Managing the risks of social disruption: what can we learn from the impact of social networking software?

Abstract

Social media enable individuals to link together to form networks. These networks can cut across the boundaries of existing organisations to disrupt their existing ways of working. Three case examples are used to explore what is put at risk by these forms of social disruption. While existing ways of working may be disrupted, new possibilities may also be created. The paper uses Freud's distinction between three kinds of identification to show how these disruptions may also evidence identifications of the third kind – identifications that give expression to new possibilities and new desires. The paper draws on a Lacanian understanding of how identification may be mediated by the effects of language. It argues that while identifications of the first two kinds may provide defences against anxiety, identifications of the third kind may provide support for creative responses to anxiety. The conclusion drawn is that in managing the risks of social disruption, individuals must work the relation between 'above' and 'below' the surface of their working relationships, but they must also work the relation between 'inside' and 'outside' the organisation with which they are identified.

Keywords: social media, disruption, identification, anxiety

Introduction

We have witnessed large scale social disruption associated with the effects of social media on the Arab 'spring', for example, in Tunisia (Allnutt 2011) or Egypt (Kravets 2011). We have witnessed social disruption at the intimate scale, for example, in children's progressive loss of reading habits (Barovick, Fitzpatrick et al. 2010), or in the ability of social media to track individuals' locations, including spying on spousal behaviour (Leake 2010). We have also experienced the impact of social media on advertising e.g. Google (Levy 2009), mass collaboration in open sourcing, Linux (Tapscott and Williams 2010) and grass-roots politics, or the US Tea Party (Thompson 2010). These are all social disruptions associated particularly with the uses of social media, but what can we learn from the impact of social media about how the risks of social disruption might be managed?

I am defining 'social media' as all forms of electronic communication enabling the creation and exchange of user-generated content between mobile and web-enabled devices, in which the exchanges are directly between individuals. Included as 'social media' are email, Twitter, Facebook, SMS (Short Message Service) texting, websites and all the other internet-enabled interactions between individuals.

Three examples of the impact of social media are used to address this question about the risks of social disruption at the different scales of the international, the local and

the individual. The paper uses these examples to explore the nature of the risks being created, and for whom they are risks. The risks of social disruption are understood in the domain of disrupted identifications, disruptions to the ways in which individuals' identifications are effective in organising their social world and defending against anxiety. The significance of social media is that they support networks that are inherently *heretical,* being based on individuals making personal choices about how they interact with other individuals in networks. In Figure 1, the interactions between individuals are represented as the forward-moving arrow representing an endless chaining of interactions between individuals. The retroactive arrow represents the après coup (Lacan 2006 [1966]) by which an individual makes sense of some part of this chaining.

a forward chaining of interactions between individuals
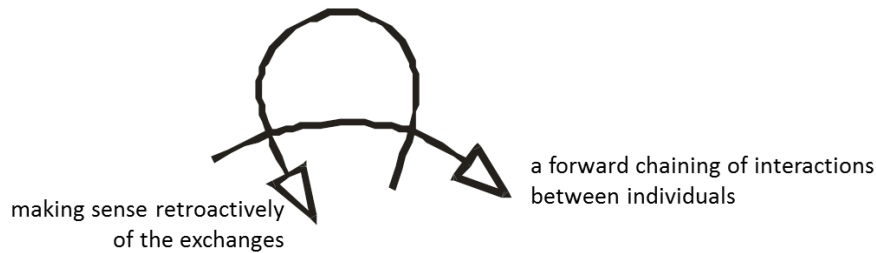
making sense retroactively of the exchanges

Figure 1: The interaction between the use of social media and making sense

The *heretical* quality of the networks supported by social media emerges from the fact that both the forward chaining and the retroactive sense-making are done at the level of the individual interactions, enabling these interactions to be disruptive of any previously-existing way of organising meaning. The conclusion is that to 'manage' the risks of social disruption from the perspective of any given organisation becomes a question of how the relation between the inside and outside of that organisation is managed, 'inside' understood both literally with respect to its physical boundary, and symbolically as the organization's 'authorized' way of sense-making.

The impact of social networking software

Rheumatology - the right care at the right time

The first example is from a blog by a rheumatologist (Boulton 2012):

> "Sarah, who is 24, has rheumatoid arthritis and has been under my care for the last three years. To attend my clinic, Sarah travels 34 miles by train, and often walks the three miles to the hospital as she is unable to afford the bus fare. In the last 12 months, I have seen her three times, once as the result of a flare of her rheumatoid arthritis. The other two visits were spent ensuring she was stable, in addition to talking about her family and pet dog.

