



Transactional Musings

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Special points of Interest:

“\$300-600 million for a web site that sort of works, but with no security protocols. ?

“Solyndra anyone?”

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The Therapy of Ailing Groups

Health Care

There is a lot of talk and evidence of ailing groups (agencies) within the U.S. government. One new one stands out: government controlled health care. It's legislation was based on unknowns and the legislative leadership promoting the legislation a few years ago admitted they did not know what was in the new government controlled health care law. I doubt they know what's in it now.

Supposedly the mandates are being phased in over many years. Are they making this up as they go? “Tweaking the glitches” as they go? Sounds like they've turned over a real good private enterprise system to a bunch of central social programmers with little experience and a utopian view of society: ala the old Soviet Union form of socialized medicine.

Today they, the government agents, employees have spent somewhere in the neighborhood of \$300-\$600 million for a web site that sort of works, mostly not. (Game of Double Blind for those logging on?) And supposedly the contract was awarded without competing bids to a foreign country with foreign subsidiaries. Who benefits?

Free people are in a fight for their lives; in this case literally. The “new” health care rules are going to continue to be tweaked in a never ending game of “fixing the glitches.” People's lives will become even more disrupted by the un”affordable care act” and families will never be able to get their affairs in order. The new web site introduction is prima fascia evidence of this. And the screw ups now are only a glimpse of the massive screw ups to come in the near and far future if this governmental activity is allowed to continue. Some would refer to this as a “cluster-fuck.”

I'm of the opinion that this thing was designed, I say designed, to force a massive screw up onto the backs of the people; to force people into the feeling of slavery and/or of feeling like criminals.

Maybe it would be cheaper to scrap the new health care laws, start over by leaving the old insurance system alone, and allot several billion dollars for those uninsurable individuals, instead of “tweaking the

glitches.” Just pay the uninsurables bills, and leave the rest of the medical profession and insurance industry alone.

But there appears to be much more going on here. \$300-600 million dollars for a web site? ?

A web site? Come on guys, this is nuts. Reminds me of the love affair with government subsidized solar energy: Solyndra anyone?

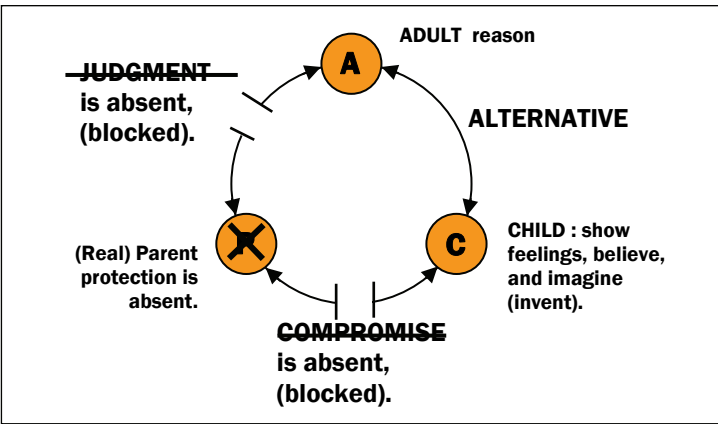
NSA data capture type scenario? Hmm.

Crony capitalism, fraud, or something far more sinister? Privacy?

U.S. Supreme Court judgment?

Supreme Court Chief Justice John G. Roberts, Jr. et al should not be given a free pass on this one. When he and they voted in favor of this massive legislative screw up, he turned America on its head. The many States that brought suit to his door step were betrayed when he called

“Once an accurate diagnosis has been made, the treatment is usually easy to work out, and the results can be checked by a follow-up presentation a few weeks or months later. Almost any kind of a group or organization will do, provided that the leader or a regular member is willing and able to give the required information; e.g., a rowdy classroom, a postgraduate school, a county health department, a social welfare clinic, a disorganized theatrical company, a housing development, a hospital, a teenage activity group – any group which is not producing the best it should be capable of.”



the Act a tax, instead of dealing with the issues brought to them by the States' lawsuit. If anything, he should have sent it back to the lower courts to resolve the tax issue that he invented.

