 1997) in order to explore individual level psychological vulnerabilities in emotional containment of patients in three categories of social stress diseases encompassing: a) psychosomatic phenomena including dermatological disease, b) substance addiction and c) suicidal behaviour. The results showed that there was a common individual level vulnerability to all the 3 diseases in the processes of emotional containment: high levels of alexithymia are associated with an increase in the likelihood of being a psychosomatic patient, a substance addict, and a para-suicidal subject as opposed to being a non-clinical subject. These results are congruent with and replicate previous clinical studies on alexithymia (see Torres 2008; 2010b for a revision).

This research also provided research evidence that linked each of these social disease groups to specific basic assumption valencies using Bion's model (1961). Thus a) psychosomatic disease was linked to people who had a valency for fight-flight (aggression breaking through the skin); b) substance abuse was linked to people who had a valency for dependency (the defensive desired cure fuelled by reliable/unreliable self-medication); while c) suicidal behaviour was linked to people with a valency for failed experiences of intimacy (united with the object of love only in death or the madness of *folie à deux* – see Cole Porter's lyrics above). These links beg further research to explore these connections, meanwhile this paper continues with a single case vignette that illustrates how social-contextual stress and individual emotional vulnerability factors concur in a severe case of psoriasis, where the organisational context gets under the skin of the individual.

### 1.5 Illustrative vignette

R. is a man of 57, who has been suffering from chronic psoriasis since his early 30's. He had been working as a clerk in the same office of an estate company for the last 32 years. At the time of

onset of the disease he describes feeling a great burden of responsibility and having a very 'agitated' life working as the main financial clerk of the company, and feeling a great internal pressure for fear of making mistakes.

He describes having daily conflicts, at work in the last few years, with a group of new colleagues. In his view, they are not trustworthy at all and they gossip about him; however his response is very passive and submissive. In spite of feeling very resentful and uncomfortable at his workplace he does not want to leave the company. This is due firstly to deference to his boss who is a friend of R's deceased father, and secondly because he is waiting for financial shares of the company's profits which were verbally promised to him by his boss 25 years ago, but were never delivered.

He recalled that his feelings of internal pressure to comply had its origins as child when he worked for his own father in the fields. R describes his father as a perfectionist, very demanding and strict, and also someone whom he never disobeyed or got angry with, out of a deep deference.

*Sometimes I wouldn't agree with him [father]. Probably, he was the one who was right...would you get angry at each other? No, no. We never got to that, because my father was someone towards whom I had much respect, much admiration, he was an exceptional person; [...]*

*Would you do things disapproved by your parents? No, my parents never had to worry on that account. Some kids would mess around, stealing fruit, others would swim and cross the river, but not me, I was afraid of the consequences. I've never worried my parents with those kinds of issues.*

He recalls, with some terror, also having been subjected to abuse from his teachers. However, he seems to have identified with the severity of his educational strictness:

*Prof. X, that woman was the terror! and Prof. Z, he destroyed many people's lives, because he was extremely demanding! [...] they were super, super demanding, but I now think it was the way it should be; at a distance I see they were right. There must be strict rules! Otherwise society turns into mayhem.*

There seems to be, in the life story of R, a repetition of very stressful parental, educational and professional contexts, where authority is recalled as very strict and demanding. He seems to try to correspond to authority by being perfectionist and feeling a constant internal pressure not to fail. At the same time, the strictness, and severity are admired by him, and obeyed in an almost blindly deferent way, as if chaos and mayhem would follow the smallest rule breaking or mistake. Finally, he is apparently being cheated by his own boss in a large sum of money corresponding to 25 years of the company's profits.

This vignette illustrates the extent to which a person vulnerable to internalising rigid versions of authority is at the mercy of being exploited by such authoritarian or tyrannical regimes in the school and the work place. His psoriasis can be seen as an individual *protomental* symptom of his psychological vulnerability at the same time as being a symptom of a *group disease*: an aggressive and corrupt organisational system in which he feels trapped and against which he reacts passively.

