# Betraying the citizen: social defences against innovation

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## Abstract

"Affordable healthcare is a right of each citizen, not a privilege for those who can afford it." The quote refers to the intent behind President Obama's 2010 signature legislation, the Affordable Care Act (ACA). The struggle by the US Congress in 2013, which included the temporary shutting down of Federal Government, was part of an attempt by some Republicans to de-fund the ACA. It came as a surprise, therefore, to see the Government's launch of the ACA website fail spectacularly, for with such a failure to innovate by Government, the citizen still pays as a taxpayer for the failure, making such failures a betrayal of the citizen's trust in Government.

Government departments, like competing enterprises, work in silos, each one trying to defend itself against competing silos in order to secure the best possible future for itself. The market assumption is that if one such silo goes bankrupt because of a failure to innovate, the impact on the wider environment may be ignored. This is not the case where there are systemic interdependencies between the silos, however, as with healthcare. How, then, can the government be expected not to betray the citizen's trust when faced with such a complex innovation?

The paper uses the case to consider the difference between social defences against anxiety and social defences against innovation, proposing that it was the latter that led to the spectacular failure. The paper's conclusions are on the implications of this difference for working with organisations needing to innovate to survive.

# Introduction

"Affordable healthcare is a right of each citizen, not a privilege for those who can afford it." This paper explores unconscious dynamics enabling such grand intentions to fail to be translated into effective action. The quote refers to the intent behind President Obama's signature legislation, the Affordable Care Act (ACA), signed into law in 2010. The struggle by the US Congress in the summer of 2013, which included the temporary shutting down of Federal Government, was part of an attempt by some Republicans to remove the funding from the ACA. Given that the Government was facing such high stakes, it came as a surprise, therefore, to see the launch of the ACA website fail spectacularly. It was through the Federal website that affordable healthcare was to be made available to Americans in 36 of the 50 United States of America. The failure was a betrayal of the citizen's trust in government, not only because of the failure of the website, but also because of the additional costs incurred in eventually making it succeed, costs that also fell on the citizen.

The ACA represented an innovation in the way healthcare was to be provided in the USA. The ACA website had been designed to provide choices for each citizen one-by-one, based on their individual circumstances[1]. The failure, which was some eventually blamed on the President's poor leadership (Hirschhorn 2013), eroded the citizen's trust in government's ability to be effective in making such innovations. Yet such failures are frequent occurrences, 94% of large federal IT projects in the USA being unsuccessful, with over 40% failing altogether (Thibodeau 2013). Neither is this level of failure unique to the USA, similar problems arising in the UK (Naughton 2013). My interest, therefore, is to consider the unconscious basis of the failure to foster the innovation needed to make the website work. The paper will conclude that this failure arose because it demanded a change in the nature of the libidinal investment in work of the administration's management.

The story of this failure is of interest because it has the narrative structure of a tragedy. It is true that the ACA website was made to work eventually, but not before a lot of people had been publicly pilloried, resigned and/or moved elsewhere. Understood as a tragedy, it becomes possible to consider what got ignored by whom that led to the website's initial demise. Psychoanalytic understanding enables us to consider the unconscious basis of this ignoring, an ignoring that will be described in terms of social defences against anxiety that serve as defences against innovation[2].

The story of how the President was let down by his administration is also a story about the failure of the President's leadership of government. The President failed to meet the citizen's expectation that a government should relate to the citizen in a way that is particular to each one's situation and circumstances and not just to an average. A deeper understanding of the extent of the change demanded of the libidinal investment in work of the administration's management will reveal, however, the magnitude and scale of the challenge that needed to be met.

The story parallels my own experience as a person who has worked for much of my life as a systems engineer and a strategy consultant, puzzled by the way systems are used and abused by structures of power and authority. This puzzlement reflects my early experiences in my family as the youngest child of parents who both carried the effects of exile through their lives and for whom the tension between social defences and innovation was a running theme both at home and at work. In a sense both my parents felt betrayed by those around them, as did I, suffering the anxiety-provoking experience of being simultaneously familiar and foreign – the experience of the uncanny (Freud 1955[1919]). Understanding the entanglement of the personal and the systemic in a way that could enable both to be worked with proved to be a more difficult challenge than I expected.

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[1] For a consideration of the impact of this 'one-by-one' approach, see Boxer, P. J. (2014). "Leading Organisations Without Boundaries: 'Quantum' Organisation and the Work of Making Meaning." Organizational and Social Dynamics **14**(1): 130-153.

