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Patterns of leadership and facilitation in a collaborative task-oriented group/

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PATTERNS OF LEADERSHIP AND FACILITATION

IN A COLLABORATIVE TASK-ORIENTED GROUP

A thesis presented

by

Mark Karpel

Submitted to the Graduate School of the
University of Massachusetts in
partial fulfillment of the requirements for the degree of

MASTER OF SCIENCE

<u>November</u>   <u>1973</u>
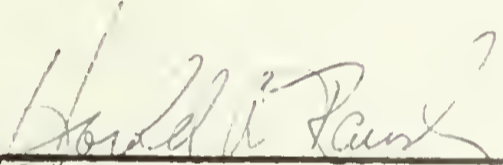(month)   (year)

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PATTERNS OF LEADERSHIP AND FACILITATION

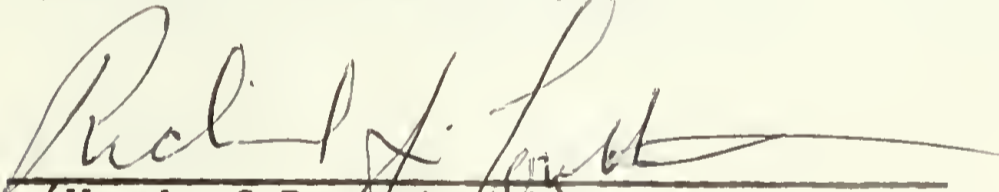IN A COLLABORATIVE TASK-ORIENTED GROUP

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Approved as to style and content by:

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(Chairman of Committee)

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(Head of Department)

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Part 1

INTRODUCTION

Chapter 1. The Group in Its Context

Background

In early December, 1971, I was one of eight people who
met in a community center in Amherst, Massachusetts. We had
all come in response to an ad, placed by one of those pre-
sent, in a local newspaper. The ad called for anyone inter-
ested in setting up a free clinic to come to an organization-
al meeting that evening. This was to be the first meeting
of a group that set itself the task of planning and opening
a free clinic in the Pioneer Valley area.

The term "free clinic" has no precise definition since
it encompasses a wide range of different types of health
care facilities. In general, these facilities provide medi-
cal services (although counseling, psychiatric and educa-
tional programs may also be involved), and they provide
these services either at low cost or without cost to the per-
son seeking help. Within these bounds however there is room
for tremendous variation among free clinics in the range of
services provided, the nature of the patient population
(some clinics serve women or minority groups exclusively),
the structure and organization of the facility, the rela-
tionship between professional and non-professional staff, and
the political consciousness and activity of the staff as a
body. Members of the Health Policy Advisory Center, a group
devoted to intensive research and restructuring of America's

health care system, describe free clinics in the following
terms:

> All free clinics have, with varying clarity, fo-
> cussed on a vision of good health care, which
> they try to represent in their activities. The
> vision came together during the 1960's in what
> the media have labelled "The Movement for Social
> Change." It is a distillation of the experience
> and beliefs of the New Left, underground culture,
> Black Power advocates and OEO. The vision is
> founded on the twin convictions that: the Ameri-
> can medical system does not meet the people's
> needs; and the American medical system must be
> radically restructured: It can be summarized by
> the following principles:
>   -Health care is a right and should be free at
> the point of delivery.
>   -Health services should be comprehensive, unfrag-
> mented and decentralized.
>   -Medicine should be demystified. Health care
> should be delivered in a courteous and educational
> manner. When possible, patients should be permit-
> ted to choose among alternative methods of treat-
> ment based upon their needs.
>   -Health care should be deprofessionalized.
> Health care skills should be transferred to work-
> er and patient alike; they should be permitted to
> practice and share their skills.
>   -Community-worker control of health institutions
> should be instituted. Health care institutions
> should be governed by the people who use and work
> in them. (Health-Pac Bulletin)

I had been thinking about a mental health facility run
along free clinic lines on my own for several weeks and was
eager to meet others with similar interests. My primary in-
terest when I joined the group, then, was the fulfillment of
this goal--the creation of such a facility. Later, however,
I became interested in the group itself--in how it reflected
the values described above and how it went about accomplish-
ing its goal. By the second meeting, I had decided to remain

in the group even though its initial focus seemed to be primarily geared towards the provision of medical, rather than psychological, services. By the third meeting, I had decided to study the process of the group itself and to submit this research as a Masters Thesis.