The analyses of other life-stories interviews show similar patterns (Torres 2008;2010b; Morgan-Jones & Torres, 2008). These patterns show individuals with a particular way of dealing with challenges of social-contextual stresses. These responses include rigid emotional containment of aggressiveness and difficulties in verbalising emotional states (alexithymia), meaning no clear differentiation of body sensations from feelings. The resulting anxieties and troubles are neither verbalised, nor emotionally contained. This state of unelaborated anxiety and raw emotional states feeds-back the stress of the social situations, creating a chronic vicious cycle. This socio-emotional vicious cycle can have effects on the skin via neuro-physiological mechanisms that affect negatively epidermal homeostasis, leading the way to the onset or exacerbation of psychocutaneous conditions such as psoriasis, alopecia and the others.

This work suggests an outline for more profound research evidence in order to explore the links between group disease illustrated by a vulnerability to failed containment of aggression in the individual and the exploitation of it by an organisational culture that shamelessly fails to provide a context within which one of its work force can feel safe to contribute from their own resources and not become stretched beyond them.

We will move now to introduce an exploration of Pathway Two. This starts from the infantile relational experiences at the skin level and how these are projected first on to the psychic-skin and then into the group-skin.

### Pathway Two: Group skin boundary phenomena

#### 2.1 Anzieu: from ego-skin to group-skin

In researching and developing a psychoanalytic probe for exploring the phenomenon and dynamics of skin, Anzieu begins from Freud's idea of the *contact barrier*. In his *Project for a Scientific Psychology* (Freud 1985) Freud explores the idea of a psychic system part of which deals with experience stimulated from the internal or from the external world. He takes two possibilities. One is the decrease of the stimulus threshold due to lack of contact and resulting in hypersensitivity. The other is an increase of the stimulus threshold due to excess of contact leading to insensibility. The 'protective shell' is formed by experiences through either pain or intrusion (Tustin 1990).

Anzieu puts it this way: 'The skin ego is at once a sac containing together the pieces of the self, an excitation-screen, a surface on which signs are inscribed, and guardian of the intensity of instincts that it localizes in a bodily source, in this or that sensitive zone of the skin' (Anzieu 1990:66). He suggests that the containing function of the skin is assisted by a mother's provision of a range of sense-based feedback responses that provide the infant with experiences that can be internalised to shape a contact-barrier. These sensuous experiences provide a sort of envelope that may provide

containment and respond with touch, sound, rhythm, tastes, smells and movements. Bion's later work in psychoanalysis developed his concept of the *protomental* into exploring the way maternal containment of excitation of sensations and emotions allowed an alpha function through which the beta-particles of sensory stimulation could be modified from their toxic state, demonstrated in an internalised capacity to have dream thoughts (Bion 1962;1963).

If this is so with individuals and their maternal matrix, this paper is suggesting that it is also true in the relationship between the individual and the organisation where the organisation impinges across the contact barrier and inhibits the individual's capacity to manage their own emotional state and capacity to think clearly. In short failures in organisational containment of emotions stimulated by the work blind their members to a capacity to think their own thoughts, reducing them to rigid 'group-think'.

In the 'Skin Ego' Anzieu outlines the functions of the skin, and so begins to develop a typology to embody a range of containing, intrusive or lax responsiveness that is *protomental* in being at once social, physical and emotional. Such experiences write upon the body in ways that are both symbolic and physical, thereby providing the key to understandings of system psychodynamics as accounts of embodied states. This echoes Turner's perspective quoted above (Turner 2007).

As Anzieu puts it: 'Finally, there is no group without a common skin, a containing envelope, which makes it possible for its members to experience the existence of a group self' (Anzieu 1990:97).

Ulnik has taken the ideas of Freud and Anzieu, and applied them to his practice as a psychoanalyst and a dermatologist, to provide a framework for describing the fantasy of a common skin with mother where there is '...between the external layer and the internal layer a double feedback...' (Ulnik 2007: 53). Such a fantasy, if fulfilled often enough, sustains a sense of flexible thoughtful containment in the face of excitations upon the infant body, whether from inside or outside. The double feedback layer provides protection against excessive excitement from outside, while from inside, it can become internalised and used to relate with other senses such as sight, sound or movement. Such a double feedback layer provides a means of understanding between the external and internal management of self in role that lies at the heart of psychoanalytic systems theory.