[2] For more on the theoretical basis behind this distinction between defences against anxiety serving as defences against innovation, see Boxer, P. J. (2014b). Defences against innovation: the conservation of vagueness. Defences Against Anxiety: Explorations in a Paradigm. D. Armstrong and M. Rustin. London, Karnac.

# Background

In the case of the ACA website, the service as a whole involved 55 contractors linking the website across 36 states with 170 insurance carriers and numerous Federal systems, including Social Security, Veterans Administration and the Internal Revenue Service. End-to-end testing of the website did not start until 2 weeks before its launch. The contractors were blaming each other for the failure at the subsequent Congressional hearing. The Federal Agency with overall responsibility for the website acknowledged that they had not appointed anyone to oversee the integration of the website as a whole. No consideration was given to how systems would interact with each other within the context of citizens' actual use of it; the contractors were each operating within separate silo'd compartments, and in the approach to 'going live' it was as if the performance of the whole would follow naturally from perfectly implementing designs of its parts.

Competing enterprises work in silos like this, each one trying to defend itself against losing out to its competitors in order to secure the best possible future for itself and its employees. If one such enterprise goes bankrupt because of a failure to innovate, the impact on its wider environment may be ignored by the rest of us. Government innovations like this cannot operate within silos, however, and the impact of their failure cannot be ignored. The contested purposes of public organisations are not like the sovereign purposes of private organisations (Hoggett 2006). The voting citizen both fails to get the service and pays (as a taxpayer) for the failure. Given that this kind of failure is not a one-off but a repeating kind of failure in the public sector, what is it, therefore, that keeps such systemic innovations being approached in this way, given their obviously different nature (Mulgan and Leadbeater 2013)?

A 'systems thinking' approach places early emphasis on design in order to reduce risk, reducing the time spent in integration and testing as well as reducing the overall cost of a project (Piette 2014). A closer look at reducing risk for the acquisition of interoperating systems[3] reveals a number of obstacles (Meyers, Alberts et al. 2007):

- a failure to understand how the relations between various aspects of interoperability between the constituent systems of a system-of-systems influence acquisition in a system-of-systems context;
- not understanding the importance of sharing relevant information between the 'owners' of the different constituent systems of a system-of-systems in performing acquisition-related activities, in order to enable collective behaviour to successfully deliver system-of-systems interoperability; and
- the inappropriate use of centralized management with hierarchical organizational structures, resulting in centralised "system-centric" thinking versus distributed "system-of-systems" thinking in all aspects of acquisition, development, fielding, sustainment, and operation

Despite the existence of this kind of learning, therefore, close examination of the failure of large-scale government innovations reveals that best practices for their acquisition and deployment are ignored, resulting in a 94% chance of failure or delay that costs taxpayers billions of dollars (Johnson and Reed 2013). The failure of the ACA website was not an isolated occurrence, therefore, but part of a pattern. In the following sections I explore why there should be this pattern.

In order to do this, I start with the story of the failure, telling it in a way that emphasises its plot structure in order to begin to surface an unconscious dynamic.

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[3] Inter-operability refers to "the ability of making systems and organizations to work together (inter-operate). While the term was initially defined for information technology or systems engineering services to allow for information exchange, a more broad definition takes into account social, political, and organizational factors that impact system to system performance. See http://en.wikipedia.org/wiki/Interoperability

## The Story

The plot structure of Snow White seems an appropriate template for this story. Its outline, taken from chapter 11 on Rebirth in 'The Seven Basic Plots' (Booker 2004), is as follows:

> "A king and queen have a baby daughter… shortly after her birth, a terrible shadow falls over her when the little Princess's loving mother dies, and is replaced by the vain and heartless stepmother, the chief dark figure of the story. Her overriding obsession is to get rid of Snow White, as the challenge to her own supremacy as the chief feminine figure in the kingdom, and she orders that Snow White should be taken out into the forest and killed. Only in the nick of time is the heroine given a partial reprieve, when the huntsman who has been ordered to kill her merely abandons her.

