

**Anxiety and Organization:** What I learned about anxiety in a psychiatric ward in the 70s that turned out to be useful for managers in daily practice.

Paul Moxnes, Independent Practice and University of Oslo

**Abstract**

This essay is a contribution to ‘de-pathologizing’ anxiety, reaffirm it into organization studies, and cast light on some findings on anxiety among staff members in a psychiatric ward. I will endeavour to reveal how I as a young researcher examined anxiety influences that have proven helpful to managers, suggesting that 1) anxiety comes in cold and warm forms 2) organization is a way to deal with primordial anxiety, 3) organization causes systems anxiety, and 4) a socio-psycho personality dimension mediates the relationship between anxiety and organization. Managers need both anxiety and security – feeling secure enough to dare venture, and anxious enough to have the energy to perform effectively. I hope the essay will be a contribution to the task of bringing the concept of anxiety more out and into the light, helping organizational members to become safer and more successful in their different roles as leaders and co-workers.

**Keywords:** human interaction, safety, anxiety, organization, structure, managers

---

**Contact:** Paul Moxnes, Department of Psychology, University of Oslo, Forskningsveien 3A, 0373 Oslo, Norway. Email: paul@moxnes.com

Most people associate anxiety with mental suffering and illness, and for good reason – the difference between the anxiety of patients and that of other people is not so very great (Rachman 1990, 72). At times, it may be difficult to distinguish between what is healthy anxiety and what is sick or pathological anxiety. However, psychiatry should not have a monopoly on the anxiety concept; anxiety is also related to healthy processes in organization and leadership.

In the last decades, common human problems and shortcomings, including fear and anxiety, have to a great extent been moved into the domains of medicine (Conrad 2007). However, anxiety, even episodes of extreme anxiety, are not necessarily an aberration qualifying for therapy, sick leave, early retirement, or hospitalization. Several variants of anxious behavior (for instance social anxiety, performance anxiety and stage fright) is natural rather than a sign of illness or underlying psychological shortcomings (for this position, see also Rachman 2013). Although self-reported anxiety has become more widespread every decade since the 1950s, and more people in the US now consult their doctors for anxiety than for colds (Twenge 2000) making ever-larger segments of the population end up with an anxiety diagnosis, this does not necessarily mean an increase in anxiety. The rise we have seen in anxiety can also reflect economic changes and better welfare (including the huge increase in the number of psychologists) as well as more autonomy, more excitement, better options and more freedom to become aware of one's own needs and impulses. The rising awareness of anxiety probably reflects socio-cultural changes and demands in the society, not increased pathology. This essay serves to contribute to an understanding of anxiety as a state every human know about when she/he becomes nervous about new tasks, changes, challenges, a forthcoming meeting and the pressure to achieve in different settings.

The concept of anxiety occupies a significant place in psychological research, but not in organization and management journals, nor has the anxiety word gained accepted use within the world of work (perhaps with the exception of the angst-word in Germany). The concept of anxiety and organization belong to two worlds that are seldom seen as connected. Even if the concept of anxiety and organization have not found one another in mainstream research, they are still part of the same reality. The organization and the inner life of the individual, including anxiety, is inextricably linked at a deeper level, as was early recognized by psychoanalytic researchers (e.g., Jaques 1953; Menzies 1960) and now also by contemporary strategic management professors (e.g., Stacey and Mowles 2016).

When I started my studies of anxiety in the early 1970s, I knew nothing about organizational studies of relevance for anxiety. I was trained as a non-directive (Rogersian) counselor with focus on the individual and the small group. However, my fellow students and I lived in an atmosphere with the belief that we all lived in ‘the age of anxiety’ and that anxiety was central to behavior. As a young research psychologist, I was shaggy-haired, hippie-like, extremely introvert and fear-ridden – but the idea that I might need treatment for my anxiety never struck me. Instead, my students and I set out to explore effects of anxiety on individuals (mostly fellow students) and their performance on psychological tests (Moxnes 1974a), in psychotherapeutic learning groups (Moxnes 1974b), and, to a lesser extent, in those day’s hotspot (and anxiety provoking) sensitivity-training groups (Moxnes and Engvik 1973/1974).

The common thread in my students’ dissertations and assignments was their deep conviction that anxiety also serves a constructive purpose and therefore should not be disowned or swept under the rug. They highlighted anxiety as essential for securing safety and survival, and, although painful, a crucial part in motivating and shaping behaviours. They saw anxiety, if properly interpreted, as vital in making good decisions, setting off learning and improving performance, achievements and renewals (Moxnes 2012).

Our positive views upon anxiety and distress were clearly inspired by the philosophy of Kierkegaard and the influential humanistic and existential psychology movement of the time, with front-figures like psychologists Carl Rogers, Abraham Maslow and Rollo May. But our endorsement of anxiety can also be seen as part of a scientific convention beginning early in the 20<sup>th</sup> century with Walter Cannon (1929), the pioneer physiologist who coined the term fight–flight response and introduced the term ‘stress’, concentrating on the adaptive aspects of the syndrome and viewing it in a very positive light.

After some years of studying anxiety in students, I decided to consult people whose life was more seriously tainted by anxiety. So with a scholarship in hand, I took off to a nearby psychiatric hospital to study anxiety in hospitalized patients. The ward I was about to enter was still in the area recognized as ‘therapeutic community’, a patient-centered, quite unstructured and libertarianistic ‘open door’ movement colored by different ideas and key figures from the 1950s onwards (e.g., Jones 1953; Cooper 1967; Laing 1961). Starting on what should become eleven months of living with the ward (I got myself a room in the nurses’ dormitory), I first took up reading whatever I could find about anxiety related to studies done in hospitals. I learned that the concept of anxiety had been quite diligently used within some

research on the working environment of hospitals, and psychiatric hospitals in particular. Early on, anxiety had even been recognized as ‘perhaps the psychodynamic concept most centrally used in the hospital’ (Stanton and Schwartz 1954, 68). I also learned that in the dawn of the therapeutic community movement, the social anthropologist William Caudill (Caudill 1952, Caudill, Redlich, Gilmore and Eugene 1958) had taken notice of the institutionally mediated anxieties in patients in the mental hospital he studied. I further learned that Stanton and Schwartz (1954), in their pioneering study of a small mental hospital, had suggested that patients’ symptoms were directly related to the organization of the hospital. Their main conclusion was that the patients’ distress was not necessarily indicative of mental illness, as hitherto believed, but a direct consequence of anxiety and disagreements among *staff members*, even those staff conflicts patients knew nothing about. To me, reading this was an eye-opener: the system and situations I now had become a daily part of might have hidden influences upon the patients’ anxiety – and I might be one of them! However, when walking the corridors, I strongly felt it also was the other way around.