## 2.2 Failures in containment

If mother is intrusive and allows the infant's skin to be prematurely over stimulated, there is no containment for excitations and no internalised skin to build up an identity. Bick (2002) observed that such infants tend to search for a sensual object that will provide a secure point by being fixed. She noted babies 'like a spaceman without a space suit' gazed at a light bulb or gripped a hard object

in a desperate search for security (Biggs 2002). This she described as the search for a second skin and a musculature to support it against impingement.

Anzieu described some babies whose skin appears to 'glitter' with the over excited desire to become what mother wants as opposed to a 'shield' skin to protect from the invasion. He described this as a baby contained by an over-stimulated narcissistic envelope revealed in glamorous clothes of adults or the over dressed up child. This insight can be readily applied to the way organisational leaders can narcissistically exploit image and life style to embody positions of personal power that can lead to perverse, narcissistic and corrupt practices described by Susan Long (2008).

Finally Anzieu described the suffering skin, one that is torn, bruised or hurt whether by abandonment or being used and abused as a receiver of parental emotions. This phenomenon links to family therapist John Byng-Hall's idea of the 'parentified' child in a family who is disturbed by being acutely in touch with the unmet infantile emotional needs of the parents (Byng-Hall 2001). Such dynamics are common in those who are receptive to the emotions of others, in the caring or consulting professions or in creative or artistic work.

In organisations this can lead to suffering of the sort embodied in psycho-somatic disease described above. Alternatively, within a better contained personality, it can be transformed into creative work. It is in such transformation that coaches who carry a systems psychodynamic approach believe in helping their clients survive and more than that re-configure and re-position themselves in relation to the potentially sickening dynamics of organisations.

These schemas provide a probe with which to view the quality of attachment expressed by the skin through experiences of loss, intrusion or laxness in the responsiveness of mother's skin, corresponding to the unmentalised expression of abandonment, engulfment and disorientation. These theories combine a lack of cohesion with a lack of a containing capacity for processing experience and behaviour<sup>4</sup>.

### 2.3 The group boundary as a skin

Anzieu's work on the skin-ego develops the theme of sensory psychic envelopes, including sound, rhythm, movement, memory, culture and dream to provide descriptions of experience at the level of social skin relations (Anzieu 1990).

In his book *The group and the unconscious*, Anzieu (1984) portrays groups suffering without a body and needing to create one with an instinct that draws them together in belonging. The group is seen metaphorically as a 'body' with an *esprit de corps*, providing a skin for individual 'members'. This idea can be linked to Bion's idea of valency to describe the way individuals are drawn to organisations, careers or work groups with particular basic assumption group dynamics (see Morgan-Jones 2010a).

What Anzieu is proposing is that the achievement of belonging in a group happens when it overcomes its anxieties about fragmentation, often by exporting them in the direction of others. This can be what gives a group its sense of being a body that is not dismembered. He goes on to describe the primal phantasies about a group as a mother's body. On the one hand there is nurture and a physical experience of bonding and safety, on the other a terror of rejection and disapproval with terrifying inner consequences of loss or fragmentation of what holds firm internally and in the group (Anzieu 1984: 118-9). These primitive group dynamics shape the very conditions for groups to exist. They form the bedrock or matrix from which the basic assumptions arise and are the experience that works to make organisational functioning collaborative or destructive. They determine whether it is possible for even a group identity to exist in the mind at all.

In applying these ideas of a skin-ego and secondary need to create a containing skin, Houzel has described the need for a family skin in work with damaged families where individuals present with personality disorder. He uses '...the term *family envelope* ...to describe the processes of structural stabilisation that take place within the family.' (Houzel 1996: 905) Where it is lacking in the family, the thoughtful co-operation of staff across the different agencies involved with the family has to provide a 'widened envelope'. Now if we take this idea and apply it to groups we have a tool for beginning to follow the protomental processes involved at the boundary of groups and organisations and the way organisations can fail to provide flexible emotional containment in addition to being shamelessly intrusive.