The group may be described and differentiated from other types of groups along a number of relevant dimensions. It was small (ranging in size from 10 to 15 members), informal, volunteer, task-oriented and concerned with the provision of health services within the structure of an "alternative institution," a term which is perhaps more difficult to define than is "free clinic." In general, when we speak of free clinics, we emphasize the philosophy and goals of such a group concerning the delivery of health care. In discussing the concept of an alternative institution, we focus more on how the values and philosophy of such a group affect its structure and processes. Alternative approaches to social organization develop from a critique of traditional forms of organization which are seen as being characterized by an exaggerated concern with ends over means, rigid inflexible structures based on bureaucratization, role-specialization and hierarchical relations, superficial role-defined relationships, and which result in being unsatisfying for the individuals involved in them and frequently self-defeating of their own ends.

The characteristics shared by these alternative groups are a concern for the quality of human relationships, an emphasis on the process involved in achieving a goal as well as the fact of achievement itself, and a generally egalitarian collaborative approach. Groups such as these, whether they be political action groups, peer support groups, food cooperatives, educational or health service institutions, generally aim towards an ideal of non-hierarchical organization. This is crucial for an understanding of these groups, since the ideal of non-hierarchical relationships between people most clearly embodies and attempts to operationalize the critique of hierarchical authority distilled from the movement for social change described above. The implications of this concept will be more fully outlined later. For now, let us say only that non-hierarchical or collaborative organization implies an equal sharing of influence, decision-making power and responsibility. Other characteristics of the ideal of alternative institutions include a desire for the minimum of formal structure required to accomplish a task, along with intimate and satisfying social relationships among members. The emphasis on "process" as oppsed to "product" (a distinction used often in these groups) and on a collaborative structure stems from pragmatic and philosophical assumptions. It is assumed that this approach is in the long run the most effective and fulfill-

ing for members, and that an individual or a group lives its political philosophy not merely in the accomplishment of certain tasks, but by being conscious of that philosophy in the day-to-day activities and relationships involved in accomplishing those tasks.

Leadership

It was the collaborative or non-hierarchical aspect of these groups and this group in particular that first attracted me to them as an object of study. The choice of issues for study reflects this interest. Initially, I planned to undertake a developmental analysis of the group, hoping to highlight a number of issues in its development from a planning to a functioning group. However, because the group did not make this transition during the period of study (although sub-stages of development could, of course, be described) and because it became clear that this would exceed the bounds of this study, it was decided to focus on one of the central issues which emerged from the early period of observation--that is, the issue of leadership in the group.

The choice of leadership as a focus was multi-determined. As implied above, the essence of the collaborative approach is a reaction against the perceived oppressive aspects of traditional authoritarian forms of social organization. My interest in studying the group (and in joining it, to some extent) was in the process, the problems and pre-requisites

of a collaborative approach to problem-solving. From the start, attention was focused on how the group's collaborative nature affected its efficiency and the satisfaction members derived from it. At the same time, areas of interest were developing from theoretical literature on groups and organizations. Bennis and Shepard's (1965) theory of group development seemed particularly appropriate and sensitized me to ways in which the group dealt with issues of intimacy and leadership. In this way, empirical and theoretical interests converged in the issue of leadership as a focus of study.

The aim of this study will be to describe the patterns of leadership that emerge in the group. We will be interested in seeing what forms of leadership develop in the absence of formal hierarchical leadership, and how members feel about these forms. We will try to relate the patterns of leadership in this group to the larger theoretical issue of leadership in all collaborative groups, and to a lesser extent, to the concept of leadership in general. Given this goal, it will perhaps be helpful here to elaborate on the distinction between traditional and alternative approaches to social organization described earlier, as they apply to leadership in particular, and to consider their implications for traditional theories of leadership. For the purposes of this discussion, it will be useful to employ the concept of "ideal types." It is understood that such types rarely, if ever, exist in a pure state, that all real leadership situa-

tions will involve blends of different structures. But it
will facilitate discussion here to consider the ideal types
of different structures in order to highlight certain major
contrasting tendencies of these different systems of social
organization.

