



Transactional Musings

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The Therapy of Ailing Groups - continued

Health Care

A new government health care system is being forced on the people of the United States of America. This despite the fact that most people are not, were not in favor of it.

Ever watch a child playing with blocks of different shapes and attempting to put a square one into a round hole?

People can figure out that when parts don't fit, they don't go together. Mixing government with

health care won't work. It is not in the DNA of people to deal with gargantuan organizations and get individualized attention. Individual care, specifically catered for the individual, with his doctor's care, is the best system, has been for thousands of years.

The new system does not fit. It is designed to take care of a few people who otherwise are: "not insurable," have pre-existing conditions, have congenital problems, have incurable diseases,

risk factors are too great, other.

For most other people the "new" system is an extra burden that complicates their lives: loss of insurance, loss of their chosen doctors, introduction of new organizations, introduction of authorities, loss of privacy, loss of security, increased costs, other.

The new system does not fit. The new governmental organization is already ailing, too.

A vast number of people will rebel.

Special points of Interest:

"Some transactional analysis became possible, and the Group Imagoes of the social workers could be visualized. It appeared that they viewed the staff, including themselves, as a group of precocious children, all on an equal level, under the benevolent protection of the state and the city governments.

"The problem here was how to develop a more useful group culture. The first step must be to change the poorly differentiated group imagoes of the social workers, ...

The Structure and Dynamics of Organizations and Groups

In "**The Structure and Dynamics of Organizations and Groups**", page 179, Eric Berne writes about the therapy of ailing groups: **The Therapy of Ailing Groups**

Applied Group 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 malfunc-

tioning of a group, one should have at least enough information to draw the 6 basic diagrams: Location, Authority, Structural, Dynamics, Imago and Transactional.

Location:
Authority:
Structural:
Dynamics:
Imago:
Transactional:

An Ailing Clinic

"Dr. Lebon had recently been appointed Chief of Staff of a psychiatric outpatient clinic in a medium-sized inland city. [He replaced Dr. Fabel] ... Dr. Lebon had not had previous administrative experi-

ence 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. ...

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

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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 group, one should have at least enough information to draw the 6 basic diagrams: Location, Authority, Structural, Dynamics, Imago, and Transactional.

“ 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, this [ailing] 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 ...”

diagrams. ... 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. ...

“It was not necessary to go into much detail to set up an adequate Location Diagram (floor plan). ...

“More attention was paid to the Authority Diagram. ... 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. ...”

“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, 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. ... Dr. Lebon indicated this by saying that procedures for the clinic were poorly outlined. Everyone did pretty 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). ...”

“The important aspects of the Dynamics Diagram were now clear in Dr. Q's mind . 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. ...

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. ... 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

At the next session, 2 weeks later, Dr. Lebon described a staff conference. Some transactional analysis became possible, and the Group Imagoes of the social workers could be visualized. It appeared that they viewed the staff, including themselves, as a group of precocious children, all on an equal level, under the benevolent protection of the state and the city governments.

According to Dr. Lebon's description, the 3 psychologists stood apart as a small subgroup and concentrated on doing their jobs; their talk was confined to matters concerning their own profession, and they did not join in more general discussions as the social workers did. The psychiatrists tended to work as independent individuals, each primarily interested in his own patients, with little participation in the group process. The staff conferences were repetitious and ritualistic, with strict adherence to the etiquette of the social contract. There was no frank discussion, no real thought; no one wanted or



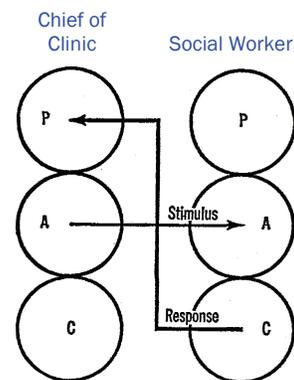
Whom You
Saw in His
WHEELS

ventured any criticism. After a case was presented, the attitude of the members was: "Don't say anything destructive. Please look on the constructive side." This was said aloud by more than one social worker. The proceedings consisted only of reinforcing the speaker's persona as a "good" therapist. In the face of such a rigid ritual, no real activity was possible, and little or no benefit came to the patients from the conferences.

