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Original Article

# Psychoanalysis, social science and the Tavistock tradition

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**Abstract** This article is about the connections between the fields of sociology and psychoanalysis, as they have been present in the traditions of the Tavistock Clinic and Institute of Human Relations from their origins to the present day. It describes a 'double dissonance' in this relationship, in that the Tavistock's commitment was never to psychoanalysis or to sociology, narrowly conceived. Its interest was in a broad conception of the social sciences, involving socio-psychological, socio-technical and ecological perspectives, and it developed a broader social engagement of psychoanalytic perspectives than that of a conventional psychoanalytic institute. Nevertheless, the Tavistock synthesis has been an original and valuable one. The Tavistock Institute's model of research has been closely linked, through its consultancy practice, to social action, and it has investigated and initiated democratic forms of organisation. The Tavistock Clinic developed a model of mental health care and professional education within the National Health Service, which provided support to individuals, families and communities at each stage of the human life cycle. Although both of these models have been placed under pressure in the individualist and market-oriented climate of recent decades, both traditions survive and retain a potential for the future.

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This article describes the work of the Tavistock Clinic and the closely associated Tavistock Institute of Human Relations (TIHR). As we will detail



later, the TIHR emerged from the Tavistock Clinic in the immediate post-war years. However, the two organisations' close association means that, throughout the article, we often refer to them as a single entity, 'the Tavistock', distinguishing them as and when it is helpful to do so.

Since the Tavistock's inception in London in 1920, its work has been based on the integration of psychoanalytic and broadly 'sociological' perspectives. Our aim in this article is to examine the Tavistock as an exemplary context in which this integration was attempted, and to a degree accomplished. However, it must be noted both that the Tavistock Clinic developed its psychoanalytic approaches in a psychoanalytically 'unorthodox' community-oriented mental health practice and that the TIHR preferred to designate its research as 'social science', rather than as sociology. We will later explore the reasons for this 'double dissonance'. We also describe the origins and development of the Tavistock's clinical and research traditions, which were significantly shaped by the democratic social climate in post-war Britain. We argue that in this early context there was a firm commitment at the Tavistock to integrate both research and practice, and bring together psychological and sociological understandings. From a present-day perspective, this is a promise that has remained somewhat unfulfilled, though one hopes to see its renewal.

Although psychoanalytic ideas and methods were the most fundamental influence on its practices, the Tavistock's orientation was always broader and more eclectic than that of psychoanalysis itself. Where the Institute of Psychoanalysis, the training body of the British Psychoanalytic Society, was mainly committed to the preservation and development of the psychoanalytic work of Freud and his successors, the Tavistock took as its field the improvement of the mental health and well-being of society itself. Its founding figures, Hugh Crichton-Miller and J.R. Rees, were psychiatrists who were influenced by various strands of psychoanalytic thinking, but who were not themselves psychoanalysts. Moreover, the preferred description of the Tavistock's orientation in the inter-war years was psychodynamic rather than psychoanalytic.

Meanwhile, the links between the Tavistock and academic social sciences such as sociology have been somewhat indirect, in part because the Tavistock, for most of its history, existed outside the university system and has seen itself as an institution devoted as much to practice as to research. In a sociology teaching department concerned with sociological theory and empirical research, one would have heard little of 'the Tavistock tradition', although in the contexts of more 'applied' social science, such as social policy, social work and business studies, and in the sociology of the family and of organisations, its ideas were more present.

To understand how the Tavistock's ideas evolved, one needs to say something about the history of the Tavistock, and in particular about a dynamic phase of



its development just after the Second World War that brought psychoanalytic and social scientific perspectives into close juxtaposition.

## Tavistock Initiatives During the Second World War

The origins of this dynamic phase of development lay in the work of a group of psychiatrists, psychoanalysts, psychologists and social scientists who were recruited into the British army during the Second World War to work in military psychiatry. They undertook a number of initiatives that anticipated what was later to develop at the Tavistock, through the work of what became known as the Tavistock group. One such initiative was the ‘Northfield Experiments’ (Bridger, 1990; Harrison, 2000; Trist, 1985). In the first of these, Wilfred Bion and John Rickman set up a therapeutic community for ‘shell-shocked’ soldiers within a military hospital. Bion’s idea was that soldier-patients would be left free to organise their own lives within the community, with Bion’s role primarily an interpretative one. The ‘enemy’, as Bion defined it, was the neurosis from which the soldier-patients were suffering. The idea was that they needed to learn to take responsibility for their own states of mind to be able to resume their identities as functioning soldiers. This initial experiment lasted for only six weeks before it was closed down by the authorities as a setting of and for, as they saw it, chaos and indiscipline. It is notable that an experiment that lasted for only six weeks remains so prominent in the Tavistock’s folk memory.

