

## Abstract

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There are few studies concerning the role of an organisational consultant and the consultative intervention in organisations. Further, there is only limited research about anxiety from an organisational perspective. Organisations as phenomenon has been studied from different perspectives. *The aim* of this thesis was to:

- Understand and describe what happened in meetings between the consultant and the organisation.
- Understand how anxiety in organisations was expressed and coped with.
- Highlight and understand the conceptions of organisation member's in relation to their experience of different organisational phenomena such as leadership, interaction, group processes, autonomy at work etc.
- Understand the role of the organisational consultant and the consultative intervention in organisations.

The thesis was based on qualitative empirical data collected in two Swedish companies.

*The main result* indicate that the actor's conceptions of organisational phenomena are asymmetric. This caused an escalating anxiety in the organisations which was especially noticeable when studying the interaction between the actors. The actor's need of a deeper interaction was ignored by the leaders who took a position of distance. This attitude escalated the anxiety among the employees. Both leaders and group members found their own strategies to cope with their anxiety. In *case one* anxiety was revealed as a force and motivator to create development in the organisation whilst in *case two* anxiety to the contrary created a *blocking*. The consultant played the role of *anxiety reducer* and *temporary leader*.

*The main conclusions* are:

*Asymmetry* concerning conceptions of organisation causes anxiety. The asymmetry was due to insufficient interaction between leaders and employees. I term it *the unfinished talk*. When the asymmetry was to large it arouse anxiety. Leaders ended in distancing themselves from problems concerning relations in order to avoid anxiety. By doing so, they used strategies of manipulating and control in order to reduce their own anxiety. Groups displayed a sense of *ambivalence* by demanding in that they demanded both to be autonomous whilst at the same time demanded leadership and support. Both *positive anxiety* as a driving force, and negative or *blocking anxiety* were observed in the both case studies. This can be seen as an expression of the need to learn and develop: this was a need which was not satisfied. The consultant played the roles of both *reducer of anxiety* and the role of *temporary leader*, notwithstanding the anticipated role as a pure adviser.

**Key words:** anxiety, consultant roles, consultative intervention, group dynamic, conceptions of organisation, interaction, leadership.

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