THE CURIOSITY DRIVE
Our Need for Inquisitive Thinking

Philip Stokoe

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About the author

Philip Stokoe, BSc, MSc, CQSW, FInstPsychoanal is a psychoanalyst (Fellow of the Institute of Psychoanalysis) in private practice working with adults and couples, and an organisational consultant, providing consultation to a wide range of organisations since he qualified in 1983 at the Tavistock Centre.

He was Honorary Visiting Professor, Mental Health for three years at City University, where he is helping to set up a radically new way to train mental health nurses based on psychoanalytic principles. He worked as a Consultant Social Worker in the Adult Department of the Tavistock & Portman NHS Foundation Trust between 1994 and 2012, where he was the Clinical Director of the Adult Department from 2007 to 2011. He has developed a reputation as a successful teacher and has taught and written about the application of psychoanalysis in a wide range of settings: supervision, leadership, groups, organisations, ethics, borderline disorder, adolescence, residential work, working with victims of sexual abuse, psychological services in the NHS, couple relationships, and politics.

Whilst at the Tavistock, he developed a model for understanding organisational dynamics, which has come to be called the Healthy Organisation Model. With his wife, Mary Morgan, he has developed

a theory about a stage of human development that they call the 'Creative Couple' state of mind.

He has a particular interest in human creativity as it relates to the development of the mind and the central role of curiosity and interest. His early experience as an actor has left him with an abiding interest in theatre, art, and cinema.

He has published a number of papers and this is his debut book.

Foreword

Peter Hobson
Emeritus Tavistock Professor of Developmental Psychopathology, UCL

Phil Stokoe thinks for himself—and deeply.

In conversation with Phil, this can be unsettling. You say something; holding your gaze, Phil is still for a moment. In an instant you realise you've not thought through what you've said, you've skimmed over something. This is not a ponderous hesitation, not an awkward stalling. It's that Phil is curious. You can attempt to smooth the ripples, but that would be your loss.

No wonder if, at such a moment, one has contrary impulses: to evade the unanticipated challenge, or to draw breath and dive in. Let this be a health warning to anyone seeking cosy reassurance in the pages that follow. Curiosity has kinship with not-knowing and self-doubt.

And indeed, curiosity is a curious thing. It is challenging and potentially exposing, both for the subject and object of curiosity; it draws on and contributes to playfulness, being open and creative and exploratory; and it is deeply engaging with whatever is in focus, generative of fresh experience and depth in knowing.

This book embodies each of the qualities I have just cited. It is not merely about, but also an expression of, curiosity in its most productive and creative form. Moreover, Phil (henceforth, 'the author') is not simply

a courageous thinker; he draws on rich experience gained from decades of work as a psychoanalyst and social worker with leadership roles in a variety of clinical settings and consultant to manifold organisations. He has learnt a lot from working at the coalface. His stories of sometimes painful conflicts managing a Youth Treatment Centre, or negotiating complaints as Chair of a psychotherapy department, or consulting to disconsolate teams of professionals, or developing highly original training courses for primary care settings, leave one in no doubt that here is someone who speaks with authority.

What, then, are the issues that the author is tackling, and how does the thread of curiosity weave its way through the chapters?

Broadly speaking, there are three domains. The first concerns early human mental development. Here the author does not mince his words. Without curiosity, there would be no conscious mind. The mind develops because we need to explain to ourselves what is happening to us. Only through curiosity can the mind pass from primitive, 'fundamentalist' forms of experience (including the experience of a 'hunger monster') to thinking about alternative perspectives on reality, and with this, a capacity to tolerate anxieties about loss, dependency, and difference— for what else would lead a baby to take a second look?

Further elaborating this developmental picture, the author posits a stage in which a 'creative couple' comes to be represented in the mind. A late chapter beautifully illustrates this notion by contrasting mature love between Romeo and Juliet with mutual infatuation between Antony and Cleopatra, and locating the source of Hamlet's torment in deep misgivings about this cornerstone for intimate relations.