### 2.4 Shameless Violations

Shameless violations are attacks on the human dignity of individuals, groups and mankind. They exploit shame and diminish the right of others to an identity and a voice. Racism and ethnic hatred provide many examples of attacks on the skin, identity, demeaned right of access to power and collective identity. The ruthlessness of business ethics that pursue profit at the mercy of gullible investors have seeded an exploitation of the financial markets for gain, greed and wealth at the expense of others, leading to one of the root causes of the 2008 credit crisis (Dixon and Morgan-Jones 2010; Morgan-Jones 2010c).

Building on Long's (2008) analysis of perversity in organisations, this paper emphasises the role of pride and shame. For Long 'pride begins with the body' (p.57). She highlights the destructive arrogance of excessive pride that can be described as *shamelessness*. This project can be understood as the attempt to be moral without being moralistic, to shame the deed but not the person, which has parallels to the restorative justice movement with its purpose to offer re-integrative shaming (Ahmed, Harris, Braithwaite J. and Braithwaite V. 2001, Haupt & Malcolm 2001, Hopkins B. 2004, Johnstone and Van Ness 2007, Liebmann M. 2007; Morgan-Jones 2010a).

From a group dynamic perspective, developments to Bion's basic assumption theories in the form of *oneness* (Turquet 1974; 1975), *me-ness* (Lawrence et al 2000) and *incobesion* (Hopper 2003) point to dynamics where it is the boundary and skin of the group and its right to exist that are attacked, suggesting an attack on the *protomental* skin of the group itself, experienced as a body blow (Morgan-Jones 2010a). The dynamic of one-ness/ massification attacks the idea of membership of any other group being possible. The dynamic of me-ness/aggregation attacks the skin of any group to which a collection of individuals might belong. Such group and social phenomena call for a deeper exploration of the psycho-physical-social dimension of group boundary phenomena and how they function as a group skin to contain identity and capacity for thoughtfulness.

### 2.5 Example of restoring a distorted skin container

*A family social work team has been offered consultation following a nightmarish trauma in which a child for whom they are responsible, on their at-risk register, has died whilst in the care of neglectful parents. They have been on the receiving end of volumes attack, including suspicion and hatred, abusive calls to the office, accusations from colleagues and their own professional soul searching which has left them feeling self critical and demoralised. They have done much work to realistically explore their part in the collective failure across the agencies to adequately protect the child and have instituted new procedures and supervisory support and oversight in dealing with future cases. However this has not succeeded as yet in easing the internalised self reproach that tends to make them panic in facing other situations where children are at risk. The developmental risk at this point is that they internalise a witch hunt culture to offer themselves or a team member as a scapegoat for system problems between agencies.*

*As part of the aftermath of the official enquiries, in addition to the internal ones, they have been barraged with suspicion, disciplinaries, new procedures and volumes of paper work and targets. All this has been in addition to temporary suspensions and time off for stress two closest to the events. In searching for a way of dealing with their sense of excessive re-traumatisation from anxieties of the wider system that is bombarding them, one worker voices the view that it is like going to hospital with a burn on your skin and having your recovering scab ripped off to see the unhealed scars. In exploring ways of imagining dealing with this situation someone points to the team leader's transparent perspex umbrella standing in the corner: "We need a big one of those to protect ourselves with and to see the shit coming, but protect ourselves from it." This metaphor seems to lift spirits and becomes the symbolic point of reference for the team's recovery.*

### 2.6 The functions of the group skin

This paper ends by providing a framework for research as well as a possible tool for coaching and consultancy that can explore different kinds of containment and its failure. It provides a matrix that formulates a cross-reference between Hinshelwood's work on different types of container, rigid, flexible and fragile (Hinshelwood 1987) and Anzieu's typology for describing the emotional functions of skin, applied to a group and organisational context.

