

# Tracing the Maddening Effects of Abuses of Authority: Rationalities Gone Violent in Mental Health Services and Universities

MARILYN PALMER AND DYANN ROSS

*Organisations such as mental health systems and universities can be places where violence is part of the business as usual and hence taken-for-granted functionality of the workplaces. The paper challenges dominant perceptions of who is mad and what is dangerous to unsettle the largely unquestioned legitimacy of indirect and mainly, but not always, non-coercive forms of organisational power. To enable this analysis the research and language of domestic violence is presented to help anchor the nature of organisational violence so that it doesn't get ignored or deferred as non-problematic, as something that just happens somehow separate from peoples' actions or non-actions. The discursive and material nature of violence in our human organisations can be addressed through tracing the maddening effects it can have on people and by addressing issues of harm, loss and injustice through dialogue, resistance and restorative justice work.*

## Introduction

This paper draws on literature from the past several decades and personal experiences to generate intentionally agenda-setting theory about violence as the abuse of power in organisations. Our purpose is to encourage dialogue and increase collective confidence to create safe, healing and intelligent spaces and places. We draw on a collective wisdom developed over a combined seventy years of experience as social workers to express our rage at the harm and injustices we see. We then reflexively review some relevant literature and share our guarded optimism for collective efforts to achieve dialogue and non-violence with people in these systems.

This paper has three sections corresponding with the main arguments we wish to present. Firstly, we name the problem of violence in organisations by giving voice to our anger and indignation at what we have read, heard, witnessed and experienced in our personal and professional contact with mental health organisations and universities. Secondly, we take stock and reflexively consider what we know to make sense of the violence by drawing on Bronfenbrenner's (1979) ecological systems theory. We do this as a way of positioning organisational violence in the same theoretical space as domestic violence to support our understanding of the former. Finally, we complete the paper by presenting some elements of a dialogical, non-violent model for developing non-maddening practices within mental health organisations and universities, absorbing the limitations of the present time/space and the conundrums that leap from our proposals.

Our goal is to illustrate one of the mechanisms by which Capra's (1982: 466) 'declining culture' has been able to resist transformation, namely the unquestioned rationality of power relating to authoritative organisational positions that are legally and socially sanctioned in Australian society. Specifically, we refer to the ideological function of impartiality and its intellectual partner, rationality, in managerial and professional spaces which can together 'be understood as a regulative ideal of reason' (Young 1990: 111).

In the two examples which follow, the pivotal rationality where dominant power abuses cohere (not accidentally) tend to mirror and refract the defining feature of the organisations' client/customer group. Thus, we can think of mental health systems as exhibiting unhealthy, irrational rationalities and universities as exhibiting un-smart, un-intelligent rationalities. That is, they mystify on the basis of their defining feature, which is the contradictory use of power to maintain dominant groups' interests. For our purposes, one of the ideological and discursive functions of belief in impartiality and rationality is that it:

Legitimises bureaucratic authority and hierarchical decision-making processes, defusing calls for democratic [and inclusive] decision-making ... it functions in our society to legitimate ... authoritarian structure[s] (Young 1990: 112).

Further, these accepted ways of doing business in organisations are cloaked in a respectability (Young 1990: 57) provided by the mystification of power and

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status/privilege of the professional and managerial classes. According to Buchanan and Badham (1999: 56) how power is conceptualised is important as well, for conventional understandings of power as possession have led to the 'relative neglect of its hidden dimensions' which involve power as relationally exercised and power as 'embedded'. This latter type employs the 'mobilisation of bias' as a mechanism of power in 'favour of particular groups, interests and topics against others' (Buchanan and Badham 1999: 56).

Difficulties in gaining an agreed definition of power in the literature and practice contexts and how it operates in organisations should not dissuade us from being:

Alert to ... the less visible and less tangible dimensions of power, embedded or carried in the taken-for-granted procedures and practices of organisations and society as a whole. This is important because invisibility and intangibility cannot be equated with insignificance. On the contrary, the apparently insubstantial elements of power can be extremely potent in skilful hands. In addition, that which cannot be readily seen and described can be extremely difficult to question, challenge or resist (Buchanan and Badham 1999: 57).