The second domain is that of understanding, and delivering psychotherapy to, troubled people. There are individuals whom the author describes as having no emotional endoskeleton. They take unconscious beliefs as facts, replace curiosity with certainty, and cling to someone else or a group. The only relationships available in a fundamentalist state of mind are mergers or sadomasochism, and attempts to reverse hate do not necessarily amount to love. So how might a psychotherapist help such a person? For this, the author adopts a thoughtful approach to what it means to contain a patient's emotional state, and exhorts us to envisage boundaries as the place where work happens. A central activity for

the therapist is to keep curiosity alive, and to address the situation when it falters.

The third domain concerns groups, organisations, and the field of politics. Again, the text is replete with arresting ideas that make so much sense, one wonders why they have not been presented so forcefully and clearly before. Take this as one example, the author's view on organisations: delegation of decision-making only works if it is accompanied by clear authorisation—authority is passed down and anxiety up. Interference in this circulatory system is the cause and/or expression of dysfunction, often bound up with lack of curiosity and a culture of blame. In politics, too, hate and certainty ('scroungers') can replace curiosity and genuine concern.

There is so much here. And this is just a sample of what is on offer.

As I close the book, grateful for having learnt a lot, I notice that much I have learnt is congruent with what I had already thought, amplifying and enriching already-held perspectives. But there's something more: my mind has been changed. For example, reading this book has affected my clinical work with patients in psychoanalysis. I focus more intently on curiosity and its vicissitudes, not only from patient to patient but also from moment to moment in a given session. I have a newfound grasp of the role curiosity plays in our emotional lives.

How apt, then, that the child poised to discover and then thrive (eventfully) in Wonderland was a person in whom one attitude was especially conspicuous: '"Curiouser and curiouser!" cried Alice.'

The reader of this book will be embarking on an intellectual journey of serious enquiry, a searching exploration of familiar as well as unfamiliar territory, but has in prospect plenty of fun in following a path that weaves through unexpected landscapes. The author—often playful, at times beguiling, and at others abruptly frank—will stimulate and broaden readers' own quest for knowledge, and (to his great credit) make hungry where most he satisfies. Here readers can savour the products of a penetrating, ever-curious mind.

Introduction

As a young man, I was put in charge of one of the treatment units of a Youth Treatment Centre tasked with providing therapeutic intervention for the most dangerous adolescents in the country within a secure environment. This appointment provoked one of the most emotionally difficult periods of my professional life. I would often drive to work aware that I was physically shaking. At work, I would find myself filled with overwhelming feelings of inadequacy or despair. Sometimes I'd find myself feeling very angry. At other times I'd feel enormously important and powerful. Then I'd feel filled with suspicion; could I trust my colleagues? At its worst, I'd feel that there was a conspiracy to bring me down. We had an extremely good director, a man called Treve Edwards. I still think he was the best manager I've worked for but, at the time, when he would come over to visit my unit and point out that there was rubbish outside the house, clearly thrown out of the windows by one of the residents, I'd feel mortified, as if I'd done it myself.

After eighteen months of this agony, someone suggested that I should apply for training in organisational consultation at the Tavistock Clinic. This experience changed my life and has led to this book. The training was based on what people usually call the 'Tavi model' or else the 'group

relations model'. Theoretically embedded in a combination of open systems theory and psychoanalysis, it derived from studies of groups and organisations carried out by a part of the Clinic that would eventually split from the main Tavistock Centre and become the Tavistock Institute of Human Relations. The split occurred when the Centre chose to join the newly created NHS in 1948, but the two institutions remained close and, indeed, the TIHR remained in the same building for many years.

As part of the training, we would meet in small groups to discuss our experience of work. Eventually this would become the home group in which we'd bring reports of our first consultation to another organisation. The reception I had when I presented remains vivid in my mind; I described my job and my responsibilities and then they asked me how it felt, and I told them. What they told me is what 'changed my life'; they pointed out that the feelings I had described came from the kids, kids who, although they might have done terrible things, were actually frightened, often persecuted. These were clearly young people who could be depressed and despairing and judged. Often, they would be filled with rage. However, these were feelings that they couldn't manage, so they had to 'get rid of them', and they were obviously doing it extremely well!