In one of these forming weeks, I came across an especially interesting study. It was Menzies’ (1960) renowned investigation of anxiety and defense in a UK somatic hospital. When Menzies and colleagues arrived at the hospital they were to study, ‘our attention was repeatedly drawn to the high level of tension, distress, and anxiety among the nurses’ (Menzies 1960, 97). Menzies found evidence that the nurses could not tolerate so much anxiety, and indeed, many quitted. Those quitting, she reported, were among the best qualified, most mature, and most resourceful of the nurses and, in addition, the ones with the greatest difficulties in adjusting to an environment as rigidly structured as this hospital was. During my first month in the ward, Menzies’ study had probably the most profound influence on my later choice of method and my way of thinking about anxiety, as will become evident in this essay.

Lastly, the fact that the Norwegian sociologist Yngvar Løchen had published a national renowned field-study from the same psychiatric hospital I now resided in, together with his professional advice and encouraging letters on my work in progress, legitimized to me, both morally and professionally, the importance of a systems approach. Løchen (1965) had noticed, as Menzies did, a high level of anxiety and insecurity among the nurses. However, he saw anxiety in *all* occupational groups of treatment personnel, not only the nurses. In his eyes, the psychiatrists tried to appear more secure than they in fact were; the personal insecurities of the psychologists pushed them to extremes; and the high level of

anxiety among the nursing staff manifested itself in a lack of cooperation. ‘I felt that both patients and staff were prisoners of a system. No wonder one finds anxiety and conflict’ (Løchen 1965, 41, my translation). In order to diminish their anxieties, Løchen found evidence that the staff members systematically used their knowledge about psychiatric diagnoses to nail ones opponents by labelling them (a naming strategy also frequently in use during the 2016 US presidential race, I would say), a defense strategy Løchen (1965, 211) refers to as ‘diagnostic culture’.

At the ward, I had just barely dipped my toe into the therapeutic wellspring before I pulled it back, and quickly. I immediately felt that getting in touch with the therapeutic life ‘out there’ would engulf me as a researcher and that I would be swallowed up in some psychiatric maelstrom. If I invested my concerns in patients and patient therapy, I felt it would draw me in relentlessly: heart and soul. Inside this small therapeutic community (with 24 patients and 23 treatment staff members), I quickly and entirely lost my interest in the patients – and ended up writing a doctoral thesis about anxiety in the *staff members* instead, now identifying myself as an organizational psychologist. Before my eyes and in the course of the following months, certain patterns of anxiety and structure were being drawn that I started to put down on paper. I named my thesis ‘Anxiety and Organization’ (Moxnes 1978a) and published a trade-book version of it with the same title (Moxnes 1978b). The book restated the old Kierkegaardian idea of anxiety as an ally and ‘teacher’, not just an enemy, but also – and for this essay more important – as a concept of due relevance for the world of work.

### **Anxiety and organization**

In my new role as an organizational psychologist studying anxiety in a psychiatric setting, I felt that I had to live in the anxiety in order to comprehend it. The thought of giving in to the anxiety I felt, evading it and thereby miss experiences and new learning, appeared more frightening than being afraid. It stood clear to me that I could not observe anxiety only from an outsider’s position if I at the same time wanted to understand it. Whenever I was afraid, I knew that what I was doing was important. In my role as a participant observer, I sought out all possible kinds of anxiety-evoking situations. I faced up to what I feared the most and was almost constantly in a state of anxiety. In my mind, I was afraid that I would not be equal to the task I had set for myself, afraid of the expectations I had set up, afraid of confrontations with

patients and staff (and with myself), especially during those weekly staff meetings designed to make people's feelings and relations visible to one another. I did not want to become visible; I wanted to hide behind the researcher's role. I was afraid of being pulled in directions I did not want to take. I continued to lock myself in and let myself out of the ward with my own, big keys. Every time I was about to stick the key in the lock, my hands were trembling – whether I was coming or going.

Some of my colleagues said that what I felt when I sought out anxiety, was not 'true anxiety', but a surrogate for anxiety – since the person who is really afraid does not understand her own anxiety reaction. Perhaps did I evade contact with my own deeper anxiety by making sure that I was often afraid? Much speculation can be done about the expressions and causes of anxiety. When it comes to anxiety, much is still uncertain.

Observing the psychiatric ward, focusing on the interplay between staff members, gave me a completely different starting point for choice of method and object in the study of anxiety than I had when previously doing clinical studies of individuals and therapeutic groups. In the ward, I mainly remained silent, distant and detached, asking no one for interviews but gathered data by observing all the staff and joint patient-staff meetings that were practical available to me, altogether six different types of meetings, from the most agenda-bound and structured to the most unpredictable and unstructured one, in sum 168 meetings. All types of meetings lasted about one hour, except for one shorter one. In this work, I applied stringent methods (e.g. counting articulated 'anxiety words' per time unit), but also ambiguous ones, e.g. listening with my 'third ear'. Today, this probably could be called *mentalizing*, defined as a form of imaginative mental activity in an attempt to perceive and interpret staff members' behaviors in terms of their intentional mental states, i.e., their more or less hidden, even unconscious, 'needs, desires, feelings, beliefs, goals, purposes, and reasons' (Fonagy 2006, 54). In other words, with my 'third ear' I tried to imagine – even automatically and ideationally to collude with – what staff members might be thinking and feeling beyond their spoken words. In addition, and toward the end of the participating-observation process, I measured anxiety by gathering q-sorts and responses on Osgood-type semantic differential scales from staff-members rating themselves and each other. The analysis of the data was primarily a descriptive endeavor (not a hypothesis testing one). I tested differences between means (ANOVA) and did simple bivariate correlations.