Bion had begun a psychoanalysis with Rickman in 1938, which was interrupted by the war. His *Experiences in Groups* (1961) is the classic text in which he set out the principles of Group Relations as this approach later developed. Bion, working as a military psychiatrist, was responsible for a second important initiative in the army, a then radical approach to officer recruitment. He proposed that the lack of sufficient candidates being sent forward for officer training from the regiments should be remedied by allowing nomination from all ranks, and not merely from regimental officers. This increased the number of candidates coming forward, and was found to bring no decline in their quality. Bion had sought understanding and support for this initiative from military officers, rather than the psychiatric establishment in the army, which he no doubt won in part because he was himself a soldier of high reputation, having been awarded the Distinguished Service Order for his bravery in World War I. Nevertheless, the initiative was later to be deemed ‘subversive’ and was terminated by the authorities, even though the chosen method of selection itself was not contentious, which involved setting candidates tasks to test their capacities by reference to how far they were able to subordinate their individual anxieties and ambitions to a shared group purpose. This approach to leadership selection was subsequently adopted in many organisational settings (Murray, 1990).



What is striking about these initiatives is their democratic, anti-authoritarian nature, and the idea that men's capabilities do not necessarily coincide with their social status but can be best revealed through being put to the test in shared individual and collective tasks. They are one of many instances of class barriers being broken down in the context of the war and also reveal underlying resistances to these moves towards democratisation. Thus, we see Bion's own initiatives being terminated by instruction from above, although their crucial discoveries later became recognised and adopted under more diplomatic leadership than his own. It also happened later on, in the action research projects of the TIHR, that even where democratic innovations – for example, in self-managing work-groups in factories or coal mines – brought benefits in morale and productivity, they met resistance and often failed to take wider root in their institutional environment. Eric Trist (1985) writes of the Tavistock group's wartime experience that they had found relevance, in reflecting on their perplexity at the abrupt setbacks they were experiencing, in Fairbairn's concept of the 'internal saboteur', linking Freud's concept of unconscious resistance to understanding to a broader social field.

A third early Tavistock initiative was the post-war civilian resettlement programme, which dealt in particular with the problems of returning prisoners of war. Bion and Rickman understood that the critical source of anxiety for resettled soldiers lay in the domain of their 'object relationships'. (This idea derives from a development by Klein, Bowlby and Winnicott of object relations theory in psychoanalysis, which held that relationships between infants and their mothers or primary carers were fundamental to development.) These relationships to loved objects, Bion and Rickman argued, were of profound importance to the soldiers' identities and self-respect – matters that were particularly acute for former prisoners of war. Here we see the understanding of object relations, drawn from the psychoanalytic tradition, already becoming key to Tavistock social practices.

Trist was later to describe this emerging war-time 'cluster' of practitioner-researchers as foreshadowing the idea of a 'composite work group' sharing each others' skills, and with a rotating rather than fixed leadership (Armstrong, 2012, p. 108). What linked its members was their involvement in a series of 'inventions', in which they worked alongside military personnel on a variety of problems.

In retrospect, there seems to have been four main elements that were to characterise the approach of the Tavistock group to its presenting problem-areas. These were:

- a freedom from prior professional preconceptions, either conceptual or methodological;



- an approach that saw the presenting problem in terms of the wider social field in which it was located and of which the Tavistock group were themselves a part: a citizenry at war and men who were soldiers;
- a focus on the group as the primary vehicle of intervention; and
- an implicit belief in human resourcefulness and agency, across or beyond differences of station or class.

To these should be added one further element that didn't so much define an approach, at least initially, as shape its outcome, namely,

- the presence and evocation of 'resistance', both external and internal, as a fact of life that needed to be recognised. One might think of this as an acceptance of the frequent necessity to tolerate and understand conflict, if difficult things were to be done.

Each of these elements was to be mirrored in the experience of the post-war reconfiguration of the Tavistock group, both within the Clinic and the newly incorporated Institute. In each, both theory and method were consequent on the evolution of a collaborative practice that acknowledged the interdependence of social and psychological factors operating within a defined structural, organisational and cultural wider field.