Although I had read a lot about the ideas of Melanie Klein and particularly the concept of projective identification, this was the moment that I really *understood*. Not only did I understand how feelings disowned in the other can be experienced as actually belonging to the person into whom they've been projected; I realised, with a thrill of excitement, that these experiences were all information, if only they could be thought about properly. I had gone into that meeting feeling generally pretty hopeless about my work, but I came out feeling excited and inspired. Not only had I learned the truth about projective identification, I had also discovered that thinking, in the context of understanding unconscious interpersonal processes, requires help from others. It also showed me something else that I gradually came to understand as the importance of curiosity. The way I understood it at the time was that I had lost curiosity about my experience, because I had created an explanation that was convincing, i.e. certain; namely that this was all to do with me and my inadequacies. Later on, it occurred to me that there were probably loads of people in this sort of work suffering similar personal

doubts and anxieties to the ones that I had been experiencing, unnecessarily. Although that thought motivated me to develop a private practice in consulting to organisations, it also led me to realise that, without a model for understanding the human mind and how people relate to each other, straightforward consultation to a team would not be enough.

The consultation training also provided me with insights into the way that organisations work and, especially, the ways that they do not work. I discovered that the thing that is often called a group dynamic draws everybody into an expression of some aspect of it, but that most people find it difficult to accept that this is true of themselves; they prefer to believe that their thoughts or beliefs or feelings are the result of their independent, conscious, intellectual activity. I also discovered how anxiety can throw individuals and groups into a black and white state of mind in which certainty rather than thinking holds centre stage. Of course, this is something that Melanie Klein had described, and which she called the paranoid-schizoid position. Once again, direct experience seemed to be the only way truly to understand such a concept. The context in which I was able to explore the movement between certainty and tolerating uncertainty was the group relations conference that we went to as part of our training. This was one of the most powerful learning experiences I have ever had, and I count myself lucky to have been part of such conferences as participant and then later as member of staff many times.

Back at the Youth Treatment Centre, I shared what I was learning with my staff team and we developed ways of working that turned out to be a living experiment, which led to some of the central ideas contained in this book. For example, it was standard practice in residential institutions that the member of staff responsible for a particular young person would write the report for that resident's regular review. This would often provoke discussion, if not downright argument, about the view that the writer expressed about the individual. Other members of staff would have a different view. My developing understanding of the way that groups work led me to the conclusion that no single individual could possibly have the 'correct view' of the patient in question. We discovered that sharing different views and taking time to understand them was an extremely rewarding way to work. I reached the conclusion that the nearest thing to the truth about any one of our patients would be the

narrative that included, in a positive light, *all* of the apparently disparate views held by individual members of staff. I suspect that it was a similar observation that led Barbara Dockar-Drysdale to formulate the clinical concept of the 'archipelago personality'. (She worked in a similar context, residential work with children and adolescents, and she identified a type of child who seemed to have several different personalities, often revealing a specific personality only to a particular member of staff. She thought these personalities were like separate islands in the sea of the mind; Dockar-Drysdale, 1990, p. 99.)

This work led me to a discovery: that groups and organisations ought to be a very efficient way to approach most human challenges; sometimes they are, but a lot of the time they become dysfunctional. My discovery (and I was not the first to see this) was that, since they *ought* to be effective, there must be something interfering with this capability. Since the people making up these groups obviously wanted them to work well but couldn't repair the problem, it *must* be because they couldn't see the real problem. In other words, the actual 'spanner in the works' must be hidden below the surface. This meant that it must be in the arena that we would call unconscious, where unconscious is the part of our minds that we cannot access directly.

It seems pretty clear that, in the case of the individual, since we cannot know our own unconscious, if we want to find out about it, we need to get someone else to help, because they are more likely to see what we cannot see. In the same way, groups develop something that might be described as a group unconscious (this is not to suggest that there is an actual group unconscious, rather that the way individual unconsciouses can act upon each other without the awareness of the conscious mind (Freud, 1915e) creates the appearance of a group unconscious (Bion, 1961)) and the members of the group cannot see this. The techniques of consultation that I had been learning at the Tavistock Clinic were based upon the need for an external eye (and mind) to discover what was invisible to the group.