Hierarchical versus Collaborative Leadership

Traditional or hierarchical leadership can be character-
ized by the following properties. Firstly, the concept of
"leadership" is virtually synonymous with the concept of a
"leader"--that is, leadership is an attribute of a specific
individual or of a set of individuals who constitute a minor-
ity of the system. It involves some structure for differ-
ential influence and responsibility. The leader has much
greater power to influence his subordinates than vice-versa.
He may be exclusively or largely responsible for making major
decisions. He may unilaterally set directions and tasks for
all members of the system. Subordinates are not, as Goffman
(1961) and others have demonstrated, without power and in-
fluence (and may develop a great deal of influence through
informal structures or secondary adjustments), but they are
usually denied significant influence through the formal struc-
ture of the system. Along with the greater power and influ-
ence of the leader goes the greater responsibility for plan-
ning, directing, and overseeing group activity inherent in
this position.

These differences in influence and responsibility are formalized, or "legally" sanctioned by the system. Speaking of formal systems, Robert Merton says,

> A formal, rationally organized social structure involves clearly defined patterns of activity in which ideally every series of actions is functionally related to the purposes of the organization. In such an organization, there is integrated a series of offices, or hierarchized statuses, in which inhere a number of obligations and privileges closely defined by limited and specific rules. . . . Authority, the power of control which derives from an acknowledged status, inheres in the office and not in the particular person who performs the particular role. Official action ordinarily occurs within the framework of pre-existing rules of the organization . . . . Formality is manifested by means of a more or less complicated social ritual which symbolizes and supports the "pecking order" of the various offices. (1940, p. 67*)[1]

Implied in the concept of formalized leadership is the inevitable consequence of rigidity. The advantages of formal organization lie in its predictability and its adaptiveness to predictability. Members know what to expect from each other and how to behave towards one another. Formal leadership, like all formal organization, is well suited for dealing with predictable, routine situations. However, like any organism or system which develops automatic responses to predictable situations, it is impaired by this "efficiency" when adaptation to change (internal or external) and new behaviors are

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[1]An asterisk will be used to indicate that the page number refers to the page in the anthology in which the article was reprinted.

called for. Because it is formalized within the system, trad-
itional leadership is inflexible and slow to respond or adapt
to changing internal or external needs and presses.

Lastly, traditional leadership is primarily concerned,
to refer to the distinction used earlier, with "product" ra-
ther than "process." Blake and Mouton (1964) have popular-
ized this distinction between product and process or, as we
shall refer to it later, between task and maintenance empha-
sis, through their Managerial Grid. The Grid describes five
different types of leadership within a matrix of high or low
"concern for production" or "concern for people." Leaders in
hierarchical systems are more likely to evaluate their suc-
cess in terms of the end result of the organization's activ-
ity (number of cars produced, patients treated, etc.) than
in terms of the processes involved in attaining these ends,
such as the satisfaction of members' needs, amount and qual-
ity of communication among members and hierarchical levels,
or what Bass refers to as "hedonic tone", i.e.,

> . . . the degree to which group membership is ac-
> companied by a general feeling of pleasantness and
> agreeableness. /It/ refers to . . . harmony of
> internal relationships, cheerfulness and absence
> of destructive criticism and complaints. (1960,
> p. 47)

It appears that even where "enlightened" hierarchical leader-
ship exists, where leaders are aware of this distinction and
concerned to varying degrees with process, it is rare for

this to be of primary or even equal importance in relation to concern for production.

In summary, hierarchical leadership involves a clear role distinction between leaders and followers. In complex hierarchical organizations, many levels exist, and an individual may be a leader in one subgroup and a follower in a superordinate group. But every formally recognized subgroup perpetuates the distinction between leaders and followers. Leadership is invested in specific individuals. The distinction between leaders and followers involves some notion of differential influence and responsibility. Differences in status and deference usually accompany these role differences. These distinctions are formal in that they are officially recognized and supported by the system. Consequently, they become inflexible in the face of any kind of change. Lastly, leaders within hierarchical systems are primarily concerned with the task or product of the group, and only secondarily with the relationships and processes involved in that task. These are the defining characteristics of hierarchical leadership. They are also, as will be shown later, the connotations of the word "leadership" for members of non-hierarchical groups. What then is the alternative to hierarchical leadership?