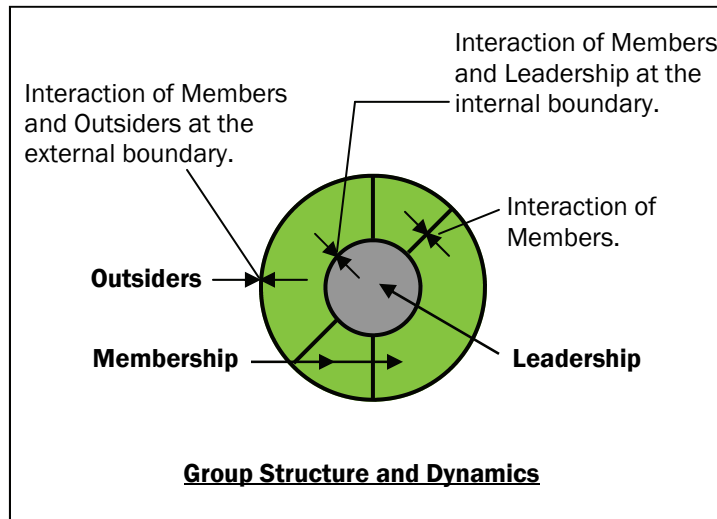
Poor (personal) Judgment?,
No (personal) Judgment?

group, one should have at least enough information to draw the 6 basic diagrams: Location, Authority, Structural, Dynamics, Imago and Transactional. In addition, it is necessary to know something about the history of the group and the motivations of the

by a consultant who meets first with the managers and then with the workers, or vice versa. The increase in cohesion and the decrease in agitation which favor productivity can best be brought about by joint meetings of both sub-groups. From this principle, the usefulness of "family group therapy" can be deduced logically.

However, the personal leader is the personal representative of the group cohesion, and his group imago influences the behavior, of all the members in accordance with the operative principle. Therefore, a shift in his group imago will have the greatest effect in changing the private structure of the group, with a resulting change in effectiveness. Hence, consultations with the leadership are the most powerful weapon in the therapy of ailing groups.

Four examples will be used to illustrate the practical application of this method: an outpatient clinic, a psychotherapy group, a state hospital and a boy's club. The best way to learn the therapy of ailing groups is to practice the use of this approach at a regular professional seminar, each weekly session of which should last at least 2 hours: 1 hour for presentation and 1 hour for diagnosis. Once an accurate diagnosis has been made, the treatment is usually easy to work out, and the results can be checked by a follow-up presentation a few weeks or months later. Almost any kind of a group or organization will do, provided that the leader or a regular member is willing and able to give the required information; e.g., a rowdy classroom, a postgraduate school, a county health department, a social welfare clinic, a disorganized theatrical company, a



In "**The Structure and Dynamics of Organizations and Groups**" In Chapter 14, page 179, Eric Berne writes about the therapy of ailing groups.

The Therapy of Ailing Groups
Applied Group Dynamics

"Applied social psychiatry deals on the one hand with unhealthy transactions between individuals, where it finds its chief usefulness in group psychotherapy; on the other hand with unhealthy aspects of organizations and groups, where it becomes a branch of the applied dynamics.

The therapy of ailing groups, like the therapy of individuals, depends on a clear understanding of the problems at issue. In both cases, the ailments may be considered under the classic headings of pathologic structure (anatomy), pathologic function (physiology), symptoms, diagnosis, outlook and treatment. In order to understand the malfunctioning of a

leadership and the membership. The actual proceedings at a given moment then can be considered or reconsidered in an attempt to find a remedy.