In hindsight, I can see that I was close to following the advice the late Danish psychologist and phenomenologist Edgar Rubin (yes, the one who coined 'Rubin's vase') used to give, 'As

a psychologist, sit down in a corner and observe what happens – and later ask people about their experiences of what happened’ (translated from Feldman 2001, 62). As to the last part of Rubin’s advice, after I had moved out of the hospital, I sent my edited observations and interpretations to all staff members for their written comments. As a follow-up about two years later, I interviewed all staff members by phone.

What I in those days found most important, and still does today, was not whether or not the results from my observations and measurements were valid in other organizational settings (what they nevertheless seem to be, see Moxnes 2012), nor whether they were restricted to the time and zeitgeist they were gathered, or, more generally, if they could be replicated (what they nevertheless have been, see Høgh-Olesen 1989 and 1993). The most important for me is that the concept of anxiety can be made more positive in the context of everyday life, workplace and organization. Anxiety is something we all know about, yet often refuse any further knowledge of. Throughout my career, I have – through a series of interviews, magazine and newspaper articles, and books (in Norwegian and Swedish only) and, not least, a business school leadership development program (see <https://sites.google.com/site/pmoxnes/courses-and-lectures>) – tried to move the anxiety concept from its place of darkness into the experiential light of day, where it can be better seen and thereby better understood, accepted and even managed (Moxnes 2006 and 2012). In doing so, I believe its dark hues have grown somewhat less somber, at least for some five thousand of my former managerial students who have endorsed the concept of positive anxiety. Anxiety thrives best when it remains concealed; it cannot endure much exposure. When a managerial student of mine forces him/herself to speak out loud in the plenary group ‘I am paralyzed’ – her/his paralysis is immediately gone. To me, anxiety is something very much akin to the Norwegian fairy tale troll who bursts and vanishes when exposed to the rays of daylight.

What I learned about anxiety and organization in the psychiatric ward has become recognized as useful knowledge among my managerial students. At the two leading Norwegian business schools where the program now resides, our lectures on anxiety still get the highest of ratings. In the last part of this essay, I will sum up what generalized models of anxiety have proven their practical value most.

### **Feeling safe**

It goes without saying that in order to cope and achieve we cannot only be anxious – we also need to feel secure. It may sound strange, but at times, *more* anxiety rather than less anxiety is needed to create a sense of security – and thus better achievements. The Norwegian ski jumper, nauseous from fear at the top of the ski jump, feels secure from the very moment he starts downhill. The parachutist, terrified before leaping, experiences that his anxiety has totally left him the moment he is floating down through the air. The actor, suffering from opening-night nerves, transforms her performance anxiety into achievement the moment the spotlights come on. I remember how scared I was the day I was to give a lecture about my own research at a renowned American university – and the terrible shock the moment I discovered that I had brought along the wrong floppy disk and were left without any tables of results. From the very moment it became an irrevocable fact that I had no time to head back to the hotel and pick up the missing disk, I – to my great surprise – suddenly became extremely calm and decisive (a state of mind I later referred to as ‘pathological secure’) before entering the podium.

The paradox is that when in high anxiety, and with no way out, a subsequent feeling of security might become correspondingly strong. In psychology, this can be recognized as the *opponent-process* phenomenon. Anxiety plus an additional shock provides a feeling of being calm. The Norwegian adventurer Lars Monsen gives examples of this. In life-threatening situations, he first experiences a tidal wave of anxiety and panic and then, in the next moment, he becomes completely calm, resolute and is able to cope (Monsen 2004, 96). For example, on one occasion, whilst in the depths of Canada’s wilderness, Monsen suddenly wakes up and experiences that his body – within a fraction of a second – explodes in a bomb of adrenaline. He is in an extremely dangerous situation – a polar bear is trying to enter his shack in order to eat him! The door may be smashed at any moment.... His blood flows like a tidal wave from his midriff and out into each and every fingertip, toe and hair root. Monsen then describes, to his own surprise, how a feeling of security takes the place of the anxiety. A strange feeling of calm comes over him. The adrenaline feels like dying out and all tension disappears. Instead, he is overwhelmed by decisiveness. Calmly he takes a firm grip on his rifle telling the intruder quietly through the door: ‘I am sorry. I must’ (Monsen 2004, 232-234).

### **Cold and warm anxiety**

Not only adventurers like Lars Monsen, (or high-sensitive, neurotic individuals), do experience extreme anxiety. When top executives meet in Manhattan in order to negotiate about mergers, fusions and acquisitions, they too speak of symptoms of anxiety – dry mouths, pounding hearts, sweaty hands and, not least, wanting to turn round and head for home. However, from the moment they have passed *the point of no return*, that is, without any option to escape the situation, the feeling of safety sets in. When the danger is unavoidable, then the body's agitation is for most people no longer experienced as anxiety, but as energy, motivation, concentration, decisiveness, even pleasure, and the ability to perform. I am of course speaking of *warm* anxiety, the opposite of paralysis (which is the distinctive mark of *cold* anxiety). In my experience, modern Scandinavian top executives are in contact with their anxieties; they can be secure and anxious at the same time, secure enough to tolerate their own anxiety, automatically evaluating it as warm (on automatic evaluation, see e.g. Bargh and Ferguson 2000).

In virtually all efforts to change, leaders and subordinates encounter uncertainty, worry and doubt. While cold anxiety paralyzes and makes us empty-headed, warm anxiety impels us towards action, coping and resilience. Organizations need warm anxiety. The challenge for working life is to convert cold anxiety into warm anxiety, sick leave into achievement. The employee, leader or athlete who is no longer afraid of being afraid, stands a chance of experiencing that the energy of anxiety comes in useful. Cold anxiety can be transformed into warm anxiety. Many artists and athletes tell stories about how they succeed in transforming cold anxiety to warm anxiety when entering the stage or the competition.

I believe that in today's work-climate the difference between good and poor performers, success and failure, is dependent on the way in which employees and organizations are able to manage their anxiety. To me, maximal performance lies not in the absence of anxiety, not even in a medium amount of it. I think the solution lies in the idea that managers and others learn to regard anxiety, even extreme anxiety, as something positive in its consequences. In a world of fiercely competition, even terror, we hardly have any other choice.