> The second stage begins when she finds her way to the mysterious cottage inhabited by the seven dwarfs, who spend their days digging out treasure from caves deep in the mountains, and here Snow White settles down happily to a new life as 'little mother' to the dwarfs. But eventually the dark shadow from the outer world again falls over her, when the wicked stepmother discovers Snow White's remote place of concealment and comes three times in disguise to offer her poisoned gifts. Each time in trusting ignorance Snow White succumbs to the temptation (her naivety and limited awareness make her an unwitting party to her downfall), and each time she sinks into the state of living death. On the first two occasions the dwarfs are able to bring her back to life, but on the third - when Snow White chokes on the poisoned apple — their powers are no longer sufficient to save her. They assume she is dead, and place her on a mountaintop in a glass coffin.

> The third and final stage of the story takes place only when many years have elapsed, when a prince arrives from a far-off land, sees the heroine in her state of suspended animation and falls in love with her. He orders that she should be taken down the mountain. As she is carried down, the apple is dislodged. Snow White awakens from her living death, falls in love with the perfect hero who has released her and they are married." (Booker 2004) p194

In what follows, I will separate out these three stages of the story but place particular emphasis on the crises that mark the transitions between each stage. This defines five parts to the story in total, the quotes at the beginning of each part summarising its structural role within the plot structure as a whole (Booker 2004) p204. These five parts will then be picked up in the next section and considered in psychoanalytic terms as the subject's progressive relation to five partial drive objects (Lacan 2014[2004]). The form taken by these partial drive objects with respect to each other reflect the particular way the subject – in this case managers within the public administration – support their self-identification. The paper will argue that the repeating failure is a failure to get past the current phantasy informing public administration.

For the purposes of our story, the baby daughter is the ACA born of President Obama and a Congress dominated by the Democrats. Conceived in 2009, the hope for the ACA was that she would eventually grow up to be affordable healthcare for each citizen within a kingdom defined by the 50 United States of America.

## First stage

1: Anticipation - A young heroine falls under the shadow of the dark power.

Shortly after the ACA's difficult birth in December 2010, a terrible shadow fell over her when her mother, a Congress dominated by the Democrats, was replaced at the beginning of 2011 by one in which its House of Representatives became dominated by the Republican Party under the influence of the Tea Party, committed to its repeal as a federal takeover of and socialist approach to healthcare (Siddiqui and Stein 2014). A main purpose of the Republican-led House of Representatives, cast in the role of the stepmother, became to get rid of the ACA by de-funding it if not outright repealing it. The Republican-controlled House therefore blocked funds for the ACA and more than 30 states refused to set up their own healthcare exchanges, thus simultaneously increasing the scale and complexity of the federal task.

### First crisis

> 2: Dream - For a while, all may seem to go reasonable well, the threat may even seem to have receded.

The main contract for enabling the ACA to grow up was issued in December 2011, based on the concept of an online Shopping Mall in which citizens could comparison-shop among competing plans offered by Federally-facilitated Marketplaces (FFMs) (Gillum and Pace 2013).  The guidance on FFMs was issued in May 2012, but in order to avoid giving ammunition to Republicans in the elections, the administration put off issuing several major rules concerning the FFMs until November 2012 (Pear, LaFraniere et al. 2013), guidance describing the approach to joining these together through a Data Services Hub not being released until May 2013, after President Obama had been re-elected.   The threat to the ACA was still there, given that the House of Representatives had remained dominated by the Republicans, but it appeared to have receded. To the informed outsider, it was already clear that this approach was not going to be sufficient (Cutler 2010).  Sleepwalking into difficulty might be another way of describing the behaviour of the administration.

## Second Stage

> 3: Frustration - But eventually it approaches again in full force, until the heroine is seen imprisoned in the state of living death.

By the middle of 2013, the ACA was living amongst 55 contractors implementing separately designed databases and pieces of software with a launch date of October 1$^{st}$ 2013.  The contractors were frustrated because the administration was still proving slow to issue orders for fixing flaws and had no explicit focus on integration (LaFraniere, Austen et al. 2013).  This was to implement a website supported by a Data Services Hub that had to connect citizens to 170 insurance carriers spanning 36 states and numerous Federal Systems. These were inter-operating systems by anyone's criteria.

The administration was nevertheless frustrated with the contractors' excuses for missed deadlines, while the contractors saw the administration as naively enamoured by an unrealistic goal (Lipton, Austen et al. 2013). Later Congressional hearings revealed the extent to which the administration, while knowing that there were problems looming in July 2013, was still telling Congress under oath that all would be well by October 1$^{st}$ (Lipton 2013). The ACA was still imprisoned within a set of false assumptions about what would be necessary for it to come of age.