Having made this discovery, it seemed to me that the most helpful tool at the disposal of anyone who would offer help must be a map of how things ought to be, if only these unconscious blocks had not developed. This led to the model of the healthy organisation, which I describe in Chapter Three. Although I was totally unaware of it at the time, the

fact that my colleagues and I were trying to discover how to help this particular group of adolescents also led me into an approach that is another key part of this book. Because we had no map, our approach had to be to try to understand the lived experience of our patients. This accident of circumstance has helped me to avoid an error of thinking implied by Bion in his theory of thinking (1962a), where he points out that abstract thinking is a higher-level achievement. I found myself trying to see the world through the eyes of those adolescents rather than coming at the phenomenon from an external, philosophical position. It was later that I came to describe the process as a 'benign enquiry'. If we can begin by attempting only to make an accurate description of something, we can 'allow' an explanation for that phenomenon to develop unconsciously. This explanation will come into consciousness as a 'selected fact'; it feels like an 'ah' moment (Bion, 1962a, p. 72; Britton and Steiner, 1994).

In contrast, an approach which begins with a theoretical conviction will result in an overvalued idea, defined by Britton and Steiner thus: 'In the case of an overvalued idea, the integration is spurious and results from the facts being forced to fit an hypothesis or theory which the analyst needs for defensive purposes' (p. 1070).

The accident of starting from scratch in trying to design a treatment system for our residents allowed me to discover the system of benign enquiry, the need to make cooperative relationships with others in order to gather both conscious and unconscious information and the need to seek the whole story, i.e. to look for the beginning.

Shortly after I did the consultation training, I found myself invited to comment on the situation of residential social workers who were facing disciplinary action. It may be because, by now, I was in the habit of trying to understand the antecedent of presenting problems in my patients, that I found myself questioning the established approach to such cases. This was to attempt to describe what had happened so that a judgement could be made about culpability. Having noticed the way that individuals in my team, including me, were often pulled into beliefs, even behaviour, that we would not normally have espoused, and having discovered that this was a well-known psychoanalytic phenomenon called acting into the countertransference, I found that my attitude to these professionals facing an enquiry was a sense of, 'There, but for the grace of God, go I'. This provoked a wish to investigate how a responsible professional

could have acted in such an apparently unprofessional way. In other words, it made me look much earlier in the narrative. Since then, I have captured this approach in an axiom, always to look for the beginning of a phenomenon, not to start from where it is first observed.

Over time, I have come to recognise that curiosity, the thing I had lost in the panic of my first eighteen months as a leader, is central to the development and the maintenance of the mind. I discovered that Bion had given it equal status with the loving and hating drives and his schema, L (standing for love), H (standing for hate), and K (standing for the urge to know), provided a means to organise my thinking about the mind. I came to understand that K is essential to the process by which individuals, groups, and organisations can carry out their roles and functions and that, when K is working with L, we have a means to face reality: the means is a benign enquiry. Such an enquiry *always* requires a third position from which to view the interaction (between self and the object of enquiry) and this can be the result of an internal mental structure that I refer to in the book (following Britton) as three-dimensional thinking but that this is also and often crucially provided by seeking the help of others.

My understanding of the role of K in human development and in human intercourse has benefitted from the inspiration of great thinkers, and I've been very lucky to have met and learned directly from several of them. One of them, although mentioned in the book, does not get the amount of space that reflects his actual impact on my thinking. James Fisher was a friend and a colleague who recognised the important change that a K-drive, curiosity as a drive, along with love and hate (or life and death, as Freud put it), has for our understanding of the development of the conscious mind (2006). Our conversations remain an inspiration for me, and his sad death, a deep loss.

As a result of his help, I have discovered that allowing for the K-drive completely changes the quality and meaning of the description of the development of the conscious mind. I believe that this change is vitally important to our understanding of how human beings behave and interact, and this is one of the reasons for this book. The other reason is quite simply that people whom I have taught have been asking me to write these ideas down. So now I have.

The structure of the book is that the first three chapters focus on the development of the mind from birth to adulthood. Chapter One covers the first few months, Chapter Two is an attempt to describe the activities of the three drives in more theoretical terms, and Chapter Three completes the story from the perspective of the baby's development in a world of relationships.

Chapter Four describes a model for understanding how groups and organisations might function and why they mostly don't function.