## The Tavistock Project After the War

At the end of the war, the entire group who had worked together in military psychiatry – Bion, Rickman, Trist, Jock Sutherland, John Bowlby, Tommy Wilson, Hugh Murray, Harold Bridger and Isabel Menzies Lyth – either rejoined or were invited to join the Tavistock, and began a period of considerable transformation known as 'Operation Phoenix'. In a complicated and difficult process, the pre-war leadership of J.R. Rees was replaced and a staff group was established that was committed both to psychoanalysis and its integration within broader social contexts. Pre-war, the Tavistock Clinic had existed under the governance of the Tavistock Institute for Medical Psychology. A grant from the Rockefeller Foundation in 1946 enabled the foundation of the Tavistock Institute of Human Relations, initially as a division of the Clinic. When the Clinic decided to join the newly established National Health Service in 1947, the TIHR retained its independent status and remained co-located with the Clinic. At this time, the links between the two institutions were close in terms of people and orientations, but also because training and teaching functions (later to grow substantially) remained the responsibility of the TIHR (Dicks, 1970; Trist, 1985; Trist and Murray, 1990a).

This innovative group had gathered together during the larger mobilisation of human resources that had taken place during the Second World War. In many spheres of society, an old hierarchical order had been shaken up. The setting-up



of a conscript army with the opportunities this created for advancement for people from outside the upper classes, the necessity and opportunity for women to work outside the home and a reforming spirit that came about in a struggle defined as one of democracy against fascism influenced this development. Exposure in the wartime alliance to the example of American innovation and energy was another factor, as ideas from American social science became influential for the Tavistock group and in the social sciences in Britain more generally.

An importance influence on the Tavistock – particularly on the TIHR’s model of research – was the American social scientist Kurt Lewin, who had been a refugee from Nazi Germany. His development of ‘field theory’ provided a crucial theoretical link for the Tavistock between individual and social perspectives (Lewin, 1952). The interaction between figure and ground, person and environment – the individual-in-his-world – became the source of the Tavistock’s ‘unit of attention’ and its intellectual DNA. From this grew its multi-disciplinary approach and the diversity of its fields of work. This was distinct from the Institute of Psychoanalysis, whose main commitment was to the training of psychoanalysts, and whose unit of attention was the ‘inner world of the individual’. The two institutions formed an unusual institutional couple, the Institute looking mainly inwards to the development of the psychoanalytic profession and its domain of knowledge, while the Tavistock looked mainly outwards to the mental health needs of the community. Their contributions supported one another, although not without tensions.

Lewin (1952) was a pioneering advocate of ‘action-research’. This is the idea that knowledge of social processes is gained through practical engagement, with interventions functioning as social experiments designed to enhance the understanding of participants and the testing of hypotheses through actions. Lewin had also been influential in developing a theory of democratic leadership (Armstrong and Rustin, 2012) with a model contrasting laissez-faire, authoritarian and democratic forms that demonstrated the greater effectiveness of the third of these. This theory was consonant with the Tavistock’s commitment to democratic forms of organisation, already evident in its war-time projects and central to its later research and practice. In 1947, Lewin founded the journal *Human Relations*, in which much of the Tavistock’s early socio-psychoanalytical and socio-technical work was published. (This was three years before the start of the *British Journal of Sociology* at the London School of Economics.) He was to have spent a period in England on scholarly leave, but died in February 1947 before this visit could begin. Although important connections with work in the United States continued (Trist and A.K. Rice later took up posts in the USA), it seems likely that Lewin’s early death limited what this trans-Atlantic connection could accomplish.

Between 1945 and 1946, the Tavistock embarked on a radical reorientation of its fields of clinical and research practice, and their organisational



embodiments (Dicks, 1970, p. 121ff.). At the heart of this reorientation was a concept of social and community psychiatry that sought to link and integrate ‘Social Sciences with Dynamic Psychology’ (Trist and Murray, 1990a, p. 5). This was the first of the ‘chief needs’ stated in a planning programme drawn up by an Interim Medical Committee elected by the Clinic’s staff and chaired by Bion in October 1945. This programme found expression in a reconceptualisation of the Clinic’s medical mission as it was built up to enter the NHS, and in the separate incorporation of an ‘Institute of Human Relations for the study of wider social problems not accepted as in the area of mental health’ (p. 5).