The century-old assumption that anxiety is something abnormal and maladaptive (with its assumed underpinning in Freud's idea about signal-angst) is wrongheaded. On the contrary, there are scientific grounds for believing that mental illness and poor performance is a consequence of a recurring, systematic and prolonged *evasion* of anxiety-provoking

challenges (Barlow and Craske 2007). What may finally lead to disability is not anxiety itself, but constant avoidance of frightening tasks, challenges, thoughts and feelings.

### **What Is Structure?**

A strong social structure is usually an effective way of dealing with anxiety. Consequently, when the structure of an organization is *reduced*, the degree of disturbances and anxiety increases. This holds true for patients in a ward, as well for people in general (Moxnes 2012). A highly structured environment may for some employees be likened to a sedative – it can function as the social equivalent of Valium. Rules, regulations, customs, routines, rituals, roles, goals, and expectations – all of these are components of the social structure.

In observing the ward's six types of weekly meetings, four commonplace signs of structural elements came to the foreground. 1) *Goals* – does the meeting have clear objectives anchored in a philosophy? 2) *Rules* – is there a set of rules the staff can relate to when confronted with different tasks? 3) *Roles* – is there is a system of clearly defined roles, arranged hierarchically? and 4) *Stability* – is the meeting characterized by emotional harmony and a reasonable degree of repetitiousness. Using these four criteria, I rated the meetings along a scale from high to low structure on these criteria.

In addition to these four categories, there are of course many more other structural signs, such as caution, stability, conformity, discipline, a sense of duty, limits to one's own authority, and methodical performance of routines, that can become defenses against anxiety (Menzies 1960). By structuring the working day, making routine of decision-makings and by turning conflicting processes into bureaucratic procedures, anxiety may be held at bay. In the ward, I could hear (with my 'third ear') many intentional mental states that created a (false) sense of security. Among them were, *mythmaking* ('We're such nice people'), *removing feelings* (the problems of others must not concern or touch us), *removing problems* (declare ourselves finished and done with it ('We knew this from before') or redefine it ('You're not in love with the patient; you're in love with your father'), *removing responsibilities* (deliberately maintaining role ambiguity to avoid having the complete and entire responsibility fall on one person), and *removing decisions* (putting the case away to 'mature' or 'on ice' and thus stalling the procedure).

Beside these categories for the removal of anxiety, there are of course countless others; for instance, routine sick leaves, strict adherence to rules without questioning, obedience to

directives even when their purpose is not clear, and splitting (It is ‘us’ and ‘the others’). All of these may be structural signs indicating that organization members are trying to minimize anxiety. However, by themselves such strategies and structures do not necessarily provide protection against anxiety.

Anxiety is a sign of danger and by ignoring the sign, one may risk going off the road. On the other hand, what is a danger signal to some, means ‘Go!’ for others. What some react to with fear, others react to with enthusiasm. There are thus no simple solution to the ‘structure problem’: what degree of structure should an organization hold to make its members optimal happy?

At the ward, some staff members signaled that the highest-structured meetings barred them from putting their talents to full use, that these meetings blocked their desire for personal development, for taking responsibility, making decisions and finding their own solutions. They wanted to use their wings, but felt caged. I named them the ‘psycho’ personnel (Norwegian orig.: ‘psykopersonalet’). The psycho-personnel’s dissatisfaction were incomprehensible to staff members that signaled they rather preferred the highest structured meetings. I called them the ‘socio’ personnel (Norwegian orig.: ‘sosiopersonalet’). The socio-personnel faction could stand by the slogan ‘Ordnung muss sein’ and feel terrible about the possibilities for the chaos and inefficiency that could break out at the lowest-structured of meetings. The general rule seemed to be that a sense of security could not be conceived in a social vacuum; security seems inseparably tied to the interaction between a person’s need for structure and the situation’s degree of structure.

### **What is the socio–psycho dimension?**

In my last months living with the ward, I developed the psycho-socio concept further. I defined sociogroup as a formalized setting where concerns must be shared and obligations held in common. I maintained that a sociogroup gives structural protection, for example in the form of a group-role standing between the individual and others. Socio-process behavior indices were for example 1) expressions of need to establish a formal goal, 2) preferences to keep to goal-related thoughts, ideas, and information, and 3) endeavors to have an agenda and reach consensus. On the other hand, I defined a psychogroup as a fluid, informal, low-structured setting where concerns and obligations and behaviors itself were at the command of the individuals’ deeper wants, needs and wishes. Psycho-process behavior indices were for example endeavors to 1) leaving the situation unstructured, 2) understanding the deeper meaning of each individual’s

expressions, and 3) accepting and encouraging outbreaks of strong personal feelings as useful in the process.

In a psychogroup the individual is per definition more or less psychologically 'naked'. Examples of psychogroups are group-analytic therapy groups, experiential learning groups, sensitivity training groups, here-and-now psycho-educational settings, 'leaderless' management training groups, and, more specific, Group Relations Conferences. These and other kinds of psychogroups are melting pots where the group members have the potential for becoming better known on a deeper level to themselves and others.

As a participant observer in the ward, I could hear psycho-staff members criticizing their socio-need colleagues for escaping from the here-and-now and thus for blocking a more open and truthful climate. The socio-faction, on their side, remained rather silent to those accusations, regarding intellectual understanding and task knowledge as something more important to be encouraged. To me, it became clear that a person with socio-need prefers to live in a more predictable world where causality reigns supreme and behavior appears to be rational and systematic. In contrast, a person with psycho-need prefers to behave spontaneous, intimate, emotional, and with greater affection for communication of the here-and-now. He/she likes to leave behind questions rather than answers, like to shake others' confidence, seems to prefer psychological risk over safety, and wants to live out his/her proclivities and urges, joy and hatred and – if it doesn't take him/her too far – even emotional pain.