Chapter Five addresses the ethical questions to do with therapeutic work based on a psychoanalytic approach. When I first became involved in working with colleagues who were being disciplined or complained about for alleged unprofessional conduct, I discovered that nobody seemed interested to wonder how a committed professional could have behaved in such a way. My investigations revealed that there was a complete denial of the emotional and psychological pressures on staff in these settings. What was ignored was the way that the unconscious dynamics acted to draw individuals into roles and emotional experiences that they assumed to be personal (i.e. there was no understanding that they might be subject to unconscious projection, for example). My own vivid memory of my experience of such processes, those terrible eighteen months at the start of my management career, helped me to achieve a different understanding about these people's behaviour. I could see that the person who was accused of stealing food that had been bought for the residents had lost the sense of a distinction between staff and resident and this was understandable when viewed in the context of the work. In this chapter, I address a common misconception, that 'boundaries' have the same meaning in psychoanalytic work as they do in medicine or the law. They don't. They are not fixed and impermeable, quite the contrary; they are the site of therapeutic work and, therefore, continually transgressed and challenged and undermined. Often this happens unconsciously and is why psychoanalytic work requires a structured 'third position', not just the capacity to create one in the imagination of the therapist.

Chapters Six and Seven show the way that the theories in this book are expressed in different applications. The first chapter is about therapeutic applications and I refer to the model I developed at the Youth Treatment Centre, which is now drawing the attention of young

offender institutions. I also talk about the principles of therapeutic work with individuals and then a specific section on working with patients described as having a borderline personality disorder. Chapter Seven is about work with organisations. I describe my approach to consulting to organisations and then I describe three other applications: a way of providing a combination of training and consultation that I developed at the Tavistock Clinic, called the short course intervention; a service that I developed from an idea about delivering psychoanalytically informed help to primary care services; and an approach to training mental health nurses that was developed in association with City University in London.

I have found myself drawn more and more into exploring the world of psychoanalytic organisations, the centres for training, registering, and supporting psychoanalysts. As a result, I was recruited to join a committee under the auspices of the European Psychoanalytical Federation which has been studying these institutions. Chapter Eight is a description of my understanding of the unique qualities of these organisations.

In 2015 my colleague and friend, David Morgan, started a project that he called 'Political Minds', in which he wanted to bring a psychoanalytic perspective to understanding politics and society. He invited me to contribute and my first talk, 'The impact of power on the mind of the politician', was delivered on 2 June that year. Since then I have made some radio broadcasts and have delivered many more such lectures, both in his Political Minds series at the British Psychoanalytical Society and around the world. I am very grateful to him for his leadership and for including me in this project. As a result, I wrote a chapter for his book, *The Unconscious in Social and Political Life* (2019). Chapter Nine represents further thoughts on this subject and refers to the significance of the H-drive, particularly in its negative presentation.

In Chapter Ten, I want to demonstrate that, although K is the drive that holds the others together, a healthy individual will only be so if he can operate under the dominance of the L drive, love. In order to demonstrate this, I use three of Shakespeare's plays: *Romeo and Juliet*, *Antony and Cleopatra*, and *Hamlet*. Hopefully the chapter speaks for itself.

Finally, it seems sensible to take note of the downside of having curiosity at the centre of our minds. I don't mean by this the expression of negative K (-K), which is simply absence of curiosity, disinterest; I mean the problem for our view of the world when our whole consciousness

is founded upon a requirement to explain to ourselves what is happening to us. This requirement, which is the activity of the K-drive from the beginning, leaves us with an expectation that there will always be a meaning. It makes us *expect* a meaning in the face of the direct realisation of our own existence, for example. In this final chapter, I explore the way in which this expectation leaves us vulnerable to the inculcation of beliefs that have no basis in observed fact but serve, instead, to provide a meaning, and relieve us of the anxiety that arises in the absence of meaning.

In every part of this book, in every idea, experience, or thought, I am expressing something that has been the result of an interaction with someone else, usually a deep intercourse. Often with many people. None of these ideas could have developed without that. Many of those people have been family, friends, colleagues, patients, and clients. For reasons of confidentiality, I can't name them all, but I believe that they know how much I am indebted to them. This intercourse is my muse, and my muse remains a constant inspiration and check on my omnipotence and narcissism, for which I'm very grateful.