> More recently I saw Catherine, a 60 year old lady with rheumatoid arthritis, who described to me her feelings of helplessness when her arthritis had flared several weeks previously. She rang the department only to be told that the next available appointment was three weeks later. I had no idea that she'd had to wait, and by that time her flare had settled. At the appointment, we discussed the need for her to contact me if she flares again.

> The issue of capacity to meet demand is a challenge for even the best healthcare organisations, and it is a problem that won't be going away in the foreseeable

future. There are many clinicians who advocate discharge back to primary care, and for some patients this is possible, but what about those patients who require ongoing specialist review?"

…

"If I am to help patients like Sarah and Catherine manage their disease more effectively, I need to support them to develop their skills to monitor it. I don't intend to see Sarah again unless she actually requests my review, but to achieve this I will require more feedback, not less. Using a telehealth service, Sarah replies to texts that ask about her levels of pain, stiffness and wellbeing – she is asked three times a week and her answers are charted. The feedback from the charts will reassure me she is stable and safe, and I can reassure Sarah more effectively that she is in control of her condition."

In this example, the social disruption was to a clinic organised around its appointment book. The clinic was entering into an interaction with the person within the context of their lives through the use of SMS texting, and tracking the person's condition. This enabled the clinic to align what it was doing to what the person needed, rather than reacting to a fixed schedule of appointments. The change was to give first priority to maximising the clinic's impact on the patient's condition, rather than to maximising the utilisation of its clinicians (Porter and Teisberg 2006).

UK National Health Service Orthotics – joined-up care

The second example is a national project undertaken for the UK Orthotics Clinics (Flynn and Boxer 2004). There had been a series of reports about how orthotics clinics were failing to deliver effective care to their patients. The project worked with six clinics, each one representing a different approach within a different National Health Service context. The first problem was that the clinics could not track a patient's condition through its life, as with the rheumatologist. The patient would turn up; the notes would be pulled from records, and while the orthotist would initiate an episode of care, s/he was unable to keep track of the patient's developing condition over the course of multiple episodes of care.

Technology was developed to enable orthotists to manage multiple episodes of care better. This led to a further challenge emerging, namely the ability of orthotists to interact with the other clinicians dealing with any given patient. The orthotist was dealing with chronic conditions that evolved over time, but the orthotist frequently did not have primary clinical responsibility, being second or third in a hierarchy of clinical accountability. Unless done informally, they were unable to enter into collaborative relationships with other clinicians both within hospitals and primary care, including allied health professionals.

Social media provided the means of doing this systematically. The solution was not to centralise and manage the relationships within an even larger silo, but rather to enable the clinics to network with each other as they needed using social media, allowing them dynamically to adapt clinical accountabilities to patients with whom they were dealing through email exchanges and the direct exchange of data relating to any given case. This depended on data platforms that, through enabling the clinician to track these exchanges in relation to an individual's treatment through multiple episodes of care, could support collaboration between clinics around the through-life management of the individual patient's condition (Cohen and Boxer 2010). Effective collaboration depended critically on

social media, which disrupted the specialist silos of clinical accountability within which the different clinical specialisms worked.

Kony 2012 – giving voice

The third example was about a video going viral on the internet (Invisible Children 2012). The maker of the video, Jason Russell, told the story of meeting a child who had escaped from the Lord's Resistance Army under the leadership of Joseph Kony. Jason had met this child, Jacob Acaye, and had made a promise that he would do something about the situation responsible for Jacob's and other abductees' suffering.

But what could Jason do? When he came back to the U.S.A., he tried to do something about it by speaking to his Congressman, but the Congressman said that nobody had heard of Joseph Kony, and nobody in his constituency cared about the fact that Kony was kidnapping kids and turning them into child soldiers in the middle of Africa. So Jason set about making this video and mobilising people to do something about it. The video went viral, and by October 2012 over 93 million people had seen it (Wikipedia 2012).

The social disruption here was to the previous *status quo* concerning the abduction of children and forcing them to become child soldiers. The campaign led to a United States Senate resolution, in turn contributing to the decision to send military advisers to Africa. Jason created the video as a social object. People could be mobilised around this social object, giving voice to the plight of the abductees and enabling common cause to be made in a way that could enable something to be done.

Who is managing whose risks in each case?