This moment was radical and anti-establishment in its spirit. The idea of ‘engagement’ in the early description of the Tavistock’s mission was a deliberate invocation of the ethos of Jean-Paul Sartre and Albert Camus (p. xi). (This idea was reformulated as ‘commitment’ in the politics of the New Left a little later.) Similarly, Bion’s (1948) scarcely-remembered Presidential Address to the Medical Section of the British Psychological Society in 1947, ‘Psychiatry at a time of crisis’, expressed the hope that psychoanalysis and related disciplines could

bring a new type of knowledge to humankind, a kind of knowledge which, if used, could be the means through which western societies could learn how to surmount their manifold crises and develop to a further stage. (p. 84)

He went on:

We also have to bear in mind those organisations which in themselves produce problems for the majority of those living in that organisation. It is possible for a society to be organised in such a way that the majority of its members are psychiatrically disinherited. (p. 84)

In the 1950s, 1960s and 1970s, the TIHR engaged in a number of research studies to understand and improve work organisation within what it named the ‘socio-technical perspective’. These studies both drew on and confirmed the war-time emphasis on resourcefulness and agency, and the resistances to which it could be subject. Distinctive to this approach was a commitment to action research and democratic self-organisation in the workplace. Trist insisted that the initiative for the development of self-managed groups in the Tavistock’s coal mining study came in the first instance from a group of miners themselves, as an initiative ‘from below’ (Trist and Bamforth, 1951; Trist *et al.*, 1963). This idea that knowledge often emerges best from practice also has its origin in the psychoanalytic and therapeutic milieu in which the TIHR had begun its life. Psychoanalytic understanding has been largely sought in the British tradition within the context of the clinical setting (Rustin, 2019). Here the primary focus



is the psychological difficulties of individual patients and their resolution through understandings shared with them. The TIHR broadened this approach into the idea of ‘socio-analysis’, defining its subject – or one might say its quasi-patient – in broader social terms. The object of study might thus be difficulties within an organisation or an institution, or the social relationships within them.

From the 1950s onwards, a considerable number of publications emanated from the Tavistock. Some of these aimed to set out the principles and theoretical ideas underpinning the Tavistock’s work (e.g. Bion, 1961; Emery and Trist, 1973; Miller and Rice, 1967; Trist and Sofer, 1959). Others were specific reports of mainly action research (e.g. Bott Spillius, 1957; Emery, 1970; Herbst, 1976; Jaques, 1953, 1955; Menzies, 1960; Miller and Gwynne, 1972; Rice, 1958; Trist and Bamforth, 1951).

The three volume anthology *The Social Engagement of Social Science* (Trist and Murray, 1990a, 1990b, 1990c) describes research undertaken between 1946 and 1989. The subtitles of the volumes (*The Socio-Psychological*, *The Socio-Technical* and *The Ecological Perspective*) convey both the Tavistock’s commitment to integration in the social sciences and the changing focus of its work during this period. Research publications from the Tavistock community have continued to appear, but those earlier years were exceptionally productive. (For more recent work, see, for example, Armstrong, 2005; Dartington, 2010; Huffington *et al.*, 2004; Obholzer and Roberts, 2019; Sher, 2012.)

Why did the Tavistock researchers refer to their work, for the most part, as social science rather than sociology? Perhaps the main reason for this was their insistence on the need to integrate psychological and sociological perspectives, linked through practice and problem-solving, which most sociologists were not inclined to do. They were also averse to disciplinary demarcations and wished to draw on wider sources and currents in social science – for example, those of cybernetics and systems theory, ecological ideas, anthropology, economics and psychology – than were pervasive in most academic sociology.

Some TIHR research studies made explicit use of psychoanalytic ideas to understand social practices within institutions. Two of the most influential were by Jaques (1951, 1955) and Isobel Menzies (1960; Menzies Lyth, 1988). Their key psychoanalytic ideas were those of unconscious anxieties and defences against anxiety, first developed in a clinical context by Melanie Klein. Both were research projects undertaken as consultancy and were concerned with anxieties generated within work settings. Jaques’ 1951 study was a ‘socio-analysis’ of a factory engaged at the time in an extensive organisational change. This study foreshadowed what was later to emerge as a major conceptual breakthrough: the formulation of social systems as a defence against anxiety, one of the foremost examples in the Tavistock tradition that links psychoanalytic and sociological ideas (Armstrong and Rustin, 2015). In Jaques’ study, anxieties were located in the relations between managers, workers and their trade union





representatives, and were of both paranoid-schizoid and depressive kinds. Menzies' study was of the nursing system, in particular its mode of training, in a general hospital. She saw the primary source of anxiety as linked to the mental pain evoked by the actual tasks of nursing, arising from proximity to the suffering bodies and minds of patients, though she was less specific about whether these anxieties were paranoid-schizoid or depressive. However, it seems they were of both kinds – depressive anxieties aroused by contact with the patients and paranoid-schizoid (persecutory) anxieties aroused by the authoritarian managerial style of the hospital.