In discussing the ideal type of leadership in collaborative groups, we must remember that we are lumping together a wide variety of different groups, with varying attitudes

toward leadership and different mechanisms developed to deal with issues of leadership. We are trying to encompass those groups which forbid any role differentiation, those which tolerate temporary types of leadership, and those which allow for role specialization in certain areas. In spite of these differences, however, these groups share an ideal of collaborative leadership which can be characterized in the following terms.

Collaborative leadership involves some notion of shared influence and responsibility. No one individual is invested with the power to make decisions, set policy or distribute tasks for the group. These activities are, as much as possible, accomplished through the maximum participation of each member. Decision-making is by consensus, a process in which discussion continues until those members in the minority acknowledge that even though they have not changed their own minds, discussion has been sufficient for them to explain their views and attempt to convince others, so that they will accept the group's decision. This is in contrast to decision-making by individual fiat or by parliamentary vote which, it is felt, often closes off important discussion prematurely and is unfair to the minority group. Along with this ideal of shared influence comes the importance of voluntary participation. In the absence of a superior who distributes tasks and sets the nature and amount of work to be done, the motivation and self-discipline of each member become crucial

factors governing members' participation. The amount of time and energy committed and the nature of work done are ideally determined by each individual member for his or herself, with the distribution of labor made on a voluntary basis.

Secondly, leadership is ideally informal and flexible-- that is, it develops from the momentary felt needs of the group and is constantly open to re-evaluation and restructuring. This value may be operationalized in various ways. Some groups operate under a system of "minimal leadership," where temporary differences in influence and responsibility are permitted to meet a specific need and discontinued when the need is met. Others involve patterns of "shifting leadership," where a relatively permanent role distinction is thought to be necessary and every member or most members of the group rotate in serving this function for some period of time. In this way restraints, both temporal and psychological (in the form of the added perspective gained by participating both "in" and "out" of the role in question), are placed on any member performing that function. In any case, the ideal of "organic" as opposed to "formal" structure, that is, structure which develops to meet the changing needs of the group and is not arbitrarily pre-imposed, is applied to the issue of leadership in collaborative groups.

Lastly, there is high concern for "process" over "product." An attempt is made to be conscious of the values of the group and of how its activity--decision-making, distribu-

tion of labor, communication, etc.--reflects these values.
Since a large part of this value system involves a high con-
cern for other people, these groups should tend to display
more "concern for people" (maintenance emphasis) relative to
"concern for production" (task emphasis) than do hierarchical
groups. This concern is seen in the attempt to create an
atmosphere and a type of process in which members can parti-
cipate as much as possible, in which their needs are met and
their skills and resources maximally developed and utilized,
leading hopefully to an increase in members' self-esteem and
meaingful involvement in the group.

In summary, leadership in collaborative groups ideally
involves some notion of shared responsibility and influence,
accomplished through the voluntary and maximal participation
of each member. It is informal and flexible in its response
to the changing needs of the group. It tries to be consci-
ous of the processes of the group in the pursuit of its goals,
and is concerned with maximizing the satisfaction, develop-
ment, and self-esteem of its members through their partici-
pation in the group.

Before we proceed, we must underscore the importance of
the distinction between the collaborative approach and be-
nign or laissez-faire forms of hierarchical leadership, us-
ually described by terms such as "permissive" or "democratic"
leadership. These terms imply a hierarchical leadership sit-
uation in which the leader attempts to allow greater partici-

pation and influence on the part of followers by means of his

or her formal position of superior power and status. In de-

mocratic leadership, members agree to formalize a role-dis-

tinction between leaders and followers, and retain the ulti-

mate right to restructure this relationship or censure any

individual if they feel it necessary. This admittedly sounds

similar to the description of collaborative leadership offer-

ed above. However, it is experience with this very approach,

in which it was felt leaders eventually took on the attri-

butes of autocratic leaders and members became increasingly

passive and powerless, which led to the stronger non-hierar-

chical emphasis of the collaborative approach. Bernard Kutner

highlights this potential of democratic leadership.