The problem here was how to develop a more useful group culture. The first step must be to change the poorly differentiated group imagoes of the social workers, which actually represented the situation as a party rather than as a group or organization, into something more effective, and to get the psychologists and the psychiatrists to participate more. Dr. Lebon had to make clear that it was his right and duty as a leader to question their personas and to differentiate himself from the other members. In order to do this, he must be willing to take the consequences of occupying the

leadership slot instead of just another membership slot. The desired change in the imagoes of the members is represented in the lower left diagram. One question was how rapidly the shift should be attempted. The dilemma was: the quicker, the better for the patients; the slower, the more time for the staff to adjust and the less likelihood of resignations. It was agreed that the kind of social worker who becomes too personally involved with her patients does not give up her psychological position easily and sometimes under pressure would flee rather than make an orderly retreat.

Besides the need for careful timing, there was also a transactional difficulty. The chances were that any questioning of the persona of the "good therapist" would result in a crossed transaction. No matter how objective the leader was, his remarks would likely be regarded (in the beginning at least) as a Parental criticism of the Child, resulting in the situation represented in the diagram above, with a resentful response. The best



(A) Crossed Transaction. -Type I
(S) "Let's discuss it."
(R) "Why do you criticize me?"

approach would be to "hook" their Adults by stressing "good clinic practice" before questioning any particular procedure. By thus arousing Adult pride, the leader would have a valuable ally, an inner check against resentful rebellion on the part of any member's Child. How Dr. Lebon would accomplish this preparation was left to his judgment.

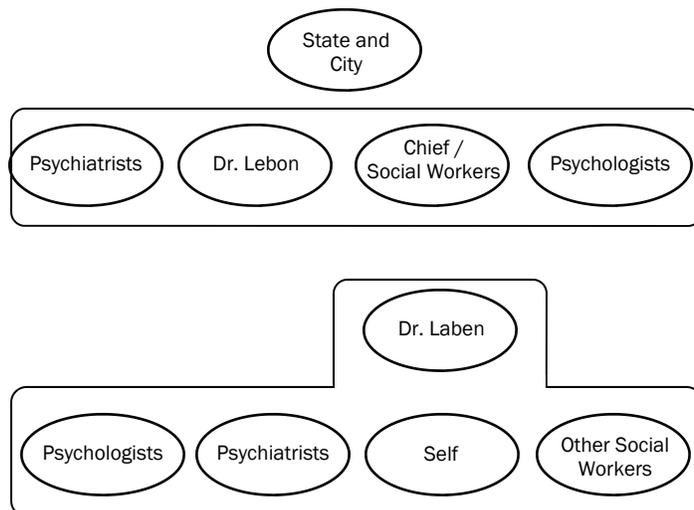
He asked whether he should do it by talking quietly to the sub-leader, the chief social worker, and letting her handle it from there, or whether he should take over. The first alternative, hiding behind her skirts, did not promise to be constructive. She was getting considerable satisfaction out of being an independent leader, and he would be asking her to give that up and come over to his side. She would only do this if she thought she would get something in return. That meant he would have to "seduce" her into bringing her sub-group into his fold. A seduction, however subtle and hidden, always contains unspoken promises and holds unpredictable possibilities. It is some kind of a "deal." It was suggested that he tell the sub-leader first, to prepare her, and then take over himself. If he shows her clearly that he is not making

a deal, but that he is the leader and expects her cooperation, then he is organizing a group and not a seduction. She then has the alternatives of open rebellion or of acknowledging and respecting his leadership, both of which are easier to handle than the possible consequences of his first proposition.

In discussing the problem of firmness as outlined above, Dr. Lebon's special characteristics as a leader came out more strongly than before, and he readily acknowledged them. He had a tendency in his declarations of policy to be Parentally sermonizing and over-justifying, rather than practical and Adult. And if he was challenged, he would, like a little boy, bring up external authorities instead of standing on his own ground. He was recognizing these things more clearly, but he still found himself doing them occasionally; nevertheless, he felt that there was some improvement in these respects and looked for more.