Jaques' formulation was to highlight a recurring tension between psychoanalytic and sociological approaches. For Jaques, the defences against persecutory and depressive anxiety were seen as the result of projections of internal conflicts onto the social and cultural organisational structure. Thus, the source of these conflicts lay in the inner worlds of individuals. Later, in her path-breaking study, Menzies Lyth interpreted unconscious defensive structures as more organisationally determined. She thought they reflected anxieties aroused by the nature of the nursing task and impacted the entire social system exposed to them. The defences resorted to – the avoidance of emotional contact with patients, disavowal of mental pain, ritualised behaviours – became institutionalised as behaviour patterns that new entrants to the organisation found themselves constrained to adopt, thereby reinforcing such anxieties.

A tension between 'internal' and 'external' forces is built into any practice that seeks to relate psychological and social domains. In their historical overview, Trist and Murray (1990a) distinguish social-psychological (emphasising 'external' forces) and psycho-social (emphasising 'internal' forces) perspectives, located in the TIHR and the Tavistock Clinic respectively (p. 6). However, the focus in each case was less on integration and more on operationalising a dialogue. This dialectical view prefigured the agency-structure relation later theorised by Anthony Giddens (1984) in his concept of structuration, although the Tavistock's work gave specific attention to dynamic unconscious processes largely unrecognised by Giddens and many other sociologists.

In the early post-war years, this conception of a socio-psychological dialogue was to influence the recruitment and training of staff across both the Clinic and the TIHR. According to Trist and Murray (1990a), the criteria for recruitment included a 'willingness to participate in the redefined social mission and to undergo psychoanalysis' (p. 6). It was resolved that 'training would be in the hands of the British Psychoanalytic Society and social applications in the hands of the Institute' and that 'the Society agreed to provide training analysts for acceptable candidates, whether they were to become full time analysts, to combine psychoanalysis with broader endeavours in the health field, or use psychoanalytic understanding outside the health area in organisational and social projects' (p. 6). Simultaneously, Bion was to run study groups for staff,



and meetings and seminars were to be held that were open to all staff, regardless of their particular departmental membership.

For Trist and Murray, these provisions were seen as ‘part of the enterprise of building the new Tavistock’, a ‘major experiment’ seeking to build on and learn from the war-time experience in addressing the personal, organisational and social challenges of post-war reconstruction, and reconstituting the organisational and cultural structure of the ‘composite work group’ (p. 6). Not all were fated to survive. By the time one of us (Armstrong) joined the TIHR in the late 1950s, the requirement of psychoanalytic experience was no longer operative nor, following Bion’s departure, had there been any formal continuation of the staff study groups. The open culture of dialogue and exchange across the patch still flourished, though without the potential advantages of a fully shared ‘formation’.

It remains an open question just how far this ‘experiment’ realised its founding vision of building bridges between social and psychological fields within the whole range of its practices, clinical and organisational, and between socio- and psycho-analysis. In the three volumes of the Tavistock anthology, for example, the more psychoanalytic perspective becomes progressively weaker, as attention focuses more on larger-scale ‘socio-technical’ or ‘ecological’ dilemmas. One can recognise the remarkable synthesis of social and psychoanalytic perspectives that was achieved between the war-time experiments of Bion, Rickman and others, and the innovative action research projects reported in the Tavistock anthology, yet note that the momentum of this development somewhat stalled from the 1990s onwards in a changed political climate and with the dispersal abroad of some of its principal actors.

Nevertheless, despite this less favourable context, significant work in this tradition has continued, in part in a ‘Tavistock’ practice of organisational consultancy informed by both psychoanalytic and socio-technical systems theory (Armstrong, 2005; Huffington *et al.*, 2004; Obholzer and Roberts, 2019). Although Bion left the field of group work after the 1960s, his idea of unconscious ‘basic assumptions’ as drivers of organisational behaviour has remained influential. His later psychoanalytic theory concerning the dispositions to know and ‘not-know’ (parallel to those of love and hate) added a new dimension to the understanding of social phenomena of denial and disavowal (Cohen, 2001; Cooper, 2005; Cooper and Lousada, 2005; Rustin, 2005; Steiner, 1993). Jaques’ and Menzies Lyth’s paradigm of unconscious defences against anxiety also continues to be of interest (Armstrong and Rustin, 2016). However some of the most generative concepts in the Tavistock’s later work, such as that of the ‘turbulent environment’ (Emery and Trist, 1965), have a psychoanalytic resonance which is yet to be fully elaborated.



## The Tavistock Clinic

In the last section we focused mainly on the work of the TIHR. Here, we offer some reflections on the Tavistock Clinic. In what ways has its work connected the sociological and the psychoanalytic?