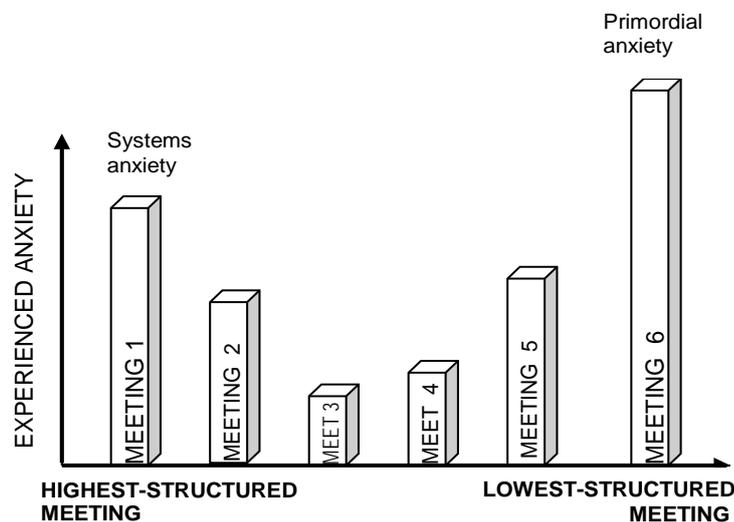
Now, with the socio-psycho dualism clearer in mind, I endeavored to measure the staff members' degree of socio-psycho needs by constructing a Likert-type questionnaire (The Socio-need Scale, Moxnes 1978a; elaborated and validated by Marke and Marke 2007). In short, I found an enormous variance between the personalities along the socio-psycho dimension. The individual differences in the personal need for structure and their aversion from revealing their, so to speak, 'naked self', seemed to influence what people experienced, understood, and how they interacted. Differences in staff member's seemingly chronic desire for more structure or less structure seemed to have important strategic and behavioral implications. The psycho-faction (those scoring lower than the median on the Socio-need Scale, i.e. the lowest 50th percentile) pushed for conditions allowing more free play of associations, whilst the socio-faction (the highest 50th percentile) wanted a tighter rein, staying closer to task. While the psycho-faction wanted conflicts to be made more explicit and power to become more visible, the socio-faction shunned away for this more chaotic world, preferring a more bureaucratic one.

Not surprisingly, these two factions often found themselves in conflict. In front of my eyes, the power struggle between them surged back and forth and could become the very source from which the staff draw its sustenance. The outcome of this seemingly everlasting, so to speak, ‘game of thrones’, was victories and defeats, anxiety and security, depending on which faction ‘won’ in dominating the rules and regulations of the game.

### **Anxiety and structure**

Of the six types of meetings the staff members attended, the definitively most secure ones (for both the socio and psycho faction) were the semi-structured meetings. Here the staff could relax from the otherwise strict agendas at the structured meetings, and from the unpredictability and emotional turmoil at the unstructured ones. Far the most fear-ridden meeting was the lowest-structured one (low on the criteria goals, rules, roles, and stability). In this meeting, anything could happen. On occasions, I could hear the teeth of staff members chatter in their mouths, and on one occasion, I observed my own knees trembling.

A series of earlier studies had shown that anxiety came from *lack* of structure (Cohen, Stotland, and Wolfe 1955, 291; McKeachie 1951, 154; Argyris 1957, 192). Such a considerable body of evidence had been obtained for this hypothesis that ‘its validity will probably not be seriously questioned’ (Silver 1967, 139). Such statements aligned nicely with data from the ward. When the degree of structure in meetings fell, anxiety increased. However, the data (from q-sorts) clearly suggested that the opposite was equally true – when the degree of structure was high, so was anxiety. Data showed that the highest-structured meeting was rated a close second as to setting off anxiety, only bypassed by the lowest-structured one (see Figure 1). Figure 1 suggests that anxiety is generated at both ends of the structure range. [The curvilinear form of the histogram is statistically significant at the  $p < .001$  level (Moxnes 1978a, 139)]. This finding was definitively not in line with previous research whose hypothesis was that it always was a linear and negative correlation between anxiety and structure. (I think this divergence can be explained by assuming that what those early day’s researchers considered as unstructured setting, later researchers would consider as semi-structured ones, compared to the ‘real’ unstructured settings in sensitivity training groups and therapeutic communities that were to follow).



**Figure 1.** Anxiety as related to structure (from Moxnes 2012. Adapted from Moxnes 1978, p. 140).

In the ward, members that scored high on psycho-need reported they felt higher anxiety with higher structure. Among them were many young professionals serving internships and at the beginning of their academic careers. Like the nurses who quit at the hospital Menzies (1960) studied, they were among the most resourceful. They voiced no appreciation for the high-structured meetings. On the contrary, in the want of freedom to use new ideas, show spontaneity and express feelings, they appeared to hate them. In the words of one of them, they felt ‘strangled’ in the ‘strait-jacket’ they considered the high-structured meetings to be.

On the other hand, the lowest structured meetings appeared to be an Eldorado for some psycho-members of the staff. Here hidden interpersonal feelings could be relived and divergences escalate, sometimes into confrontations and chaos, even physical attacks (for example, tearing another member’s hair). It is an understatement to say that on these occasions, the socio members longed for the meetings on the opposite side of the structure-scale, were they could feel ‘home’ and at ease. Not surprisingly, the socio-faction (many of which were seniors that had worked years at the hospital, long before the days of the therapeutic community set in) tried their best to remove the two lowest structured meetings from the weekly agenda, but did not

succeed. The ward's power elites were strong defenders of an extreme libertarianistic ideology, and this made them into ardent defenders of minimal structure. Thus, those meetings practically void of structure (low on goals, rules, roles and stability), were retained. The psycho-faction undoubtedly welcomed this. The socio-faction on their side attended the lowest-structured meeting with arms and legs crossed and their muscles tensed. In the words of one of them, 'What do we get out of this? What's the sense in doing something we in advance know will fail?'

In sum, the connection between anxiety and structure became quite clear: Unstructure generated anxiety – and so did structure. Moreover, when breaking the anxiety data down on the socio- and psycho-faction (by allocating exactly half of the staff into each faction consistent with their scores on the socio-psycho scale), we learn that anxiety in meetings is mediated by the socio-psycho needs. The socio-need faction tends to become gradually more anxious as the meetings become more *unstructured*, whereas their psycho-need colleagues react the other way around, that is, becoming gradually more anxious as the meetings become more *structured* (Moxnes, 1978a, 144).