Social media link people together in ways that challenge existing organisations of vested interest. What were these existing organisations? In the Kony example, it was the then current view of the US Senate concerning what they should spend money on and what mattered politically. In the case of the orthotics clinics, it was disrupting the separation of budgets between the orthotics clinic and other clinics, including the separation of chronic healthcare from social care budgets. In the case of the rheumatology clinic, it was disrupting targets for how many people the clinic saw in the hours available, changing the basis on which the clinic was budgeted and its staff paid. At stake in each case were the needs of individuals not being met by the existing organisations of vested interest. What was put at risk in each case was an existing organisation.

Social networks represent a challenge to organisations. This challenge can be understood in terms of how an existing organisation balances the costs of taking action against the social costs of doing nothing about an unmet need. Taking action means the costs of disrupting and modifying existing ways of meeting needs, offset by the benefits of new ways of doing things both for the organisation and its customers/clients/patients. In the case of the orthotics clinics, the benefits of doing something were established to the satisfaction of the UK Treasury. A review of the report pointed out that, for every £1 spent on orthotics, £4 would be saved in later social care costs, because of its impact on individuals' longer term mobility (Hutton and Hurry 2009). The benefits of doing nothing meant costs continued to be carried by the individuals becoming progressively less mobile as a consequence, by social services, and by a higher incidence of hip replacements etcetera. Nothing was done at the time of the project because of the disruptive effects of the proposed changes on the budget allocation mechanisms. So the benefit that could have been achieved by realignment could not be achieved.

Of course, a lot is now being said about the limitations of existing approaches to funding healthcare, both in the UK (Singh and Ham 2006) and the USA (Porter and Teisberg 2006), but what makes these risks so difficult to manage?

Disrupted identifications – the Freudian insight

Consider the challenge facing an individual manager responsible for a clinic, and accepting the need to work through the consequences of such a disruption. She would be trying to take up her role with the organisation as currently defined while at the same time trying to reorganise it. Referring back to Figure 1, taking up a role implies accepting 'authorised' ways of retroactively making sense, associated with "the organisation as currently defined". In taking up her role, we can also assume that the role provides some support for her own sense of identity.

Freud defined three different kinds of identification in his work on group psychology (Freud 1921c). First came identifying with someone, in the sense of wanting to *be* them themselves ("I want to be you"). Second was identifying with someone in the sense of wanting to *have* that person's way of organizing the way they were ("I want to learn how to be like you"). Third came identification formed not by identifying with someone or someone's way of organizing, but rather with a situation that engendered a particular affective relation to themselves.

The first of these two forms of identification is distinguished by the primary processes contained by the individual's established 'perceptual identity'. Through this primary identification, the individual makes some sense of their experiences of pleasure and pain. The second form of identification is distinguished by the secondary processes associated with establishing a 'thought identity'. It is through this 'thought identity' that the individual's relationships are organized both to themselves as they identify themselves in the primary sense, as well as to the world (Freud 1900a). The following story used by Freud is useful in distinguishing the third form of identification (my emphasis added):

> "Supposing, for instance, that one of the girls in a boarding school has had a letter from someone with whom she is secretly in love which arouses her jealousy and that she reacts to with a fit of hysterics; then some of her friends who know about it will catch the fit, as we say, by mental infection. The mechanism is that of identification based upon *the possibility or desire of putting oneself in the same situation*." (Freud 1921c) p107.

The important thing about this third form of identification is that it is based on "the possibility or desire of putting oneself in the same situation".

Lacan distinguished the first two forms of identification as 'Imaginary' and 'Symbolic' identifications (Lacan 1988). 'Imaginary' identification meant identification in terms of the perceptual reality through which the individual encountered an image of himself or herself. 'Symbolic' identification meant identification mediated by the effects of a way of being in language. The individual could say something of who s/he was while always experiencing himself or herself as being more than that, his or her relationship to this 'more' nevertheless being sustained by his or her way of being in language. The single trait of which Freud spoke represented for the individual the symbolic identification that organized that individual's way of being (Lacan 1961). In Figure 2 below, this organization is represented as the individual's 'authorized' ways of sense-making.

Taking up this organization involves subordinating primary process to a way of being in language, resulting in a loss arising from the repression of the primary processes involved. Understanding this as a symbolic identification, in which an organization of signifiers stands in the place of the primary processes, makes it possible to speak of what is left out by that organization in the sense of repressed as not being relevant. In a given situation, however, there can also be that which is experienced as left out because it is in some way beyond or unknowable in terms of the individual's current primary or secondary identifications. In Figure 2, this is represented by the two lines that do not return (Lacan 2006 [1966]), experienced as two questions: where do I find myself in relation to this situation, and what is it about this situation that does not fit with my 'authorized' ways of sense-making?

Where do I find myself in relation to this situation?