At the present time [1963], the therapy of ailing groups is mostly in the hands of industrial psychologists. But all chiefs of state and their internal apparatuses, legislators, public officials, political scientists, economists, sociologists, educators, criminologists and sometimes anthropologist are concerned with the questions involved. In fact, this applies to anyone in a position of leadership and to any member of a group apparatus."

"One of the most important contributions of industrial psychology is the following principle: No conflicts between two classes of membership can be settled satisfactorily by consultation with each class separately. For example, if there is a conflict between factory managers and factory workers, little will be accomplished



Whoooo You
See of a-Bitch
WHOALHO.O.O.A

housing development, a hospital, a teenage activity group — any group which is not producing the best it should be capable of. The most instructive is a psychotherapy group, since a psychotherapist knows more about his members than the leaders of most other groups. In order to head off idle speculation and rambling discussions, the person who presents the situation should be requested to ask a specific question right at the beginning, so that the members of the seminar can direct their attention to the particular symptom which is causing uneasiness.”

An Ailing Clinic

“Dr. Lebon had recently been appointed Chief of Staff of a psychiatric outpatient clinic in a medium-sized inland city. His predecessor, Dr. Fabel, had resigned in order to go into private practice. Dr. Lebon had not had previous administrative experience but felt that he had abilities along these lines and wanted to use them to the best advantage. A colleague referred him to Dr. Q.”

“Dr. Fabel had given little attention to the organizational aspects of the clinic. He had preferred to devote himself to seeing patients, leaving the rest of the staff to do pretty much as they pleased. Dr. Lebon said that he found the morale poor. No one spoke up at staff conferences, which tended to be perfunctory and lackadaisical. He had attempted to review some of the medical and therapeutic procedures so that he would have a clearer idea of how the staff was performing its duties, and this had aroused resentment.”

[At this point in the text, Dr. Berne drew a location diagram (floor plan of the facility), an authority diagram, structural

diagram of the ailing group, group dynamics diagram, diagram of the group imago, and transactional diagram.]

A. The First Session

“At their first session, Dr. Q encouraged Dr. Lebon to present whatever problems were uppermost in his mind. He then questioned him for details that would help to set up the 6 basic diagrams. Since this was a private consultation and not a teaching seminar, Dr. Q did not draw all the diagrams on the blackboard, but constructed them in his mind. He did not attempt to give Dr. Lebon a course in group dynamics. He focused his opinions and suggestions on the points which Dr. Lebon raised and said enough so that Dr. Lebon could follow his train of thought; when he had to use a technical term for the sake of precision, he explained it sufficiently so that Dr. Lebon would know what it referred to in his particular situation. This approach was quite acceptable to Dr. Lebon. Being a practical clinician himself, he did not want a course in theory at that time but workable answers to concrete problems, and he trusted Dr. Q's judgment just as he would trust a consultant in any other branch of psychiatry or medicine.”

“It was not necessary to go into much detail to set up an adequate Location Diagram (floor plan), shown roughly in Figure 28. Dr. Lebon described briefly the layout of the clinic, with larger offices for himself, the chief psychologist and the chief social worker and smaller ones for the other members of the staff; a waiting room, reception desk, emergency treatment room, secretaries' offices and conference room. The most important point established here was that the physical facilities of the clinic were satisfactory to him.”

“More attention was paid to the Authority Diagram. The clinic was financed by the city, with some state funds as well. The finances were administered by the Public Health Officer, to whom the Chief of Clinic was directly responsible. The Public Health Officer was responsible to the Mayor and the Board of Supervisors. The local newspaper was actively interested in the clinic and so was the general public, since it was expected to diminish the need for welfare funds and to provide superior psychiatric care for the segment of the population who could not afford private treatment. At this session it appeared that the senior portion of the chain of authority was not directly involved in the problem, so this aspect was soon dropped. However, the junior portion seemed more disturbed and, therefore, was investigated in more detail. The senior echelons are partly represented in Figure 29; the junior echelons include the janitor and the secretaries, but in this case it turned out that they were not implicated, as far as could be determined.”