## Individual and collective suffering of organisational failures in containment

These include: 1) support for holding; 2) a container for handling, 3) individuation to create a sense of unique unity; 4) an excitation screen to protect from over stimulation; 5) libidinal recharge to distribute and organise libidinal energy and its sublimation.

<b>5 skin functions in group (Anzieu)</b>	<b>Contained (flexible)</b>	<b>Over-contained (rigid or intruding)</b>	<b>Under-contained (fragile or lax)</b>
<b>1) support for holding</b>	Safety from environmental impingement.  Valued & differentiated roles/skill sets  Creative teamwork	Over controlled, bureaucratic  Management responsibility evacuated to lower levels of organisations	Intangible, neglected
<b>2) container for handling</b>	Thresholds negotiable	Rigid exclusion projection of hated otherness	Lax boundary failure
<b>3) individuation to create a sense of unique unity</b>	Shared identity internally and externally -  Effective role definitions & support	Over-managed, top-down vision, religious/colonised domination of minds  Group-think	Random task/role system
<b>4) excitation screen to protect from over stimulation</b>	Flexibly managed work- loads, expectations clear and negotiated	Roles over-stretched increased stress risk	Neglected disorganised
<b>5) libidinal recharge to distribute and organise libidinal energy and its sublimation</b>	Authority, bonding and morale sustained in relation to tasks, healthy rhythm for oscillation between participation & commands.  Respect for down time/ meals.	Stress through over work	Stress through boredom

Table 1: A matrix that formulating a cross-reference between Hinshelwood's work on different types of container, rigid, flexible and fragile (Hinshelwood 1987) and Anzieu's typology for describing the emotional functions of skin, applied to a group and organisational context.

It is possible to take this analysis further by exploring what happens to the container of what David Armstrong calls *the organisation in the mind* (Armstrong 2005) when the skin of the group is not contained. This is illustrated when individuals or teams who usually have a sophisticated ability to hold on to an independent professional and common sense view of their work based on experience, find themselves behaving in ways that have distorted by their external container (see example above). Making use of Anzieu's exploration of different kinds of skin responsiveness between mother and infant, it might be possible to begin to describe distortions in people's capacity to make use of their own authority in providing thought out contributions to their work rather than rigidly following directives or being at the mercy of the fragility of the herd.

### Conclusion

In this paper we have proposed the idea that skin boundary phenomena can be explored using the experience as well as the metaphor of a group or organisational skin, following the work of Anzieu. We have provided an overview of research that one of us (NT) has done into *protomental* phenomena in relation to Bion's idea of group disease, using examples of psychodermatology where the individual has an internalised model of self effacement that makes them vulnerable to social and organisational stresses. Finally we provide a model to explore relatedness across the skin of groups and organisations developing Anzieu's idea of a *group-skin* related to varieties of attempts at providing for or nullifying the need for emotional containment. The paper outlines a series of arenas for further empirical and conceptual exploration and research in order to open up new thinking and new evidence to understand the complexity of the inter-relationship between individual and organisational psychodynamics.

### Endnote

<sup>1</sup>An earlier version of this paper was given to ISPSO Symposium "Differences at Work: Towards Integration and Containment": Toledo 26-28 June 2009, under the title: Under the skin of the organisation: Violation and shamelessness– searching for a model to explore protomental dynamics.

<sup>2</sup>This work is developed in greater detail in: The Body of the Organisation and its Health (Morgan-Jones 2010c), to which Nuno Torres (2010b) has contributed two important chapters.

<sup>3</sup>Alexithymia describes a social and individual failure to be able to transform sensation into feeling and language that can provide symbolisation and transform it by being thought about.

<sup>4</sup>Elsewhere one author has related this table to Bion's concept of commensal, symbiotic and parasitic relationships (Morgan-Jones 2010c chapter 2).