### Second crisis

> 4: Nightmare - This continues for a long time, when it seems that the dark power has completely triumphed.

In September 2013, the attempts by the Republican-led House of Representatives to de-fund the ACA fulminated into an October shut-down of the administration for 16 days (Weisman and Parker 2013).  This shut-down coincided with the launch of the ACA website, which, within three weeks of its launch, had been visited by nearly 20 million citizens of whom only about 500,000 had completed applications and an even smaller subset had obtained coverage (Johnson and Reed 2013).

In late September the website had failed a test of only 500 simulated users.  By mid-October the system was down more than half the time and vital components had still not been secured, and the architecture of the system that interacted with the Data Services Hub was judged to be so poorly configured that it needed to be redesigned (Lipton, Austen et al. 2013).  The ACA was in the midst of a nightmare in which the costs had already ballooned to nearly four times the original contract and it was no longer clear that the ACA could survive a failed enrolment process (Pear 2013).

## Third Stage

> 5: Miracle - But finally comes the miraculous redemption by the hero.

On October 22$^{nd}$, President Obama appointed Jeffrey Zients to provide advice to help fix the website and its supporting systems.  At the same time the administration announced that it was also bringing

in more experts from government and industry, including top Silicon Valley companies (Gillum and Pace 2013b). By that Friday, the appointment of a general contractor had been approved by Zients to oversee changes and manage the overall effort (Pear and LaFraniere 2013b). Redemption was at hand!

By April 2014 there had been a miraculous recovery, with more than seven million citizens signed up for health insurance. President Obama's Chief of Staff stood up with Zients and other members of the administration to claim success for the ACA and to declare that their biggest mistake had been to worry about the wrong thing – that not enough insurance companies would participate in the health marketplaces making premium prices too high (Shear 2014).

The power of the Rebirth story "lies in the contrast between the condition of the heroine when we see her frozen in her isolated, imprisoned state and the moment when the liberation begins, as we see her being released from the dark power's icy grip" (Booker 2004) p204. In the next section I consider why it makes sense to understand this 'icy grip' in terms of a social defence against innovation, and why it nearly led to the death of the ACA.

## Understanding the 'icy grip'

Looked at through the eyes of President Obama and the White House, this is a story of redemption. Looked at through the eyes of the administration, however, it is a story of a refusal to recognise its own limitations in its ability to implement the ACA. These limitations had been pointed out to the White House in May 2010, but the venomous political environment was such that it proved impossible for the White House to give them its full attention until the failure of the website in October 2013 (Goldstein and Eilperin 2013). The failure by the White House to engage with these limitations may be accounted for by its engagement in a moral crusade for the good of the citizen in the face of intransigent Republican opposition (Hirschhorn 2013). But this does not account for why the administration refused to grasp the technical nature of the task it faced. To do this, we need to look more closely at the part their decision-making played within the overall story.

### On the nature of the refusal

Looking at the administration's part within the overall story, the successive stages and crises can be understood as successive moments in a process of institutional learning about the full nature of the challenge it faced (Boxer 2014c). These successive moments are not here understood as cognitive stages of learning, but rather as distinct ways in which the institution anticipates certainty *aka* plans in relation to the unfolding situation. These subjective moments, corresponding to three moments in the way certitude is anticipated (Lacan 2006[1966]f), are separated by two crises in which the previous moment fails. This enables the administration's refusal to be reframed as a refusal to recognise the second crisis – until actual events took the matter out of its hands:

1. **First stage (anticipation)**: as that part of the administration responsible for implementing government policy with respect to healthcare, it obviously fell to the Department of Health and Human Services (HSS) to implement the ACA. "*Accepting the stated problem/challenge and hoping that the existing approach will work*" (Boxer 2014c).

2. **First crisis (dream)**: The HHS realised that it did not have the capabilities it needed available to it, brought in contractors and issued guidance to them on the basis of how they thought the ACA should be implemented. "*Realising that the existing approach will not work on its own*" (Boxer 2014c).

3. **Second Stage (frustration)**: The HHS, working with its contractors and the Centres for Medicare and Medicaid Services (CMS), set about implementing the reforms, in the process running up against increasing difficulties blamed on the contractors. "*Getting to grips with the details of the particular situation and adapting the approach to try to make it work (Boxer 2014c).*

4. **Second Crisis (nightmare):** The launch of the website is a failure, the approach evidently failing to work even though the administration continued to protest that it would be fixed. *"Realising that there is a fundamental limitation to the way the approach can be made to work"* (Boxer 2014c).
5. **Third Stage (miracle):** The White House intervenes, bringing in new resources and a different approach that rescues the situation and gets the ACA back on track. *"The persons involved put themselves 'on the line' in some way in order to act from something new that has the possibility of addressing the gap that has emerged"* (Boxer 2014c).