What is it about this situation that doesn't fit with my 'authorized' ways of sense-making?

a forward chaining of interactions between individuals
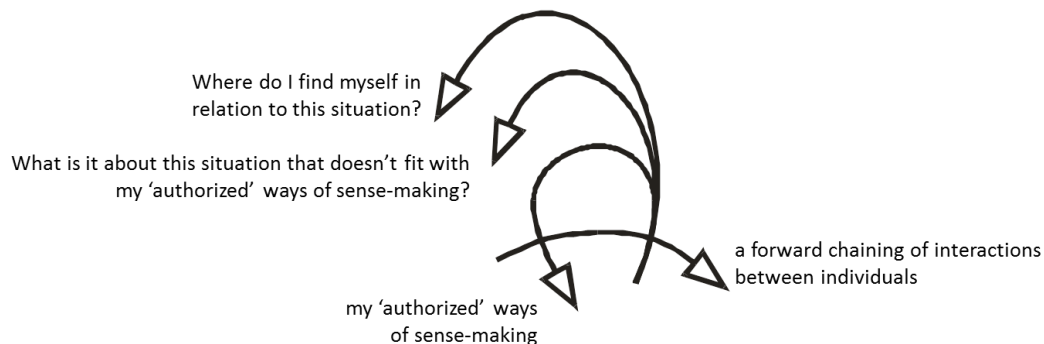
my 'authorized' ways of sense-making

Figure 2: the relation to what is lacking in a situation

These questions reflect a 'lack' that, to the extent that they do not engender overwhelming anxiety, constitute a relation to desire that can be realised in the situation, forming the basis of the third identification. This third identification is 'Real' in the sense that it appears as a relation to an impossible 'Real' constituted by the experience of a relation to lack that is structural to the individual's symbolic identification. The third identification is thus identification to something about the situation that supports that relation to lack. In these terms, this third identification is identification with that which represents a 'beyond' or impossibility for that individual's symbolic identification, in this sense giving it a heretical quality. Desire reflects what the individual wants, or rather finds wanting, in their way of being in language.

Given that the 'Real' is that which cannot be articulated within the 'Symbolic', the social object is that which represents this relation to 'lack' (Cetina 1997). In pursuing their desire through relating to the social object, the emergent affective networks enable the individual to pursue something of what they lack in their current way of being in language (Dean 2010). With the third form of identification, the individual takes up this relation to 'lack' through the way they form affective networks in pursuit of their desires.

The relation to the social object in the letter allows the individual to identify with the desired situation of the other (through experiencing jealousy of the other's relation to pleasure/pain engendered by their letter). The third identification enables the individual to make common cause with others in terms of that way of relating to the situation. A metaphor is useful here. The first identification is like the foundations of a house and the second is like the architecture of the house constructed on those foundations. The third is like deciding to modify the house by taking a brilliant idea from a dear friend seriously, knocking out a wall, extending a room, and moving the front entrance. You take your friend's idea seriously because you like her way of thinking. It represents what you experience as lacking in your current experience of the house, and by following the desire it

represents it enables you to change the house's architecture and disrupt the way you currently live in it.

Returning to the challenge facing the individual manager responsible for a clinic, the organisation of the clinic supporting the manager's identification is like the architecture of a house with its foundations. The disruption happens to the extent that the manager follows her desire for the well-being of the clinic's patients, identifies with the friend's idea, and changes the clinic's architecture.

Identification as defending against anxiety

The organisation of the clinic supports the manager's identification, enabling the manager to know what she is to expect of herself. The identification is a way of defending herself against the anxiety that would go with not knowing. The first and second identifications manifest themselves as the basic assumptions below the surface of the individual's working relationships, and the working relationships themselves, organized by a shared sense of purpose and outcome (Armstrong 2005). The basic assumptions are always there, the issue being the extent to which they are in support of or in conflict with the secondary processes appearing as ideals shared in working together (French and Simpson 2010). Primary processes subordinated to secondary processes form the 'warp and weft' of any social endeavor in which there is shared purpose and outcome, constituting for the individual an 'organization-in-the-mind' that reflects in some way the emotional experience of the endeavour itself (Armstrong 2005). These identifications make sense of the world while at the same time defending against anxiety (Menzies-Lyth 1988). So what happens when the 'warp and weft' are disrupted?

In the rheumatology and orthotics examples, the clinician's identification moves to being in relation to a social object defined by the patient's condition, in the case of the orthotists being shared with the other clinicians involved. With the Kony case, the viewer's identification is in relation to a social object in the form of a video defined by the unjust situation in which Joseph Kony continues to be free. The collaborations that emerge around the patient or the lobbying of the US Congress are affective networks, which can also defend against anxiety to the extent that they enable the individual to relate to what they want or find wanting.