“By this time the structural diagram was becoming clear. Unlike some clinics, which are structured as compound groups in which the psychologists and the social workers are supervised by and responsible to the medical personnel (Fig. 30A), this clinic was structured as a complex group. The psychiatrists, the psychologists and the social workers each functioned as an independent subgroup, so that the Chief of Clinic served only as an administrative buffer who protected them from external pressures (Fig. 30B). Dr. Lebon indicated this by saying that procedures for the clinic were poorly outlined. Everyone did pretty

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"Mastery of the universe is proportional to the symbols man has by which to represent his universe."

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much as he pleased. The social workers in particular resented any interference. The chief social worker was an energetic, well-organized woman of large build, much more aggressive than Dr. Fabel, for example."

"It was the social workers who had been most upset when Dr. Lebon had reviewed the therapeutic procedures. They felt this was an invasion of their field and an abrogation of their rights (the social contract as they saw it). In an attempt to mollify them, Dr. Lebon explained that he had undertaken this review as part of his duties under the State Mental Health Act."

"The important aspects of the Dynamics Diagram were now clear in Dr. Q's mind (Fig. 31). The external pressure was negligible. The social workers were weakening the group cohesion by agitation across the major internal boundary and also by intrigues across the Psychiatrist-Social Worker minor internal boundary, freely expressing their individual proclivities with little compromise in favor of the effectiveness and the survival of the group as a whole."

"At this point, Dr. Q made three observations to Dr. Lebon.

1. He explained the principle that the members of a group do not engage in the group process until they think they know their positions in the group imago of the leader and then engage accordingly. The former chief, by his "hands-off" policy, had given the social workers no indications to go by. Therefore, during his regime there had been no engagement in the major

process, and Dr. Fabel and the social workers had treated each other like strangers, with consequent weakening of the group cohesion. But, in their own subgroup, the chief social worker had been a good psychological leader. They knew where they stood with her, and this enabled them to go ahead with their subgroup process. As Dr. Lebon made clear, they were engaged in a competitive game. At one level they were emotionally involved by their patients, and at another level they vied with each other for the chief social worker's approval by using a rather stereotyped therapeutic approach which she favored. (This was a version of the game called "I'm Only Trying to Help You.") What they resented was his interference with this game, and they feared him because they could not guess how far he might go in this direction. The culture of the group as a whole was soft and lax.

2. He suggested that leaders exist partly to provide an object for the hostility of the members, and that Dr. Lebon should not be surprised or ruffled at their reaction to his inquiries, since to them his questions indicated that there might be trouble in the future if he was dissatisfied with their work. Dr. Fabel had acted more like an external apparatus than like a real Chief. Now they were confronted with someone who wanted to be a responsible and effective leader, instead of merely an administrator who only did the undesirable paper work and acted as a buffer. Hence, they too must become responsible and effective. If they did not

fight him, their Adults would have to take over their clinical work, leaving the Parent in each of them frustrated and resentful. Therefore, although he could understand their feelings, this should not deter him from doing what had to be done.

3. In saying that he had undertaken the review of procedures because of the Mental Health Act, he had started a 3-handed game in which he was in effect calling in the State Legislature as his backer. Since they could not attack the Legislature, this left them helpless. He could always brush off their resentment by referring it to someone they could not deal with instead of meeting it directly himself. This "successful" maneuver, as he thought of it, might be successful in keeping him from having the anxieties of responsibility, but its effect would probably be to arouse even more resentment. Since he was dodging his responsibility, in their helplessness they might fall back on passive resistance, which would further damage the group cohesion. Furthermore, they might interpret his explanation quite rightly as a sign of weakness, which would decrease their respect for him and make it more difficult for them to accept his leadership. The fact that this device of falling back on the protection of higher authorities was common did not necessarily mean that it was good practice; perhaps its popularity only indicated how difficult it was to be a courageous leader."

B. The Second Session

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To be continued