The resignations from the leadership of both HHS and CMS reflected the fact that the administration was eventually forced to recognise its culpability over the failure of the website. But the override by the White House meant that the institutional learning about what was lacking in the approach of HHS and CMS was taken out of the administration's hands.

The ACA was rescued by the heroic intervention of outside experts, but so too was the White House. We may therefore ask why it was that President Obama appeared to have a valency for the administration's approach such that he too was in the hands of an icy grip within a parallel process that prevented him from acting sooner. First, however, we will consider the administration's failure.

## On the nature of the failure

In retrospect, the focus of HHS and CMS had been on setting up the FFMs (Shear 2014), not on "reforming the delivery system to support higher quality, lower cost care" and not on the ACA website (Cutler 2010). To create the ACA website required unprecedented levels of interoperation between multiple systems that could be dynamically aligned to each individual citizen's situation one-by-one. This focus on dynamically aligning systems to citizens one-by-one within a complex environment would have involved a very different approach to innovation, driven from the edge and supported by agile infrastructures (Boxer 2014). It would have had to be part of a long-term focus on reforming the delivery system, involving knowing what kind of system it was influencing and what kinds of change strategy would work given the balance between knowledge and power (Mulgan and Leadbeater 2013):



Figure 1: The balance between knowledge and power affecting innovation strategies

The approach actually taken by the HHS and CMS failed at both levels, in terms of figure 1 pursuing a control strategy *as if* it had the power and knowledge to deliver the ACA. Its failure to recognise the naivety of its approach in the face of the actual challenges it faced thus fitted well with Snow White's naïve grasp of the true extent of the threat she faced. The 'icy grip' was to remain stuck within this naïve grasp, unable to recognise its limitations and the corresponding nature of the second crisis. Like Snow White, the administration was content just to keep house.

Understanding this 'icy grip' in terms of the psychoanalytic concept of libidinal investment (Stavrakakis 2007) enables us to understand something of what was at stake for HHS and CMS.

Approached in this way, we can understand something of what is demanded of the leadership that is needed for the 'icy grip' to be overcome. We can then return to consider the nature of President Obama's valency that could have held him in a parallel process. First, however, what is it about the administration's self-identification that is served by the 'icy grip'?

## The threat of giving precedence to 'horizontal' linkages

In retrospect, there was a need for the administration to give precedence to supporting the 'horizontal' linkages associated with establishing interoperability over the 'vertical' linkages maintaining accountability (Boxer 2014b). No priority was given to managing these 'horizontal' linkages until imposed externally, authorised by a crisis.

Such priority is needed for it to be possible to organise responses to citizens one-by-one, and involves being able to sustain a balanced focus on the all four quadrants below (Boxer 2014):
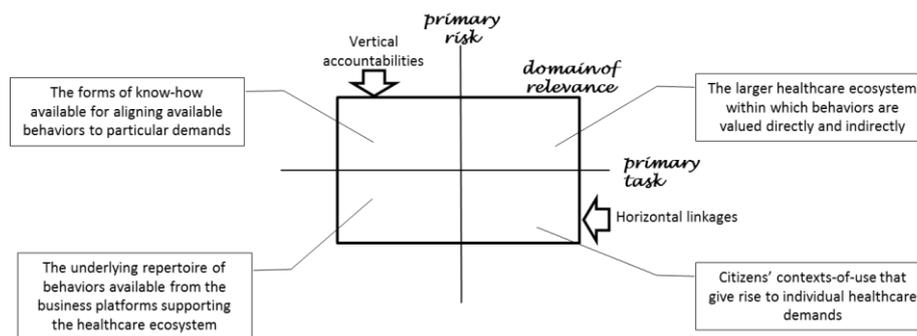


**Figure 2: The four quadrants involved in responding to citizens one-by-one within the healthcare ecosystem**

Sustaining such a balanced focus depends on the administration being able to sustain a balance between five dilemmas underlying its self-identification. These dilemmas form a sequence, the holding of each dilemma in the sequence uncovering a subsequent dilemma (Boxer 1999). This sequence is experienced as a succession of subjective moments corresponds to the successive moments in the archetypal plot structure of tragedy. The italics comment in each case is written from the perspective of the administration's experience of subjective moments.