## References

- Anzieu D. (1974, 1989) *The skin ego* New Haven and London Yale
- Anzieu D. (1975, [1984]) *The group and the unconscious* London: Routledge Kegan Paul.
- Anzieu, D. ed. (1990) *Psychic Envelopes* London: Karnac.
- Armstrong, D. (2005) *The Organisation in the Mind* London: Tavistock Clinic Series.
- Arnetz, B. B., Fjellner, B., Eneroth, P., & Kallner, A. (1991). 'Endocrine and dermatological concomitants of mental stress' *Acta Dermato-Venerologica. Supplementum*, 156, 9-12.
- Bick, E. (1968) 'The Experience of the Skin in Early Object-Relations' *Int. J. Psycho-Anal.*, 49, 484-486.
- Bick, E. (2002) Collected papers in Briggs A. ed. (2002) *Surviving Space: Papers on Infant Observation* London: Tavistock.
- Bion, W.R. (1948) 'Psychiatry at a Time of Crisis' *British Journal of Medical Psychology* 21 (2): 81- 89.
- Bion, W.R. (1952) 'Group dynamics: a review' *International Journal of Psychoanalysis* (32)2: 26-31.
- Bion, W.R. (1961). *Experiences in Groups*. London: Tavistock.
- Bion, W.R. (1962). *Learning from Experience* London: Karnac
- Bion, W.R. (1963). *Elements of Psychoanalysis* London: Karnac.
- Bion, W.R. (1988) *Attention and Interpretation* London: Karnac.
- Dixon, K. & Morgan-Jones, R.J. (2010) 'Financial bodies called to account: corporate risks of carrying fear and greed on behalf of the body politic' Chapter 9 in Morgan-Jones (2010d).
- Edgerton, J.E., Campbell III, R.J., (Editors) (1994) *American Psychiatric Glossary, (7th edition)*. Washington, D.C.: American Psychiatric Press, Inc.
- Fenz, W. D., & Epstein, S. (1968) 'Specific and General Inhibitory Reactions Associated with Mastery of Stress' *Journal of Experimental Psychology*, 77(1), 52-56.
- Fernandes, S., Bello, C., Neves, C., Torres, N., Tavares-Bello, R. (2010, October) Acne: Psychosocial Impact. Poster presented at the 19th Congress of the European Academy of Dermatology and Venereology (ECDV), Gotteburg, Germany, 6-10 October 2010
- Flügel, J. C. (1929) 'Clothes Symbolism and Clothes Ambivalence' *Int. J. Psycho-Anal.*, 10, 205-217.
- Freud, S. (1908) 'Civilised Sexual Morality and Modern Nervous Illness', in Dickson, A. (Editor) *Group Psychology, Civilisation and Its Discontents and other Works*. Harmondsworth: Penguin.

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- Freud, S. (1921) *Group Psychology and the Analysis of The Ego*. New York and London: Norton.
- Freud, S. (1930) 'Civilisation and Its Discontents', In Dickson, A. (Editor) *Group Psychology, Civilisation and Its Discontents and other Works*. Harmondsworth: Penguin.
- Gupta, M. A., Gupta, A. K., Ellis, C. N., & Voorhees, J. J. (1990)'Some psychosomatic aspects of psoriasis' *Advances in Dermatology*, 5, 21-30.
- Hinshelwood, R.D. (1987) *What happens in groups* London: Free Association Books.
- Hinshelwood, R.D. (1994) 'Attacks on the reflective space' in: Schermer and Pines (Editors) *Ring of Fire. Primitive Affects and Object relations in Group Psychotherapy*. London: Routledge.
- Hinshelwood, R.D. (2003) 'Group Mentality and "Having a Mind"' in Pines, M. and Lipgar, R. (Editors) *Building on Bion: Roots*. London: Jessica Kingsley.
- Hinshelwood, R.D. and Chiesa, M. (2001). Organisations, Anxieties and Defense: towards a psychoanalytic social psychology. London: Whurr.
- Hopkins, B. (2004) *Just Schools: A whole school approach to restorative justice* London Jessica Kingsley.
- Hopper, E. (2003) *Traumatic Experience in the Unconscious Life of Groups* London: Jessica Kingsley Press
- Houzel, D. (1996) *The Family Envelope And What Happens When It Is Torn*. Int. J. Psycho-Anal., 77:901-912.
- Johnstone, G. and Van Ness, D.W. (2007) *Handbook of Restorative Justice Cullompton*: Willan.
- Koblenzer, C. S., & Koblenzer, P. J. (1988) 'Chronic Intractable Atopic Eczema: Its Occurrence as a Physical Sign of Impaired Parent-Child Relationships and Psychologic Developmental Arrest: Improvement Through Parent Insight and Education' *Arch Dermatol*, 124(11), 1673-1677.
- Koblenzer, P. J. (1996). 'Parental issues in the treatment of chronic infantile eczema' *Dermatologic Clinics*, 14(3), 423-427.
- Kokçam, I.; Akyar, N.; Saral, Y; Oguzhanoglu, N. (1999) 'Psychosomatic Symptoms in Patients with Alopecia Areata and Vitiligo' *Turkish Journal of Medical Sciences*: 29(4): 471-474.
- Krystal, H. (1988) *Integration and Self-healing: Affect, Trauma, Alexithymia*. Hillsdale: Analytic Press.
- Lawrence, W.G. (2000) with Bain & Gould "The Fifth Basic Assumption" in Lawrence W.G. (2003) *Tongued with Fire* London: Karnac.
- Leff, J. (2001) *The Unbalanced Mind*. London: Phoenix.
- Liebmann, M. (2007) *Restorative justice – How it works* London: Jessica Kingsley.