The Clinic had a conception of mental needs that referred not to individuals in isolation, but to individuals understood in their many relationships, within families, institutions and wider society, and embodied this conception in its clinical practices. Most influential among its psychological perspectives has been the psychoanalytic, but qualified by the fact that this conception has not usually been of an ‘inner’ world separate from the ‘external’ relationships of the self. Indeed, the need to recognise outside as well as internal realities has been a point of difference between the Tavistock’s approach and psychoanalytic orthodoxy.

A further aspect of the ‘double dissonance’ referred to in this article’s introduction has been the Clinic’s specific conception of the ‘social’, which has been narrower in its scope than that of sociology. The Clinic’s concern has been with the ‘relational’ aspects of human lives, and how these shape well-being. This dimension has been present in most of the Clinic’s work, including that of John Bowlby and later attachment theorists, the psychoanalytic object relations tradition, systemic family therapy (whose approach is different from psychoanalysis, but whose clinical ethos shares much with it) and the critical approach to mental health of R.D. Laing (1960, 1961). Attention to broader issues of social structure and divisions (e.g. class and race) has been less apparent in this tradition, although at some cost to its relevance.

Within its specific field of socio-psychoanalytic knowledge and practice, the Tavistock Clinic evolved a range of complementary kinds of social intervention over many years. These lie within the fields of clinical and allied practices, professional training and distinctive forms of learning. There has been a strong research dimension to this work, mainly taking the form of practice-based research. Many of the 50 plus volumes in the Tavistock Clinic series report such work, for example, Armstrong (2005), Cooper and Lousada (2005) and Rustin and Rustin (2019).

The Tavistock’s clinical interventions have encompassed virtually every phase of the life-cycle, from birth to extreme old age. It has brought psycho-social understanding to many services and institutions in the community, for example, to medical general practice; neonatal units and children’s wards in hospitals; day-nurseries and schools; families; adolescent peer groups; and care homes for the old. It has developed specialisms in couple therapy, now located in Tavistock Relationships, and in forensic psychotherapy within the Portman Clinic, now part of the Tavistock and Portman NHS Trust. The growth of these



services at the Clinic, and thus within the NHS, was an element in the larger development of the welfare system in post-war Britain.

The Trust trains members of several mental health professions, including adult and child psychotherapy, family therapy, clinical and educational psychology, mental health nursing, social work, psychiatry and organisational consultancy. It defines its practice as multi-disciplinary, each of whose perspectives has usually been distinct from the mainstream. When John Bowlby was in dispute with fellow members of the Institute of Psychoanalysis, he was Chair of the Child and Family Department at the Tavistock and presided over the development of the profession of psychoanalytic child psychotherapy. What has been shared throughout the Clinic has been its commitment to the idea of ‘talking cures’ and of preventive interventions, such as the support of family ties.

Related to its clinical practices, the Clinic developed various forms of learning, consistent with its ‘training mission’ (Rustin, 2003). The distinctive focus of these is, following Bion’s expression, ‘learning from experience’ (Bion, 1962). Among them are infant observation, young child observation, psychoanalytically informed ‘work discussion’ (a kind of reflective practice), institutional observation, group relations, personal analysis, supervision of therapy, theoretical teaching and, in recent years, research methods. The common intention of these forms of learning (one could describe them as necessarily ‘slow learning’) is to shape understandings at a deep level. This means equipping learners with a ‘habitus’ (that is, a sensibility and internalised understanding of ideas) that will enable them to act with patients, clients and in other working contexts, in response to situations as they evolve in the moment.

We should mention that, in its early post-war years, the Tavistock sought to configure its own organisation in a way that embodied its conception of creative practice. Having been set up through the collective decision of its senior staff members, the post-war Clinic adopted a democratic constitution, with its senior officers elected by the permanent professional staff. The conventional hierarchy in a mental health clinic, in which authority was held by psychiatrists, was thus qualified by the idea of a shared responsibility between professionals. The internal structure was conceived as a ‘matrix’, as defined by Eric Miller, with two complementary lines of authority to which staff were accountable. In one, authority lay within the professional disciplines of the Clinic, while the other lay in the management of the clinical departments. A Professional Committee, by which these different functions were represented, was for many years the key decision-making entity, working primarily by consensus arrived at through discussion and argument. The concept of the creative, self-organising work group developed in industrial contexts by TIHR action-researchers had an affinity to the form of organisation adopted within the Clinic. This system facilitated, for a period, considerable creative development.