### **An Un-healthy Rationality in Mental Health Systems**

In Western cultures it is largely accepted that there is a need for mental health acts and mental institutions and that the mental patients (where this term is a political signifier) are the ones who are mad, often dangerous, who need to be given treatment to cure or at least detain them, by sane professionals in (locked) places that keep the patients safe. This is despite the significant discussions which took place in the 1960s and 1970s (Szasz 1961; Laing 1972) which challenged dominant ideas of mental illness. It was suggested that mental illness was an 'appropriate response to severe social stress, representing the person's desperate efforts to maintain his/her integrity in the face of paradoxical and contradictory pressures' (Capra 1982: 420). For example, in 1972 R. D. Laing noted:

A child born today in the United Kingdom stands a ten times greater chance of being admitted to a mental hospital than to a university ... This can be taken as an indication that we are driving our children mad more effectively than we are genuinely educating them. Perhaps it is our way of educating them that is driving them mad (cited in Capra 1982: 420).

Mental illness is constructed as an inevitable reality that is contained in the identities of people who become patients of the mental health system. Once given, formal diagnoses of mental illness are rarely taken back by those who made them and are almost impossible for those who have them to give them back. The labelling

process and related stigma can mark mental patients long after they have received treatment (Corrigan 2007). Stigmatised identities (Millen and Walker 2001: 89) are more readily controlled, including through self-stigma, and a negative self-fulfilling cycle of loss and de-humanisation can keep patients 'out of mind and out of sight' (Mental Health Council of Australia [MHCA] 2005: vii). Most historical portrayals of mental patients reinforce public perceptions of the mentally ill as needing a different order of control and treatment than is required for any other type of illness or behaviour. Unlike some mental patients, criminals are afforded the legal right of determinant sentences (Bernstein 2014: n.p.).

There is now the commonly understood iatrogenic effect where hospitals are meant to be places where people get well but instead can be places which make people sick (Dewan 2009: 222). Here, the irrationality of health systems, including mental health services, is exposed. With this exposure comes the uncovering of a violence done to people that is called mental health care but which can lead to many people being injured and some dying (Dept. of Health 2005: 3). It can also lead to significant numbers of health and mental health staff making workers' compensation claims due to work related stress and mental health issues (Jackson and Clements 2006: n.p.). Research shows that work related stress in the mental health system is only partly attributable to violence from mental patients (Nachreiner et al. cited in Jacobowitz 2013: 78). Worryingly, a significant proportion of staff in the mental health workforce cite abuse and poor treatment by their supervisors as one of the main causes for sick leave and inability to work (Jackson and Clements 2006: n.p.).

Deeper and more pervasive though are the effects of a culture of silence relating to the unfair and irrational actions of mental health managers where double standards, in-group favouritism/out-group demonising, 'us versus them' language and tit-for-tat dynamics (Axelrod cited in Bloom and Farragher 2013: 248) are the undeclared rules of the power game and everyone knows it. The maddening aspects are multi-faceted but can be perhaps best conveyed symbolically as the collective realisation by subordinates that 'the emperor has no clothes'. This reference to Anderson's tale conveys 'the willingness of people to engage in an unspoken contract to wilfully disbelieve what they know to be true' (The Phrase Finder 2014: n.p.).

Nobody wants to be the person to speak the unspeakable for fear they will have their head chopped off or more accurately be perceived as, and possibly even go, mad. So business as usual occurs by a cultural practice involving a level of seeming that everything is okay and not being seen to notice when it is not (Namie and Lutgen-Sandvik 2010: 349). This informal organisational behaviour can be confounded by a concerted dedication to ensure best practice by developing and reviewing

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formal aspects of the mental health service such as the governance structure, clinical practice models and processes. The intermix of informal and formal mechanisms of power, often enacted by the same people, gives a respectability to the workplace (Young 1990: 139) and this in turn helps to legitimise the most rational and most violent of behaviours. Perhaps many subordinate staff maintain the unhealthy *status quo* due to a naïve hope that we aren't all mad and if we persist we will create a safe sanctuary (Bloom 1994: 474) for mental patients and staff.