## Individual and collective suffering of organisational failures in containment

- Long, S. (2008) *The Perverse Organisation and its Deadly Sins* London: Karnac.
- McDougall, J. (1980) 'A Child is Being Eaten—I: Psychosomatic States, Anxiety Neurosis and Hysteria—a Theoretical Approach II: The Abysmal Mother and the Cork Child—a Clinical Illustration'. *Contemporary Psychoanalysis* 16:417-459.
- McDougall, J. (1989) *Theatres of the Body. A Psychoanalytic Approach to Psychosomatic Illness*. N.Y., London: W.W.Norton.
- Moore, E.B., Fine, B.D. (Editors) (1990) *Psychoanalytic Terms and Concepts*. New Haven: The American Psychoanalytic Association and Yale University Press.
- Moos, R. & Moos, B. (1994) *Family Environment Scale Manual: Development, Applications, Research - Third Edition*. Palo Alto, CA: Consulting Psychologist Press.
- Morgan-Jones, R.J. (2010a) 'The work group as an object of desire: The embodiment of protomental life' *Organisational and Social Dynamics vol 10:1*.
- Morgan-Jones, R.J. (2010b) 'Tackling the shamelessness of organisational perversity: can restorative justice address the case?' chapter 8 in Morgan-Jones (2010c)
- Morgan-Jones, R.J. (2010c) *The Body Speaks: protomental embodiment* British Journal of Psychotherapy 25:4.
- Morgan-Jones, R.J. (2010c) *The body of the organisation and its health* London: Karnac.
- Morgan-Jones, R. J. (2010d). 'The attempted murder of money and time: The Work of the Angel of History in addressing the Global Systemic Banking Crisis.' [Paper given to ISPSO Symposium, "The Angel of History and the Ghost of the Future – Psychodynamics and Organisational Change." Denmark: Elsinore, June 18-20.
- Morgan-Jones, R.J. & Torres, N. (2009) 'Under the skin of the organisation: Violation and shamelessness— searching for a model to explore protomental dynamics' Paper given to ISPSO conference 2009 Toledo.
- Ornelas, J. N. (2002) 'The Fascist Body in Contemporary Portuguese Narrative' *Luso-Brazilian Rev.* 39(2):65-77 (2002).
- Reich, W. (1946) *The mass psychology of fascism*. New York: Orgone Institute Press.
- Reilly, E.A. (2004). 'Skin Deep: Psychic Skin, Second-Skin Formation and its Links with Eating Disorders' *Free Associations*, 11: 134-174.
- Schildkrout, E. (2004) 'Inscribing the body' *Annual Review of Anthropology*, 33(1), 319-344.