In later decades, the social environment that had facilitated the ‘democratic’ aspects of the Tavistock project became less favourable. Research focused on



democratic forms of organisation in the work place became unfashionable in Britain in the 1980s, ironically just as Japanese car manufacturers' adoption of them gave them a competitive advantage in the motor industry. At the Tavistock Clinic, closer incorporation within the NHS required the adoption of a more standardised, budget-driven, managerialist model of organisation, and the election by staff of their managers was brought to an end in 1994. There was pressure on the Clinic to become a more eclectic institution and to adopt 'evidence-based' treatments in place of those informed by professional knowledge and experience. Debates about these issues continue as the 100th anniversary of the Tavistock's foundation approaches in 2020, but the creativity of the Tavistock tradition has by no means been extinguished.

### The Tavistock, British Sociology and Psychoanalysis

In the course of this article, we have described various ways in which Tavistock work – both in the Clinic and the TIHR – has connected the sociological and the psychoanalytic. Given this history, we might expect the Tavistock tradition to have been influential in the post-war development of sociology as an academic discipline, yet, as explained in our introduction, this has not been the case. Despite the fact that one of the major works of post-war British sociology emerged from TIHR research (Elizabeth Bott Spillius's *Family and Social Network* (1957), discussed below), the Tavistock tradition barely registered in British sociological thought, whose absence from it is part and parcel of a wider distance that exists between sociology and psychoanalysis in the UK (Rustin, 2016). This is somewhat different from the situation in the United States, where psychoanalytic ideas were a central element to the 'General Theory' of the most influential sociologist of the early post-war period, Talcott Parsons. Parsons (1965) developed the paradigm of 'structural functionalism' within which Freud's ideas were given an important place in regard to the 'functions' of early socialisation, gender identification and formation of the nuclear family. In the United States, the prominent place at one time of psychoanalysis extended its broader influence on social science in the writings, for example, of Erik Erikson, Theodor Adorno and Erich Fromm. Sociology as an academic discipline was later to develop in Britain, and was anxious to establish its scientific respectability. Its predominantly empiricist and quantitative orientation, until the cultural and symbolic 'turn' of the 1970s, inclined most sociologists to keep a distance from psychoanalytic ways of thinking. Even when social science developed a cultural focus – for example, in the work of Erving Goffman, Harold Garfinkel, Clifford Geertz and Pierre Bourdieu – and became interested in 'subjective meanings', most sociologists were uninterested in their unconscious dimensions. To be empirically rigorous in the study of 'meanings' of any kind was challenging enough.



Additionally, the fact that psychology in Britain was hostile to psychoanalytic ideas did not encourage sociologists to wander in a psychoanalytic direction, as these fields competed with each other for scientific recognition. Another impediment to dialogue and integration was the fact that sociology had defined itself from its inception as a social and not a psychological science. This fact remained a barrier, despite the work of sociologists such as C. Wright Mills (1959), who always insisted on the integral connections between individual experience and social context.

The most important exception to this distance between the sociological and psychoanalytic fields was the sociologist Norbert Elias (Rustin, 2016, pp. 269–272). Elias, like his fellow exile from Frankfurt, Karl Mannheim, was an associate of F.H. Foulkes, a leading figure in the field of Group Analysis that developed in parallel to the Tavistock's work (Winship, 2003). Elias's 'configurational sociology' insists on the inseparability of individual and social phenomena (Elias, 2001). With Eric Dunning (Elias and Dunning, 1986), Elias described sport as a kind of sublimation, and his work with John Scotson (Elias and Scotson, 1965) is a community study of a social enactment of unconscious splitting. His magnum opus, *The Civilising Process* (2000), first published three decades after it was written, has been described as a rendering of Freud's *Civilisation and its Discontents* as social history (Bauman, 1979). But while Elias is now highly respected in sociology, his work had little recognition for many years. One can cite other British and Britain-based sociologists whose work has drawn on psychoanalytic ideas (e.g. Brown and Harris, 1978; Cohen, 2001; Hollway and Jefferson, 2012), but they are not numerous.

The distance between psychoanalysis and anthropology was less, probably because of the latter's focus on the domains of symbolism and culture. Malinowski and Mead directly engaged with Freud's Oedipal theory in the 1920s. As noted a moment ago, Elizabeth Bott Spillius's *Family and Social Network* (1957) described her research at the TIHR before she became a leading Kleinian psychoanalyst. But while this work has been cited as a classic of post-war British sociology (Marshall, 1990), its author saw herself as an anthropologist (Spillius, 2007). However, her paper 'Hospital and Society' (1976) forms an interesting pair with the sociologist Erving Goffman's (1969) essay 'The Insanity of Place'. Both describe, Spillius in more psychoanalytic terms, the processes that lead to the ejection of the mentally ill from society and their segregation in closed institutions. One affinity between anthropology and psychoanalysis significant for Spillius was a shared commitment to close observation (Savage, 2008).