C. The Third Session

At the third session, which took place a month after the first, Dr. Lebon said that the clinic staff was now in better shape and that the discussions had been a great help. After the previous session, he had spoken privately to the chief social worker. He had simply asked her what the role of a social worker was and stopped there without defending or embroidering his question, which was unusual for him and even felt a little unnatural. Much to his surprise, instead of becoming defensive, she had at



Group Imago Diagrams

Top: Group imago of member of disjunctive subgroup (weak cohesion).

Bottom: Group imago of a conjunctive member (strong cohesion).



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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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first appeared to be confused by his new approach, but had then proceeded to answer in a matter of fact way, reciting the well-established tasks which were the legitimate concern of her profession. He had listened quietly and had then mentioned that many of the items she listed were beyond the capacity of a psychiatrist to deal with and clearly indicated the need for social workers at the clinic. He had suggested that the social work staff at the next clinic conference talk about the things they could contribute. The presentations had been poor, and Dr. Lebon thought this meant that they were worried and displeased at his suggestion. Dr. Q agreed that the issue had now been joined, and that they were fighting what they rightly felt was an intrusion into the private preserve they had set up.

But in spite of themselves, the presentations had had a good effect. The psychiatrists had hitherto been ignorant of the proper usefulness of a social worker because the social workers had set themselves up as envious competitors of the medical staff. Now the psychiatrists saw for the first time and readily acknowledged that the social workers, if they went legitimate, could make a definite and unique contribution to the effectiveness of the clinic. With all its deficiencies, this one conference had made a strong impression on the staff, so that the different members were beginning to "appreciate" each other (i.e., listen to each other) for the first time since the clinic had been activated.

Dr. Lebon went on to

another problem. He wanted to open an inpatient ward in the local hospital, and the social workers objected because it would give the public the idea that the clinic dealt with "crazy" people.

Dr. Lebon wanted to go secretly to the Superintendent of the hospital and persuade him to say that it was his, the Superintendent's, idea to start an inpatient psychiatric ward. Dr. Lebon thought that in this manner he could avoid taking responsibility for the ward and thus escape the criticism of the social workers.

Dr. Q said that in his opinion that would be a very bad move, since once more it amounted to setting up a 3-handed game between himself and his staff, with the Superintendent as his ally, except that this time it was worse because it involved keeping a secret. Since Dr. Lebon's aim at the moment was to break up the games that the staff was now playing with him, it seemed inadvisable meanwhile for him to set up a game from his side.

At this point, Dr. Q thought to himself that if Dr. Lebon went ahead with his plan, sooner or later he would unconsciously arrange for the secret to leak out and thus get himself into difficulties, very likely at precisely the moment when "at last everything is going well." However, he did not say this aloud, because Dr. Lebon had come for therapy for his ailing group and not for treatment of his personal problems. It is always an easy out for a psychiatric consultant in group dynamics to suggest that the

leader is in need of personal psychotherapy, but that merely amounts to a confession that the consultant has reached the end of his rope, as far as his knowledge of group dynamics is concerned. If that is the best he has to contribute, he should resign before he begins.

Dr. Lebon's thoughts were evidently running along similar lines because the very next thing he said was that he realized things had now come to the point where he had to choose between psychotherapy for himself and studying more about the theory of social dynamics. He added that he thought he was "not very sick." Dr. Q replied:

"I don't feel that you're 'sick' at all. It's not a question of 'sick' or 'not sick' behavior on your part, as you've often said it was. It's a question of procedures that work, and procedures that don't work."

Thus it was agreed between them that further consultations could be postponed. Dr. Lebon concluded:

"A lot of things have been straightened out in my mind, and the situation is considerably improved. I think now I know enough about everybody's weaknesses, including my own, to go ahead."

Subsequent events confirmed his confidence.