Mental patients are simultaneously made collectively invisible in terms of the failure to ensure their basic human rights are observed and strongly problematised when noticed or referred to in the media and public discourses. This power mechanism of making a person 'normalised' when absent and 'pathological' when present is recognised as a discursive power dynamic maintaining racism in Australian society (Phoenix cited in Pettman 1992: vii). It involves a shifting of responsibility away from the powerful actors, making those usually absent in the mental health discourse, such as teachers and parents, 'pathologically present' when it suits the powerful. For example, a senior source in psychiatry in the United Kingdom claims:

that psychiatrists are not the ones responsible for the epidemic of expanding definitions of mental illness and over-drugging that's occurring in the country. Instead, said Professor Sir Simon Wessely, teachers, parents, non-profit advocacy groups and poorly run government health services are to blame (Wipond 2014: 1).

Western countries such as Australia tolerate the scapegoating of mental patients as the personification of an intolerable difference that needs controlling through legislation, locked treatment centres and 'dirty' medication that doesn't cure but can cause sometimes life limiting side effects (Citizen Commission on Human Rights [CCHR] 2014: 1). The human suffering and loss that results from this scapegoating and devaluing of people constructed as mental patients is unfathomable and not given credence when the cost is counted by reputable authorities (MHCA 2005: 46).

At the highest level of political discourse in Australia, the pervasive prejudices toward and stigmatising of people with mental illness is evident. In late 2013, the Minister for Health in Queensland gave a press release announcing the requirement to keep all mental hospitals locked (Wardill 2013: 7). The derogatory language of referring to mental patients as 'killers and rapists' arguably has set mental health care back decades by reinforcing an (ir)rationality towards people with mental illness and perhaps consolidates a reactive, fear drenched response to an already highly surveilled, stigmatised and controlled social group.

## An Un-intelligible Rationality in Universities

Now we turn our attention to universities to further illustrate our claim that modern organisations are discursively constructed and thus are interactive, non-fixed, contested spaces where people act upon/towards others, and are acted upon/towards by others, in ways which can be oppressive and at times, overtly violent. As Fox claims, 'all organisations are mythologies constituted discursively to serve particular interests of power and contested by other interests of power' (cited in Leonard 1997: 91).

We briefly analyse universities as the supreme organisational expression of rationality in our society as this is expressed in the pursuit of knowledge and the education of the professional class (Leonard 1997: 99). We do not provide a comprehensive power analysis of universities in Western countries as this has been done well by others (Lafferty and Fleming 2000: 257). We believe educational institutions are as susceptible as mental institutions to the maddening effects of rationalities that can be oppressive to many students and some staff, including academics (Ross 2002). To the extent that an apolitical version of a managerialist agenda and discourse pervades decisions about what counts as legitimate knowledge and who is to be regarded as knowledgeable (Hartman 2000: 19), there is a systemic, undeclared violence operating to some extent in all universities.

The following fictionalised narrative draws on events and encounters with which we are familiar through our own and others' experiences.

The narrative begins, as these things often do, with an email.

*TO: All Faculty Staff*

*FROM: The Executive Dean, Faculty Human Health and Science*

*CC: Human Resources*

*As you will now be aware, the Towards Excellence change management process commences today with a presentation by the Executive Dean. Faculty of Human Health and Science staff are encouraged to attend the information session scheduled for today in the Menzies Lecture Theatre at 3pm. Attached for your information are:*

- *The Faculty of Human Health and Science Towards Excellence change management proposal (which includes information on the new structure) and*
- *Relevant Position Descriptions for those positions impacted by the change process.*

*Please familiarise yourself with the attached documents and those on the dedicated website. If you*

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are a staff member affected by the proposed changes or a staff member with supervising responsibilities for staff affected by the proposed changes, then you are strongly encouraged to attend today's meeting and all future meetings concerned with the proposed changes. All other colleagues are welcome to attend.