The Tavistock tradition, through its development of professional education in fields such as social work and organisational consultancy, has been committed to practices that bring the psychoanalytic and the sociological together. Sociology's often strict demarcation of itself as distinct from psychology has worked against such integration. Sociology in Britain, unlike psychology, has



evolved few forms of occupational practice. One can imagine students of sociology learning how to engage in community interventions as organisers, advocates, mediators, group workers or facilitators, but in practice occupations centrally informed by sociological perspectives have scarcely developed in Britain. In the absence of such developed occupational practices, sociology's default interventions have tended to be those that seek to influence policy and legislation, either positively or in the mode of critique. In a predominantly individualist culture, one can see why professional interventions focused on individuals and mainly informed by psychology have become institutionalised, while those with a sociological focus have not. The field of psycho-social studies has emerged from initiatives on both sides in the past thirty years, for example at the University of East London and at Birkbeck, to contest this disciplinary split (see, for example, the *Studies in the Psychosocial* book series, <https://www.palgrave.com/gp/series/14464>).

The Tavistock evolved within an ethos of post-war social improvement, with a broadly 'enlightenment' conception of its therapeutic role, both at an individual and a community level. However, one influential sociological perspective, derived from Foucault (1980) and Donzelot (1979), has been critical of that self-conception, preferring to see the 'psych' professions and their forms of knowledge (including the Tavistock's) as part of a wider development of social regulation, including that of the individual subject. In this view, the human relations and mental health professions are instruments of 'governmentality', 'technologies' that both apply and engender new forms of knowledge. Our account of this development in its post-war context is unashamedly positive, but one needs to take note of this more critical perspective, according to which discourses and practices of 'normalisation' and 'pathologisation' diminish rather than enhance human freedom. Miller and Rose (1988; see also Rose, 1989) have given a nuanced and not unsympathetic account of the Tavistock's role from a Foucauldian perspective, which, in general, has encouraged suspicion of its emancipatory claims. A degree of blindness within the psychoanalytic field to social differences of class, gender and race has provided a further barrier to dialogue between psychoanalysis and sociology (on these issues, see Clarke, 2003; Rustin, 2012; Ryan, 2017).

## Conclusion

In this article, we have discussed the somewhat troubled relationship between the fields of psychoanalysis and sociology in Britain since the Second World War, which we see as the outcome of resistances and blind spots on both sides. We have described the projects of the Tavistock Clinic and the TISR as a sustained attempt to work across this disciplinary divide, oriented in its social dimension towards an inclusive conception of social science, rather than a more





narrowly defined idea of sociology. We have argued that this development began in the context of a radical democratic ethos that was present in early post-war Britain and that facilitated innovations of many kinds. Of critical importance to the Tavistock project has been its commitment to the connection between knowledge and social practice. Thus, both the work of the Tavistock Clinic in its field of community health and the social research of the Tavistock Institute have been central to the Tavistock's project.

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### Notes

- 1 The second Northfield Experiment initiated by Harold Bridger in 1944 when the outcome of the war was no longer uncertain, and supported later by Tom Main, established a more durable relationship with the military authorities and was to offer an early blueprint for the 'discovery of the therapeutic community' (Bridger, 1990; Harrison, 2018). Bridger (1990, p. 86) wrote that they had created there a society that was both reparative and democratic.
- 2 We are indebted to William Halton for these formulations.
- 3 William Halton (2015) has suggested that the obsessional nature of the nursing system reflected an element of unconscious hatred of the patients.
- 4 The two-way, or bidirectional, patterning of this interaction and its ubiquity in organisational life has been further extended through the concept of 'organisation in the mind' developed by David Armstrong and colleagues at Tavistock Consulting since 1994 (Armstrong, 2005).





- 5 See Hinshelwood and Skogstad (2000). Institutional observation developed from the Tavistock's method of Infant Observation, and was introduced as a form of learning by Anton Obholzer and the late Branka Pecotic at the Tavistock, and the late Ross Lazar in Germany. Institutional observation has been an essential form of learning in the organisational consultancy programmes at the Tavistock.
- 6 Parsons' (1965) incorporation of Freud into this theoretical model was contested. In an influential paper, Dennis Wrong (1961) pointed out that the conflictual and anti-social elements in human nature to which Freud had given emphasis were ignored in the functionalist model.

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