With these differences between socio- and psycho-personnel in mind, I find it reasonable to ask whether anxiety experienced in the lowest-structured meetings is altogether different from the anxiety experienced in the highest-structured meetings.

### **Primordial Anxiety and Systems Anxiety**

Unfortunately, I have no systematic interviews that can suggest how anxiety is experienced at high and low structured meetings. However, after about eleven months as a participant observer in all six types of meetings, trying to listen with my 'third ear' and simultaneous taking notes, I am quite convinced that anxiety within a rigidly structured setting is experienced quite different from anxiety within a minimally structured one.

When the structure is reduced to a minimum (as shown to the right in Figure 1), anxiety tends to be high (and far highest for the socio-personnel). The anxiety which is now forced out is probably of a primordial type (what I partly learned from my own unpleasant personal experience as a participant in the lowest-structured meeting), which I also might call primary (Klein 1946), psychotic (Jaques 1953), instinctual or primitive (Menziess 1960), or *primordial* anxiety, that is, a fear of being annihilated by destructive forces within. When the outer routines and structures that regulate my life are gone, hitherto hidden drives and urges, macabre thoughts, erotic fantasies, aggressions and other primordial impulses, might surface. That, indeed, is what I call primordial anxiety. It is an anxiety about the dangers of spontaneity, fluidity, and breakout of

dreaded associations and feelings. There are theoretical reasons it has its source in deeper and primitive levels of the psyche where drives and fantasies – representing the child in the adult – reign (Menzies Lyth 1988). What the ‘child’ in the adult fears, among other things, are the consequences of its own aggressions against people he/she likes and appreciates; sexual impulses that come to the surface, and the chaos that might ensue if these impulses and drives were to gain the upper hand; and fear of the punishment for all the bad things he/she might do.

Primordial anxiety is characterized by an emotional intensity and vehemence that most people, I think, are complete strangers to. It, therefore, also represents an enormous threat against peoples’ need for stability, identity, and peace of mind. Occasionally, such threats can be experienced as passing flickers through mind and heart – that immediately are hidden – but not annihilated – under the pressures of busy tasks and demands from the outside world. Good writers can catch these glimpses and later give them names that communicate the innermost states of the human mind – in which the rest of us may recognize ourselves.

Primordial anxiety can be fueled by ‘the tyranny of structurelessness’, so to speak. If the primordial anxiety breaks out with full force, it may precipitate an acute, psychotic episode of confusion. In the heydays of sensitivity training groups, some thirty cases of acute psychiatric hospitalization as a direct consequence of sensitivity training are registered and described in a report from the Swedish health-authorities (Frithiof 1975). However, in the same report, the health authorities also recognized the many positive outcomes of the sensitivity training experience. When primordial anxiety is allowed to be faced and acknowledged, even tolerated, the person may undergo a sudden turn toward confidence and resolution. A change from anxiety to resolution, when this succeeds, can convert the energy of anxiety to strength as by a miracle. When sick leave is no option, the movement from the muffled cries for help while in the fetal position from beneath the bed covers, to the full resoluteness and action of a decisive and ‘pathological secure’ adult human, can come about within the course of a brief morning hour. When a newcomer in the role of sensitivity trainer for corporate leaders, I personally experienced such a transformation.

*Systems anxiety*, represented on the far left of Figure 1, is completely different. While primordial anxiety is the urges in us, systems anxiety represents external demands; demands we are not immediately willing to accept. When an organization is so rigidly structured that it causes a member’s deeply anchored need for expressions of fantasies, feelings and personal choices to wither and dry up until he/she becomes a well-reared shell of manners, systems anxiety follows.

In primordial anxiety, the system and its structures are accepted, but the instinctual impulses in ourselves are not. In systems anxiety, the reverse is true. Here the instinctual impulses (which have yet to become sufficiently dangerous and perhaps represent a seductive wish for life, therapy, and intimacy) are accepted, while the 'system' is regarded as intolerable. The outer system that is meant to regulate one's working life initiates a 'tyranny of structure', a psychic prison preventing people from having authentic relationships when they want to, thus making systems anxiety rise. This can explain why organizations so frequently reorganize.

Systems anxiety is the outcome of a rigid organizational structure as seen by the self. Systems anxiety is the anxiety that accompanies frustration, the feeling that appears when one feels wrongfully being blocked. Systems anxiety is anxiety combined with aggression over being prevented from living out one's needs for personal growth and development, spiritual freedom and the envisioning of boundless possibilities. Personnel that scores high on psycho-need, are inclined to have systems anxiety in high-structured settings. In those same settings, the socio-personnel feel a lot more secure. If the setting's degree of structure should change considerably, anxiety and security will change side.

Systems anxiety personnel is afraid of what is formal and solemn. They like best to wear jeans and jogging shoes, preferably at all occasions. In stuffy situations, in which it is expected that etiquette be followed to the letter, systems anxiety trickles forth as sweat on one's forehead.

When I first formulated the theory of primordial anxiety and systems anxiety, psycho- and socio-need, it was obvious to see where my own sympathies lay. I hated systems anxiety, and I saw socio-need persons as obsessive compulsives craving control and order. I have gradually come to a better understanding of socio-behavior and the necessity of avoiding primordial anxiety. Socio-behavior is necessary to keep a fully functioning organization up and going. Socio-behavior preserves and takes care of the custodial aspects of experience (enforcing discipline, maintaining order), concern itself with the necessary limits we need to set in order to frame organizational lives and get the tasks accomplished.

The psycho-behavior invests more in the individual and egotistical aspects of experience. I am now more inclined to see full-scale psycho-behavior persons as narcissistic individuals craving freedom and finding virtually any constraint unwelcome. The need for psycho-behavior has to do with the wish for creativity, artistry, and personal growth, and its tendency is to let the system shift for itself. However, not taking care of the system is not very mature. Perhaps both behaviors represent forms of self-defense. The psycho-behavior acts as a defense against those

demands made by the system and the external world; the socio-behavior acts as defense against personal urges and closeness to self and others.