It came to pass that the Faculty would achieve 'Excellence' by combining two Schools into one and achieve efficiencies through redundancies or demotions (in hours, level and salary) of seven staff, who had worked for the university for between 10 and 15 years. The staff affected would hear about the changes for the first time at the meeting (although there had been rumours circulating for weeks) and they had had an hour's notice to read the documents attached to the email. One of the women demoted had lodged a complaint against the Faculty Manager, a close friend of the Executive Dean, for his comments about having to work in 'menopause mayhem'. The change management document advised there would be further redundancies offered once the common first year program was operational.

Over the next few months, staff retreated into their offices. There were no farewells offered or asked for. Staff members in the affected schools were advised to update their CVs, be ready to apply for their jobs, while it was rumoured that some lectures were being monitored by management accessing those lectures recorded automatically for uploading to E-teach. If this was happening, it was without lecturers' formal knowledge or consent.

A Human Services lecturer who was considered difficult with an allegiance to theories considered dated, began to feel excluded. Some students had complained about her lecturing style directly to the Executive Dean rather than to her Head of School and she wondered who was advising students to do this. She discovered that most of her colleagues, but not her, had been invited to an award celebration for the Head of School; she wondered if they talked about her when she wasn't present as a preferred candidate for redundancy. She was the sole breadwinner in her family and the thought of losing her job terrified her. She began waking in the early hours, heart racing and perspiring as the worst case scenarios rolled through her mind. She kept her office door closed to reduce the noise from the corridor but later learnt this was interpreted as her being unfriendly. Her strategy of just getting on with her work seemed sound but things did not improve. One day, the Head of School confronted her with a video-recording of a lecture in which she had lost her train of thought, stumbled over her words and admitted to the class that she wasn't sure of the government's current policy on the relevant issue. The Head of School asked her if she had plans for retirement and intimated that

she could be offered a redundancy, as if this was a privilege and an honour. She left the office in tears, saw her doctor the next day who prescribed anti-depressants, obtained a medical certificate for anxiety and is now on sick leave. She is too embarrassed to have contact with her work colleagues, remains inside most of the time for fear of being seen outdoors and considered a malingerer. Most of her work colleagues feel vindicated in their treatment of her because, after all, she was clearly a bit mad.

This story is fictional insofar as this trajectory of events did not occur (as far we know). However, the story captures incidents in universities we have heard about or witnessed. We don't directly analyse the scenario here, rather we use it as an evocative, non-rationalistic writing device to convey credibility to our arguments (Ellis and Flaherty 1992: 2). To the extent that this story is believable or that readers have experienced elements of the story themselves, we rest our case.

Since the mid-1990s, universities have been subjected to the policies, practices and discourses of neoliberal ideology through the twin imperatives of economic rationalism and managerialism (Lafferty and Fleming 2000: 257). Economic rationalism emanates from a belief that the (supposedly free) market place is the only true and proper determinant of supply and demand needs. According to Pusey, governments use 'narrow definitions of efficiency and productivity (including privatisation, deregulation and low government spending) as measures of economic success, without regard to government's traditional economic responsibilities to the public sector and the welfare state' (cited in Jupp 2002: 141). Its organisational expression, managerialism can assert control of workers through bureaucratisation, risk avoidance and an expectation of adherence to rigid procedures designed to achieve outcomes determined by a dogged belief in rational choice theory (Ogu 2013: 90). The university (as corporation) now argues that decisions should be made by those with positional authority based on the perceived needs and interests of individual staff and students who themselves will be making rational choices which reflect their own interests and needs.