Thus, one possible response to the disruption of the 'warp and weft' is to become overwhelmed by basic assumption activity associated with identifications of the first kind, in which work itself becomes secondary (Armstrong 2005). Another possibility in the face of threatened expulsion by the larger system is to surrender personal responsibility to its knowing better, hiding amongst crowds withdrawn from any kind of interpersonal working (Hopper 2003). Amongst social media, this may be 'being alone together' (Turkle 2011), for example, in multiplayer online role-playing games. This may also be what is happening with football crowds or political movements, but not necessarily, if there is engagement at the grass-roots level around social objects, for example, the game itself, or the doorstep encounter. If the disruption is not experienced as being too total, then the third identification becomes a way to work with the anxiety by re-situating it, using anxiety as a guide (Boxer 2004). The affective networks enable the individual to develop new ways of making sense and making choices. Rather than demolishing the house, the individual finds ways of modifying and extending it to include new possibilities.

Social networking as supporting identification of the third kind

The Kony example is of a large scale social network forming around the video as a social object, and based on a shared affective response to the issues raised by the video. Smaller scale networks emerge through individuals being tagged in a photograph so that a number of them can remember a party. Whatever the scale of the network, however, the social objects that pop up in the social media world enable individuals to share fellow-feeling, providing the objects around which affective networks can gravitate and link. We may trivialise the common causes that emerge amongst people, for example, wanting to follow what my friend is doing backpacking around Australia, but emergent common causes can also lead to people making real alliances around issues of real concern, mobilising in ways that cut across any organisational boundary.

Of course, social media are not a new thing. They had their parallel at the time of Gutenberg's printing revolution in the 15th and 16th centuries. The printing press created social objects that supported affective networks that were heretical. These networks started a process that led to the Enlightenment and the complete transformation of the universities from being instruments of Roman Catholic policy in Europe to something else (Shillingsburg 2006). The word 'heretic' comes from the Greek and means 'the ability to choose'. The point of the Roman Catholic Church's Inquisition was to manage the risks of social disruption by persuading individuals to profess the Church's truths. For example, all that mattered was persuading Galileo to say that the Church was right and that he was wrong, regardless of what he thought. Understood in this way, the affective networks made possible by social media are heretical because of the way they enable this choosing (Boxer 2011).

Social media, therefore, change the balance between the three forms of identification. They move us away from a corporate world based on the first two identifications, a world we remember nostalgically as a world in which we knew who we worked for and had jobs for life. They present us with ever increasing opportunities to choose, but choices nevertheless that present us with risks (Beck 1992).

Conclusions about what can be learned

"Discussion of the subject of relating is a much easier exercise for analysts than is the discussion of usage, since relating may be examined as a phenomenon of the subject, and psychoanalysis always likes to be able to eliminate all factors that are environmental, except in so far as the environment can be thought of in terms of projective mechanisms. But in examining usage there is no escape: the analyst must take into account the nature of the object, not as a projection, but as a thing in itself." (Winnicott 1969)

The analyst is used to dealing with how individuals relate to each other, but not to the contexts or situations in which they do their relating to each other. The analyst is familiar with taking into account the nature of the individual's relation to the primary object, organised by identifications of the first and second kind. The analyst is used to working below the surface with primary object relations (Huffington, Armstrong et al. 2004). The analyst is not so used to dealing with the thing-in-itself – for example the reality of the patients or abductees in the three cases.

The object, as a thing-in-itself rather than as a projection, opens up a different boundary. This is not the boundary between an above and a below. Rather it is a boundary between an 'inside' of the organisation's or individual's space and its 'outside'. What is 'inside' is defined by the organizing effects of the first and second identifications, while the disrupting effects arise from the dynamic impact of what is going on 'outside'. The risks of disruption arise from managing how we adapt and allow our identities to be moved by this 'outside' – through the linkages we make to others. Managing these risks depends on the ways in which we are able to question our own ways of making sense. This questioning depends upon being able to work reflexively in the way we take up identifications of the third kind (Boxer and Eigen 2005).

A way of thinking about this is in terms of a doubling of the double task. The double task of an individual in a role is both working on his or her task in relation to the task environment while also managing his or her own working process (Bridger 1990) – working the relation between 'above' and 'below' the surface. The doubling of this may be thought of as a double challenge (Boxer 2008), both working within the existing system of governance, while also questioning the value of how that work interacts with its larger environment – working the relation between 'inside' and 'outside'.

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