Maybe I started out as a nervous wreck, full of both primordial and systems anxiety. For me, coming to terms with anxiety does not necessarily mean finding ways of eliminating anxiety. Anxiety can also be put to use. Anxiety is energy and therefore a resource. But in order to use anxiety, I must first understand that anxiety is an inevitable companion on life's way and that a state of mind permanently free from anxiety is impossible (Kagan 1998). I must acknowledge it, but also feel it so that I may get to know it intimately. In this way, I come to terms with the most important of all – learning to tolerate anxiety, an anxiety that will, and is supposed to, help me.

### **Teaching leaders anxiety: some concluding remarks**

Inspired by the response on my trade book on anxiety and organization (Moxnes 1981) from my Swedish colleagues (in a country I have learned to love), I became eager to promote anxiety as a concept to changes for the better. I realized that my position as a professor at an overwhelmingly treatment-oriented psychology department might not be the ideal base from which to promote anxiety as a positive concept. So after some years of feeling more and more an outsider in the psychology department, I made contact with the local business school, and was invited to set up a course in psychology for economists. In short, after two years with the business school, I resigned my position at the university and ended up teaching psychology full time in a leadership development context for the remaining years of my tenured life, that is, for the next twenty-one years.

A leitmotif behind my highly structured but nevertheless experiential leadership development program is of course the focus upon anxiety themes in organizations. The program substantially applies what I learned about anxiety from studying staff members at the psychiatric ward. My managerial students learn about normal anxiety, primordial anxiety, systems anxiety, bodily anxiety, survival anxiety, heroic anxiety, cold anxiety, warm anxiety, and positive anxiety. Moreover, the experiential learning part of the program gives students the opportunity to experience all these forms of anxiety both on the individual and team level.

In the psychiatric ward, I had learned that those staff members who were personally insecure needed more security in their surroundings (Moxnes 1978a). In a similar way, many (if not all) of my manager students are insecure and anxious when they arrive to the first day in class (what I learn when reading their diaries). They are therefore offered the security of a small group with members they can somehow identify with (like preferring the same color).

Our managerial education program starts with safety, belonging, structure, laughter and play. Soon thereafter, it becomes more solemn, with room for more unstructured and daring experiences that, as a rule, initiate feelings of narcissistic injury or feelings of deficiency.

At first, it was difficult to convince corporate managers that the concept of anxiety was useful. The word anxiety was immediately associated with neurotic conditions. During the forming years of the program, students protested against my use of the word anxiety. They asked me to call it something else, suggesting such terms as worry, uneasiness, or apprehension. I was not willing to do that. Anxiety – translated into Norwegian and German as ‘angst’ – is first and foremost a normal state. It is not all pathological (Moxnes 2006, 14). It soon turned out that our lectures on anxiety became the best liked and best evaluated.

There are reasons to believe that anxiety is an *interpretation* of bodily arousal (Moxnes 2009, 52-53). This arousal should not necessarily be removed, but rather re-interpreted. Distinguishing between healthy forms of anxiety (like cold and warm anxiety), and pathological forms of anxiety (like anxiety disorders), makes it easier for managers to accept and apply the anxiety concept.

By confronting anxiety, my students can transcend their limitations. They require security of course, but security does not charge them with energy the way that worry and anxiety do. They learn that anxiety can be a leader’s most valuable source of energy, providing a strong dynamic to development. I argue that anxiety is a natural and necessary part of human existence and that it becomes a sickness only when we allow it to overcome us and hold us back.

Every year, I teach students that the issue is not a question of either anxiety or security. Rather, I suggest that there is a demand for ‘security in anxiety, and anxiety in security’. Managers need both – feeling safe enough to dare venture, and anxious enough to have the energy to perform effectively. As I see it, security is not the same as absence of anxiety. Security is, in our program, the ability to endure and manage anxiety. Security is tolerance of anxiety. During the program, the students might experience that the most frightened amongst them is the fellow manager who does not have the courage to be afraid.

My students learn that anxiety is *energy* that has negative or positive consequences on relations, efficiency, and innovation. Most importantly, anxiety is a *systems* variable; it need not be merely a personal weakness or a negative personality trait. Anxiety can oscillate in step with the organizational structure. So my students learn that the person who is most secure in a

structured setting may be among the most insecure in an unstructured setting, and vice versa (Moxnes 2006, 14).

The organizational solution of the anxiety problem is not to create a strict rationalistic and structured 'iron cage' of bureaucracy. Neither does the solution lie in an emotional, unstructured and 'free association' style of sharing private fantasies, illusions and oedipal dreams. The solution is, rather, to create an organization with a highly structured framework that also leaves room for unstructured experiences (Moxnes 2006, 15).

This is also how we organize the management development program *Leadership-in-interaction: applied organizational psychology* at the two Norwegian business schools where the program resides. A clear framework lessens *primordial* anxiety. On the other hand, allowing for unstructured spaces lessens *systems* anxiety. This is probably the reason that we have been spared the extreme attacks of anxiety, confusion, and regression, which were not uncommon during the heydays of the encounter group and sensitivity training movements, and still is in some of today's Group Relations Conferences.

In ending, it feels safe to say that anxiety should be fully acknowledged in organizations. It needs to be brought to light in hospitals, in industry, in management, in schools, and in organization textbooks. To reduce the threshold of recognition of anxiety while simultaneously raising the tolerance level for it is an important task for any organizational development professionals. Just as there is energy in matter, so is there energy in bound anxiety. For good, and sometimes for ill, if liberated, this energy can change our personal life as well as organizations.

Anxiety used to be an old friend. As retired, I no longer do scary things every day. Moving from counseling psychology to a business school and winning the chance to convert many years' experience of anxiety research into applied practice has been like a fairy tale for me, with all its stages and tests. I want to thank my students, colleagues and superiors for this anxiety provoking opportunity.

### **Acknowledgement**

Thanks to my former employer, the BI Norwegian School of Management which gave me the opportunity to teach managers about anxiety and organization for more than twenty years, and to AFF at the Norwegian School of Economics which made it possible for me to continue teaching managers after I retired. Also thanks to the Department of Psychology, University of Oslo for giving me favorable working conditions as visiting professor. I would also like to acknowledge the supportive and helpful reviews of the two anonymous reviewers.