This corporatist-managerialist model of university management (Morris 2005: 387) has largely replaced the traditional collegial model of collaborative decision making which supported groups and individuals coming together through a form of direct participatory democracy to make decisions in the interests of the 'greater good of all' rather than the interests of the sum of individuals. No one is naïve enough to believe that this is what actually happened, at least not all of the time. Universities have always been vulnerable to nepotism, favouritism and self-interest (Small 2013: n.p.). However, these democratic activities were deemed aberrant and not endorsed by a belief system which actively supports and encourages

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disinterest in the wellbeing of others, and self-interest in the guise of efficiency and accountability. Herein lies the structuring and discursive bases to what we believe are rationalities gone mad to the extent that certain ideologies have become reified, and thus beyond human reproach. Further, this reification seems to occur in direct proportion to the dehumanising of some social groups or staff groups and individuals through the effects of this maddening order of things.

### **Linking Micro, Meso and Macro Dynamics of Power Ab/Use**

These points notwithstanding, our interest here is not to keep the analytical focus in this space on people living with the consequences of being labelled mad or bad as if they were themselves the *containers of society's madness*. We argue rather that the almost unchallenged focus toward the most politically vulnerable citizens – mental patients in the mental health systems and workers ostracised and expelled from dysfunctional workplaces (both constructed within related politico-cultural discourses) – hides and protects a possibly profound level of organisational violence in all complex human systems. Further, and crucially, we suggest that all human organisations operate to varying extents with a covert and perceived necessary level of violence. We have used mental health services and universities to explore this claim but other human systems are not immune from similar dynamics of violence, including private businesses and multinational corporations (Brueckner and Ross 2010). This is clearly an outrageous statement. What civilised society would condone such a state of affairs? Why would some of our most highly paid and educated professionals and managers allow their workplaces to be abusive for so many of their colleagues and clients or customers? This is about structural violence as oppression, which as Young suggests involves:

The vast and deep injustices some groups suffer as a consequence of the often unconscious assumptions and reactions of well-meaning people in ordinary interactions, media and cultural stereotypes, and structural features of bureaucratic hierarchies and market mechanisms – in short, the normal processes of everyday life (1990: 41).

How this structural violence is experienced in organisations and individual identities is complex and far from causal and fixed as shall be explained in the next section. The term 'ab/use' in the section heading serves to remind us that power can have a productive use as well as being employed in an abusive way (Foucault cited in Sapouna 2012).

We proceed by asking you to visualise the concentric circles of Bronfenbrenner's (1979) ecological systems

theory, an heuristic device used to explain the relationship between the person-in-their-environment, the personal and political, or to take this notion back to earlier roots, between personal troubles and public issues (Mills 1959). In your visualisation, we ask you to place domestic violence in the micro-system layer, our maddening mental health organisations and universities in the meso-systemic layer and the broader social, political, economic and cultural landscapes in the macro-systemic layer. We make maddening organisations our focus but we draw on overt abuse and violence in the micro-systemic layer to illustrate the systemic nature of abuse and violence which plays out across these three layers in much the same way with very different (and very similar) consequences.

It is beyond the scope of this paper to explore in depth the role of violence in the macro-systemic layer other than to note that it is here we locate the structural antecedents to ethnic and gendered violence as well as violence against the natural realm of which human beings are a part (Plumwood 2000: 285). It seems to us self evident to draw parallels between domestic violence, organisational violence and violence against nature. The case for this has already been well developed by others such as Rees (1994), and in particular, the eco-feminist writers (Mies and Shiva 1993: 16) who have been making the links between violence against women and violence against nature for the past several decades.

### **Towards a Model and Language for Addressing Organisational Violences**

The language and theorising of domestic violence is adopted in this paper to convey the relational, bodily, place-based nature of violence that we see in organisations. In doing this we are not using domestic violence metaphorically. We are suggesting that both forms of violence emanate from macro-systemic social, political, economic and cultural factors which is an idea reflected in one of the five discourses O'Neill (1998) has recognised which seek to explain domestic violence. O'Neill writes that the construct of 'wife abuse as a consequence of the normative social system' is a perspective which:

... suggests that violence in general is accepted as being relatively normal in Western society and that violence against wives, although not being the norm for all of society, reflects this and other supporting norms in an internally consistent manner. Wife abuse is thus seen as an extension of the normative social system, a perspective in direct conflict with the pathological discursive position, which holds such behaviour to be abnormal (1998: 470).