1. **Primary task**: It is the job of the HSS given its role within the administration to manage top-down the bottom-up operational details of healthcare provision on behalf of government. *Hopefully our existing expertise will enable us to deliver this (anticipation).*

2. **Primary risk**: Given the requirement for delivering the ACA, HHS doesn't have the capabilities within itself to do this, and must source them contractually from other organisations subject to its oversight. *We don't have the expertise in-house, but we can set up supply contracts that will fix this so that we remain in overall planning control (dream).*

3. **Domain of relevance**: HHS, in dialogue with its contractors, will develop plans for how the ACA requirement will be developed and delivered. *Our planning process will establish how this should be done, even if we get some push-back from the contractors wanting to do things differently (frustration).*

4. **Vertical accountabilities**: With these plans in place, HHS will hold the contractors accountable for the delivery of its plans. *It is becoming more and more difficult to believe that we can make this plan work, even though we are pouring in a lot of additional resources (nightmare).*

5. **Horizontal linkages**: The realisation of these plans will come up against the actual situations and contexts in which they are expected to deliver results, leading to gaps and challenges

that will have to be dealt with. *Only if the whole approach adopted by HHS is changed will it become possible to deliver the result expected (miracle).*

**Table 1: The link between the 'four quadrants' and the types of subjective moment/plot structure**

| Four quadrants | Subjective moments | Dilemma |
|---|---|---|
| **Primary task**<br>Federally-facilitated markets will need to be set up | 1st moment: anticipation<br>*Hoping that the existing approach will work* | top-down management *versus* bottom-up operational expertise |
| **Primary risk**<br>Manage limitations by contracting in expertise. | 1st crisis: dream<br>*Realising that the existing approach will not work on its own* | what the organisation wants to do for its customers *versus* what the customers want it to do for them |
| **Domain of relevance**<br>Establish a planning approach that will deliver the result needed | 2nd moment: frustration<br>*Adapting the approach to try to make it work* | espoused approach of how things should work *versus* theory-in-use of how things actually work |
| **Vertical accountabilities**<br>Try to enforce compliance to the planned approach | 2nd crisis: nightmare<br>*Realising that there is a fundamental limitation* | planning approach *versus* responding to emergent realities |
| **Horizontal linkages**<br>The actual situation on the ground has to drive what happens | 3rd moment: miracle<br>*Someone has to bed prepared to put themselves 'on the line'* | affiliation to a pre-existing approach *versus* alliance around a shared recognition of the gap |

The nightmare second crisis comes, therefore, from the reluctance of HHS/CMS to accept the fundamental limitations of its own approach, given that such acceptance necessarily challenges its own sovereign authority as an agency of government. Suppressing consideration of the horizontal linkages enables it to ignore these challenges. This prevents the cross-boundary dilemmas being addressed, limiting the scope of the leadership task (Eigen and Boxer 2009), but in so doing it removes the right-hand two quadrants in figure 2 from day-to-day consideration.

Viewed in this light, it now becomes possible to explore the unconscious dynamics underlying this suppression of challenge to sovereign authority.


## On different kinds of libidinal investment

What appears to be at stake is a libidinal investment in the way the behaviours of the administration are expected to support its self-identification. This libidinal investment framed the way reasoning took place and showed some movement as the story unfolded before appearing to reach a limit.

Libidinal investment understood in this way is not only about the unconscious relation to what can be repeated in the experience of managers within the administration. It is also about what is lost, or rather cannot be re-found (Freud 1961[1925]) p235-236. Referred to in the following as a relation to Das Ding, this relation to what-cannot-be-re-found anchors libidinal investment:

> "Das Ding is that which I will call the beyond-of-the-signified. It is a function of this beyond-of-the-signified, and of an emotional relationship to it, that the subject keeps its distance and is constituted in a kind of relationship characterised by primary affect, prior to any repression… It is then in relation to Das Ding that the first orientation, the first choice, the first seat of subjective orientation takes place"(Lacan 1992 [1959-1960]) p54