- Sequeira, H., Hot, P., Silvert, L., & Delplanque, S. (2009) 'Electrical autonomic correlates of emotion' *International Journal of Psychophysiology: Official Journal of the International Organisation of Psychophysiology*, 71(1), 50-6.
- Spitz, R. A. (1945) 'Hospitalism—An Inquiry Into the Genesis of Psychiatric Conditions in Early Childhood' *Psychoanal. St. Child*, 1, 53-74.
- Spitz, R. A. (1951) 'The Psychogenic Diseases in Infancy—An Attempt at their Etiologic Classification' *Psychoanal. St. Child*, 6, 255-275.
- Stein, M. (2007) 'Oedipus Rex at Enron: Leadership, Oedipal struggles and organisational collapse' *Human relations* 60:1387.
- Tarrier, N., Vaughn, C., Lader, M. H., & Leff, J. P. (1979) 'Bodily reactions to people and events in schizophrenics' *Archives of General Psychiatry*, 36(3), 311-315.
- Tavares-Bello, R., Torres, N. (2003) 'Acne: Impacto Psicossocial [Acne: psychosocial impact]' Communication presented at the Portuguese Acne Advisory Board. May 2003, Nice.
- Tavares-Bello, R.; Moura, MJ; Torres, N. (2003a) 'The Blushing in Humans Psychological Evaluation of Rosacea Patients' Poster presented at the European Academy of Dermatology and Venereology. Annual meeting 15th –19th October 2003, Barcelona.
- Tavares-Bello, R.; Girão, L.; Moura, M.J.; Torres, N. (2003b) 'Frantic Bald. Psychological Evaluation of Alopecia Areata Patients' Poster presented at the European Academy of Dermatology and Venereology' Annual meeting 15th –19th October 2003, Barcelona.
- Tavares-Bello, R; Torres, N.; Moura, MJ (2003c) 'Squames and Scales in Human Beings. Psychological Evaluation of Psoriasis Patients' Poster presented at the European Academy of Dermatology and Venereology. Annual meeting 15th –19th October 2003, Barcelona.
- Taylor, G.J.; Bagby, R.M.; Parker, J.D.A. (1997) *Disorders of affect regulation. Alexithymia in medical and psychiatric illness*. Cambridge: Cambridge University Press.
- Torres, N. (2008) *Disorders of Emotional Containment and their Somatic Correlates. The protomental nature of addictions, self-harm and non-communicable diseases*. unpublished PhD thesis Centre for psychoanalytic Studies University of Essex.
- Torres, N. (2010a) 'Protomental' . chapter 3 in Morgan-Jones (2010c)
- Torres, N. (2010b) 'Social stress related epidemic diseases: Failures in Emotional Containment' in Morgan-Jones R.J. (2010c).

## Individual and collective suffering of organisational failures in containment

- Turner, T. (2007) 'The social skin' in Lock, M. and Farquhar, J. (Eds.) *Beyond the body proper: reading the anthropology of material life*. Durham, NC: Duke University Press.
- Turquet, P. (1974) 'Leadership: The Individual in the Group' in Gabbard G.S. Hartman J.J. and Mann R.D. eds. *Analysis of Groups* San Francisco, CA: Jossey-Bass.
- Turquet, P. (1975) 'Threats to identity in the large group' in Kreeger L. ed. *The large group: Dynamics and therapy*. London: Constable.
- Tustin, F. (1990) *The Protective Shell in Children and Adults*. London: Karnac.
- Ulnik, J. (2007) *Skin in psychoanalysis*. London: Karnac.
- Verhoeven, E. W., De Klerk, S., Kraaimaat, F. W., Van De Kerkhof, P. C., De Jong, E. M., & Evers, A. W. (2008) 'Biopsychosocial Mechanisms of Chronic Itch in Patients with Skin Diseases: a Review' *Acta Dermato-Venereologica*, 88, 211-218.
- Wu, S. F., Kinder, B. N., Trunnell, T. N., & Fulton, J. E. (1988) 'Role of anxiety and anger in acne patients: a relationship with the severity of the disorder' *Journal of the American Academy of Dermatology*, 18(2 Pt 1), 325-333.

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