In drawing on the theoretical framing of domestic violence we do not intend to take away from the very

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real and devastating material, and the bodily effects/nature of domestic violence to suggest that all violence, its manifestations or consequences are the same. Rather, we point to some common elements of violence in families and organisations in which we all, wittingly or not, participate. We take from Bronfenbrenner's (1979) model the idea that influences across the layers of the system are multi-directional and reciprocal such that violence in families may engender and support violence in organisations and the wider culture, while violence in the wider culture and organisations may engender and support violence in families.

The term 'domestic violence' is used here to mean violence against women by their intimate partners. It is framed as one form of intimate violence alongside others such as child abuse and male partner abuse. Domestic violence has been defined by the National Committee on Violence Against Women (NCVAW) as 'behaviour adopted to control the victim which results in physical, sexual and/or psychological damage, forced social isolation or economic deprivation or behaviour which causes women to live in fear' (cited in Murray 2002: 154). The parallels between this definition and our earlier descriptions of organisational violence are evident such that organisational violence can be understood as behaviour adopted to control the victim (whether mental patients, students or workers) which results in psychological damage, forced social isolation or economic deprivation or behaviour which causes the person to live in fear. LaViolette (1998: n.p.) has identified other elements of domestic violence, which parallel elements of organisational violence we have witnessed through our practice in maddening organisations. These include insidious psychological abuse, the monopolisation of perception, threats to the victim's support systems and isolation. The marking of a person as Other (Stanley and Wise 1993: 220) by those with sufficient power (positional or charismatic) in organisations, parallels the marking of women as Other in relationships where there is domestic violence.

Insidious psychological abuse can be established through discursive processes such as labelling, dehumanising and the internalising of stigma (Millen and Walker 2001: 91). For women living with domestic violence this can occur through labels such as 'bitch' or 'slut' that are forms of verbal abuse which are profound markers of domestic violence (Palmer 2005: 101). In organisations, the labels of 'incompetent', 'difficult' or 'mentally ill' (with the concomitant suggestion they may pose a threat to themselves or others) will suffice. Having been ascribed the label, the person so labelled will struggle to reject or discard it and the monopolisation of perception by the powerful begins. How do you prove as a marked difficult/incompetent/mentally ill person that you are not these things (at least not all of the time, and not necessarily forever), and that an alternative perception of self is equally valid and worthy of consideration? In the absence of dialogical spaces to respectfully explore different

perceptions of the self, the dominant individual or group will seek and be given the monopoly to decide who and what you are (Buchanan and Badham 1999: 56).

Where there is domestic violence the threats to the victim's support system may take the form of real or threatened physical assault to friends or family who seek to intervene. In organisations it can take the form of real or threatened punishment or ostracism of patients' or workers' support systems be they family members, fellow patients or sympathetic co-workers and allies. Simplistic binaries of 'my enemy's friend is my enemy' are often invoked to justify extending the violence towards members of the victim's support system. So, for example, in a university, once someone has been deemed to be the incompetent or difficult Other, supporters who stand alongside them and challenge the dominant construction (or the process by which the construction has been developed in the first place) may be marked as untrustworthy, of poor judgement and face similar treatment. Sadly, as Bloom and Reichert have noted, while bystander intervention can be highly effective where there is witnessed violence:

Listeners tend to exaggerate the victim's personal responsibility in the traumatic situation. If these strategies do not work to get the victim to stop talking, then the listener will avoid contact with the victim altogether. The reasons for this behaviour are fairly clear. The suffering of victims can threaten the listener's assumptions about a 'just world' in which people get what they deserve (2014: 88).