This 'seat of subjective orientation' takes five different forms, depending what kind of 'losing' is at stake (Lacan 2014[2004]). Using the traditional signifiers for these different forms of lost object, three relate to the subject's experienced elaboration of identity (oral, phallic, voice) and two relate to the subject's experience of limitation to this elaboration (anal, gaze). These five partial objects

provide the unconscious basis of the five dilemmas underlying the five moments of subjective experience:

**Table 2: Translating the five dilemmas/moments in terms of their underpinning forms of libidinal investment**

| Subjective moment | Four quadrants dilemma | Kind of 'losing' |
|---|---|---|
| 1st moment: anticipation | Primary task: top-down management *versus* bottom-up operational expertise | Part of how I work/not part of how I work (oral) |
| 1st crisis: dream | Primary risk: what the organisation wants to do for its customers *versus* what the customers want it to do for them | How I maintain the boundary between me and not-me (anal) |
| 2nd moment: frustration | Domain of relevance: espoused approach of how things should work *versus* theory-in-use of how things actually work | Part of how I articulate my thinking/not part of how I articulate my thinking (phallic) |
| 2nd crisis: nightmare | Vertical accountabilities: planning approach *versus* responding to emergent realities | How I maintain a sense of my own sovereign identity in relation to others (gaze) |
| 3rd moment: miracle | Horizontal linkages: affiliation to a pre-existing approach *versus* alliance around a shared recognition of the gap | Part of how I understand who 'I' am/not part of how I understand who 'I' am (voice) |

Each movement from one moment to the next involves disrupting previous investments. Read in this way, therefore, the libidinal investment that was being protected by refusing to go past the second crisis was the investment of HHS/CMS in a particular way of understanding its role as an agency within the administration i.e. by staying in relation to a way of being seen to follow 'the way things are done around here'. Staying within this way of being seen, within a gaze, is the 'icy grip' that leads to an inability to innovate outside its purview.

Being seen by the gaze is a way of being seen that reflected for HHS/CMS 'its familiar ways of doing things'. The challenge of engineering interoperability between systems in such a way that it becomes possible to respond to citizens one-by-one introduces a flaw into this familiar way, rendering foreign the once familiar (Boxer 2014). In the place of familiar managerial practices, the unfamiliar must be given a voice if there is to be innovation that is true to a desire concerned (in this case) with the health of the citizen. Not to give voice to the unfamiliar out of a wish to avoid the disruptive consequences and existential angst that goes with such innovation is to betray the citizen.

## Conclusion

The forms of leadership associated with balanced attention to all four quadrants is fundamentally emancipatory in the sense that it involves giving voice to what is going on (Western 2013). This involves giving balanced attention at least as much to the 'horizontal' relation to the 'other' as to the 'vertical' accountability relation. Understanding the unconscious basis for this emancipation is to argue for 'minding the gap' as much as 'respecting the rules'.

The paper has shown how the refusal in this case to go beyond the 'gaze' of existing ways of doing things led to the citizen being betrayed in the interests of defending those existing ways. Recognising this basis of the administration's counter-resistance (Caygill 2013) would make it easier for leadership to mobilise the sources of situational resistance from citizens, and, in considering the ways in which their voices are being suppressed, to mobilise new ways of energising change within the administration. A look at the extent of the horizontal dimension in the family tree of Barack Obama (Wikipedia 2014) suggests that the President may have had a valency for going beyond the

'gaze'. This might have led him to expect the same of others but would not necessarily have equipped him to lead others down the same path.

For myself, I feel that I have spent more time working at the ways in which I may have been wrong than being prepared fully to risk the consequences of not knowing what to do next. Examples of some of the recent situations in which solutions to system-of-system challenges have been refused in ways that have paralleled the refusal described in this paper include:

- Providing support to Wildfire prevention and response (Boxer 2008)
- Developing capabilities to support effective NATO responsiveness in a changing threat environment (Anderson and Boxer 2008)
- Changing the way procurement is used to support orthotics clinics in the UK's National Health Service (Cohen 2009)
- Procuring defence capability based on the need for agility (Boxer and Whittall 2009)
- Establishing methods of e-Government able to respond to citizens' changing demands (Boxer, Kirwan et al. 2010)

Thus while I found ways of innovating in alliance with others, my experience has nevertheless been of refusals by existing institutions and enterprises to take up innovations despite what appear to me to be negative consequences for their customers, clients or patients. This paper has tried to identify the particular challenge that this presents to interventions, in which success depends on the courage of the client to go beyond what they know and to take their organisation with them (Boxer 2013).

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