### References:

- Argyris, C. 1957. *Personality and organization*. New York: Harper.
- Bargh, J. A., and M. L. Ferguson. 2000. Beyond behaviorism: On the automaticity of higher mental processes. *Psychological Bulletin* 126: 925-945.
- Barlow, D. H., and M. G. Craske. 2007 *Mastery of your anxiety and panic*. 4th ed. Oxford: Oxford University Press.
- Caudill, W. 1958. *The psychiatric hospital as a small society*. Cambridge: Harvard University Press.
- Caudill, W., F. Redlich; H. Gilmore, and B. Eugene. 1952. Social structure and interaction processes on a psychiatric ward. *American Journal of Orthopsychiatry* 22: 214-334.
- Cohen, A. R., E. Stotland, and D. M. Wolfe. 1955. An experimental investigation of need for cognition. *Journal of Abnormal and Social Psychology* 51 (2): 291-294.
- Conrad, P. 2007. *The medicalization of society: on the transformation of human conditions into treatable disorders*. Baltimore: Johns Hopkins University Press.
- Cooper, D. 1967. *Psychiatry and anti-psychiatry*. St. Albans: Paladin.
- Feldman, W. 2001. Forandring og udvikling – socialpsykologi i praksis). In *Proceedings from a conference on group and social psychology*, edited by I. S. Jern and E. Olsson, 62-84. Lund: Lund University.
- Fonagy, P. 2006. The mentalization-focused approach to social development). In *The Handbook of Mentalization-Based Treatment*, edited by J. G. Allen and P. Fonagy, 53-100. Chichester: John Wiley.
- Frithiof, L. A. 1975. *Promemoria angående orsakssamarbeid mellan visse aktiviteter och psykisk sjukdom – redovisning av en rundfråga jamte vissa rekommendationer*. D:nr SN 3-9-204, 1-5. Stockholm: Socialstyrelsen, Byrå SN3.
- Høgh-Olesen, H. 1989. *Angst og struktur*. København: Dansk Psykologisk Forlag.
- Høgh-Olesen, H. 1993. Angst og struktur - en organisationspsykologisk analyse. *Psyke & Logos* 14: 164-180.
- Jaques, E. 1953. On the dynamics of social structure. *Human Relations* 6: 3–24.
- Jones, M. 1953. *The therapeutic community: a new treatment method in psychiatry*. New York: Basic Books.
- Kagan, J. 1998. *Three seductive ideas*. Cambridge: Harvard University Press.
- Klein, M. 1946. Notes on Some Schizoid Mechanisms. *The International Journal of Psycho-Analysis* 27: 99-110.

Moxnes, 2017. Submitted final version to *Culture and Organization*. Not proofread.

Laing, R. D. 1961. *The Self and Others*. London: Tavistock Publications.

Løchen, Y. 1965. *Idealer og realiteter i et psykiatrisk sykehus. En sosiologisk fortolkning*. Oslo: Universitetsforlaget.

Marke, S., and K. Marke. 2007. *Socio- och psykobehov. Konstruktion och standardisering av SP-formuläret*. Lund: IGO-konsulter i tillämpad psykologi.

McKeachie, W. J. 1951. Anxiety in the college classroom. *Journal of Educational research* 45: 153-160.

Menzies, I. 1960. A case-study in the functioning of social systems as a defence against anxiety: a report on a study of the nursing service of a general hospital. *Human Relations* 13 (2): 95-121.

Menzies Lyth, I. 1988. *Containing anxiety in institutions. Selected essays*. London: Free Association Books.

Monsen, L. 2004. *Nådeløs villmark: Canada på tvers*. Oslo: Lars Monsen boksenteret Outdoors.

Moxnes, P. and H. Engvik. 1973/74. Diagnosing the organization: The Psychogram.

*Interpersonal Development* 4: 177-189.

Moxnes, P. 1974a. *Projective anxiety test (PAT) – en måte å måle angst på ved hjelp av Rorschach-plansjene*. Unpublished report. Oslo: University of Oslo, Department of Psychology.

Moxnes, P. 1974b. Verbal communication level and anxiety in psychotherapeutic groups. *Journal of Counseling Psychology* 20: 399-403.

Moxnes, P. 1978a. *Angst og organisasjon. En studie av samspillet mellom de ansatte ved en psykiatrisk avdeling*. Ph.D thesis. Tromsø: Institutt for samfunnsvitenskap. Universitetet i Tromsø.

Moxnes, P. 1978b. *Angst og organisasjon. En beskrivelse av samspillet mellom de ansatte ved en psykiatrisk avdeling*. Oslo: Gyldendal.

Moxnes, P. 1981. *Ångest och arbetsmiljö*. Stockholm: Natur och Kultur.

Moxnes, P. 2006. Learning group psychology, leadership, and anxiety coping by use of fairy tales as educational guide. *Nordic Psychology* 58(1), 5-21.

Moxnes, P. 2009. *Hva er angst*. Oslo: Universitetsforlaget.

Moxnes, P. 2012. *Positiv angst i individ, gruppe og organisasjon. Et organisasjonspsykologisk perspektiv*. 4<sup>th</sup> ed. Oslo: Universitetsforlaget.

Rachman, S. 1990. *Fear and courage*. New York: W. H. Freeman.

Rachman, S. 2013. *Anxiety*. Hove: Psychology Press.

Moxnes, 2017. Submitted final version to *Culture and Organization*. Not proofread.

Silver, A. W. 1967. Interrelating group-dynamics, therapeutic and psychodynamic concepts. *International Journal of Group Psychotherapy* 17: 139-150.

Stacey, R., and C. Mowles. 2016. *Strategic Management and Organisational Dynamics: The Challenge of Complexity to Ways of Thinking about Organisations*. 7th ed. Harlow: Pearson Education.

Stanton, A. H., and M. S. Schwartz. 1954. *The mental hospital: a study of institutional participation in psychiatric illness and treatment*. New York: Basic Books.

Twenge, J. M. 2000. The age of anxiety? Birth cohort change in anxiety and neuroticism, 1952–1993. *Journal of Personality and Social Psychology* 79 (6): 1007–1021.