In situations of domestic violence, the perpetrator engineers isolation from support systems by making friends and family feel unsafe or unwelcome, limiting the victim's access to money or transport and monitoring phone calls and emails. Similarly, in mental institutions, isolation is imposed through involuntary incarceration or voluntary hospitalisation and locked doors. However, as with domestic violence, isolation from supporters for mental patients and stigmatised workers can be self-imposed and take the form of rejecting visitors or taking sick leave to avoid the embarrassment or the stigma of being deemed mentally ill, unfit or unworthy of employment.

### **The Discursive and Material Nature of Systemic Violence**

There is a discursive and material nature to systemic violence, which we have tried to describe and build an appreciation of to this point. The bodily effects of violence on the people experiencing violence are broad and deep and can be thought of in terms of Post Traumatic Stress Disorder (Jacobowitz 2013: 787) but also in terms of injustice and discrimination (Morris 2007: 12). The material nature of violence is also broad and deep from an individual's loss of self-worth, employment,

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status and sanity as well as the collective experience of violence made evident through the destruction of habitat for threatened species, global warming, war and famine (Plumwood 2000: 286). Human organisation is the means by which people interact and these interactions have real effects within and outside the organisational space.

Violence is intensified in the exercise of power in complex organisational contexts/forms/spaces (Thompson 2011: 189). Thus, in mental health systems the experience of oppression is located in the identities of mental patients. Further, in a different but inter-connected way it is also located in some groupings of mental health workers, for example workers who are themselves deemed mentally ill (see the article by Kemble in this volume). Of particular significance is the normalisation of the oppressive use of power where outspoken staff are marginalised, non-compliant staff are disempowered, new ideas are negated by imperialistic tendencies of senior staff, and workers are attacked for questioning how their managers make decisions or for resisting unsafe or discriminatory work practices.

The vast majority of systemic violence is perpetuated by male supervisors and managers (Zapf and Einarsen cited in Mattiesen and Einarsen 2007: 735). Yet Namie claims that the main pattern of abuse in the workplace is same-sex harassment where 63% of women are harassed by other women and women as a group are bullied at the rate of 80% of the workforce (2003: n.p.). Some perpetrators of violence, but not all, exhibit the characteristic of corporate psychopaths (Boddy 2010: 300). However, the shocking reality is that non-mental patients are responsible for most of the violence in society's key organisations including, but not only, mental hospitals and universities. This violence passes under the radar and is rarely named openly or addressed front on. This is partly because, as we have shown, it is dressed in a rationality and normalcy which is gained through seeming compliance to the very same organisational policies, rules and etiquettes that are enshrined in good governance statements and professional codes of ethics.

The common dynamic of this violence is the way it creates a climate or culture of unsafety, unfairness and a power dynamic that results in one person or whole groups of people being traumatised or otherwise hurt and discriminated against. These victims are locked into abusive relationships with a dominant person or groups who are aggrandised, advantaged and reinforced in their beliefs and the rightness of their behaviour, position, ideas and so on. In human organisations, hierarchical positions tend to be the locations of abuses of authoritative power that serve to reinforce the dominance of those in positional power often without direct interaction with the workforce and clients. Smith describes this as 'relations of ruling', which are:

the complex of extra-local relations that provide in societies a specialisation of organisation, control and initiative. They are those forms we know of as bureaucracy, administration, management, professional organisation and the media. They include also the complex discourses, scientific, technical and cultural that intersect, interpenetrate and co-ordinate the multiple sites of ruling (1993: 6).

By focusing on violences as madness in complex social systems it is possible to discursively construct mental illness in Western societies as unequal struggles in a diverse range of power relations (Thompson 2011: xvii). Mental health systems are indicative of all other human systems and to demonstrate the embedded, and to some extent, accepted nature of violence in society, some parallels with universities have been explored. While the mission of each of these types of organisation is vastly different, it has been argued that as human systems of organisation there are similar power dynamics evident which can create a range of unsafe relationships which in turn can have the effect of creating demoralised (Crane and Matten 2010: 166) and therefore, more readily controlled or self controlled workforces. This can be seen to occur through the collective failure of people in key positions of authority to take their proper responsibility (Crane and Matten 2010: 167). Hierarchies of power and highly specialised managerialist roles can pass down abuse and undermine others in a systematic way that is not accidental or readily acknowledged.

### **Justice Work**

We draw the paper to a close with the humble acknowledgement that non-violence and peace work, building democracy and ensuring justice and wellbeing in a diversity of places and spaces is occurring to a greater extent than violence and oppression. The challenges though are enormous for the peace work as a large part of its effort has to be about undoing the harm created by violence. It is in the spaces and places where injustice and violence are occurring that the turning point moments exist to undertake the peace work. This often is about the undeclared resistance to violence and as McNlyte writes:

Domination-reproducing practices and the freedom struggles opposed to such practices are brought together in the concept [and practice] of resistance (1996: 239).

In extremely violent places where there are entrenched unequal power relations and real danger for anyone seen to be dissenting, the practice of resistance without being seen to resist is sometimes the most we can do (Scott 1990).

The willingness to invite the perpetrators of violences to the dialogue table is a high order aspect of the peace

work required (for example, Brueckner and Ross 2010). Dialogue as democracy and justice at work can only occur between people as equals and in conditions of personal and cultural safety (Ross 2013: 206). Wherever we are is where we can contribute. Business as usual meetings in mental health systems and universities can be spaces to build cultures of safety and dialogue through, for example, respectfully supporting people to follow democratic meeting protocols. Doing our own healing and reparative work (Macy 2007: 15) where we do harm is what we should do if we are serious about violence in our workplaces. Grasping the difference between 'retaliatory outrage' or 'revenge justice' and 'restorative justice' is important to avoid adding to the violence we witness (Bloom and Farragher 2013: 249).

There are limitations to the analytical tools we have used here; one is that we may have created a picture of violence as one-dimensional and all pervasive to the exclusion of productive and resistive expressions of power. We may have insufficiently acknowledged that there can be pockets of safe, trauma/violence-free spaces and non-violent, critically aware people in the most oppressive of organisations. People's experiences can be much more varied and messier than this analysis allows and violence can co-exist within the same people and spaces that are, at other moments, safe and non-violent.

We want to unsettle any construction of human organisations as monolithic systems of oppression, and yet also wish to unsettle ideas of organisations as only benign, benevolent places. Our intended, agenda setting position is that in organisations there is a limited commitment to a progressive ethical capacity by people in powerful positions alongside a failure to trace the effects of their power and to be accountable for harm and injustice caused. We hope we have contributed to building an argument for the need for an ethic of love to address lovelessness, which creates an emotional and political vacuum for violence to spread (hooks 2000: 5). Positioning ourselves in all our actions from within an ethic of love will help us strive for just and emancipatory outcomes as hooks writes:

In this society there is no powerful discourse on love emerging either from the politically progressive radicals or from the left. The absence of a sustained focus on love in progressive circles arises from a collective failure to acknowledge the needs of the spirit and an over determined emphasis on material concerns. Without love, our efforts to liberate ourselves and our world community from oppression and exploitation are doomed. As long as we refuse to address fully the place of love in struggles for liberation we will not be able to create a culture of conversion where there is a mass turning away from an ethic of domination. (1994: 243)

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#### Authors

Marilyn Palmer lectures in the Social Work Program on the Bunbury Campus of Edith Cowan University in Western Australia. Her research and teaching focuses on domestic violence, community development and eco-social work in the context of education for sustainability. Email: m.palmer@ecu.edu.au

Dyann Ross is a Senior Lecturer in Social Work at the University of the Sunshine Coast. Her research interests are in the areas of corporate social responsibility, social sustainability and mental health. Dyann has been a social worker since the early 1980s in mental health, staff training and development and tertiary education. Email: dross@usc.edu.au