> It would appear that every democratic choice of a
> leader involves a compromise between jealous pre-
> servation of power by the group and active, effi-
> cient performance of the group's mandate. A vigor-
> ous democratic organization must, however, constant-
> ly check its operations to make certain that it is
> not becoming "efficient" at the expense of its de-
> mocratic methods. It is important to recognize
> that there is a current tendency to move from demo-
> cratic to undemocratic procedures in the name of
> efficiency (p. 460*).

In collaborative groups, permissive or democratic leadership

is impossible since the formal distinctions necessary for

such an approach do not exist.

Theories of Leadership and Facilitation

Traditional leadership theories developed from observa-

tions of and questions generated by traditional hierarchical

leadership systems. It is only natural that they should be

guided and shaped by the characteristics of hierarchical

leadership described earlier. Because this type of leader-

ship is usually invested in one or a few specific individuals,

traditional leadership theory focused initially on the study

of leaders, and tended to see leadership as a trait or per-

sonality type, i.e., as an internal characteristic of the

leader. Goulder remarks:

> In the past, the conditions which permitted an in-
> dividual to become or remain a leader were often
> assumed to be _qualities_ of the individual. These
> were in some way believed to be _located in_ the
> leader. It was postulated that leadership could
> be explained in terms of "traits" possessed by the
> leader. Thus a multitude of studies were made
> which purported to characterize leaders' traits .
> . . . (1950, p. 21).

Because of this emphasis on what a leader _was_, there was a

corresponding lack of emphasis on what leaders actually _did_,

so that leadership was seen as a rather undifferentiated ac-

tivity. It was clear that leaders influenced people, but

the actual functions they served in the system were generally

ignored or, at best, minimally differentiated.

Implied in the above characterizations of traditional

views of leadership is the notion of leadership as a unidi-

rectional influence process. The leader acts on his follow-

ers; his followers are passively acted upon. Their contri-

bution is negligible. They are unindividuated and inter-

changeable. Dismissed in this way, they are ignored as contributing factors to the total situation. In the view of traditional leadership theory, leadership is seen as independent and isolated from the context in which it is exercised--independent of the characteristics of the followers as just described, and independent of the task, resources and stage of development of the group, i.e., static. There was no consideration that in different groups, with different tasks, or in the same group at different stages in its development, different styles or patterns of leadership might be called for. This is only logical within a theoretical system that did not see leadership in any way "called for" or influenced by the system in which it operated.

To sum up, traditional theories of leadership focus less on leadership than on leaders, since they assume leadership to be some internal characteristic of certain individuals. The natural consequences of such a view were to de-emphasize what leaders actually did, i.e., what functions they served in the system, and to see leadership as isolated from the system within which it operates. Leadership was seen as a one-way influence process in which leaders act and followers are acted upon, and it became a static concept--that is, leadership was seen as independent of the task, resources and stage of development of the system.

In the history of any science, new theories often grow out of the failure of old theories to account for significant

phenomena and from the emergence of new phenomena (Kuhn, 1962). Both processes, seen in the failure of the traditional approach and the development and study of leader-less groups (Bass, 1954), appear to apply to the development of alternatives to the theory of leadership outlined above. The major re-orientation in leadership research over the past twenty years has been the re-integration of leadership into the context of the system in which it operates. One major contributing factor has been the application of a systems theory perspective. As in the study of psychopathology, what were at one time thought to be internal attributes of a specific individual (whether "insanity" or "leadership traits") came to be seen as social roles or functions to be filled, i.e., characteristics of a system. Ivan Steiner describes this process.

> Efforts to locate and analyze the leader were
> prompted by a hierarchical conception of the group
> . . . . If a group is a system, we must antici-
> pate that no single person is likely to dominate
> its actions, that each member adjusts to others,
> and that hierarchical arrangements often conceal
> mutual interdependencies that are essential to the
> group's continuance (1972, p. 174). By its fail-
> ures, leadership research encouraged acceptance of
> the notion that the group is a system; once that
> notion was accepted, a revised view of leadership
> was inevitable (p. 176).

Once researchers could take their eyes off the insulated "great man," they were free to examine the characteristics of, and the leader's role in, the larger system.

In leadership research, the first clearly defined alternative to the traditional approach was the situational approach, exemplified by Hemphill who said, "There are no absolute leaders since successful leadership must always take into account the specific requirements imposed by the nature of the group which is to be led" (1949, p. 225). In 1947, Cecil Gibb concluded that "leadership resides not exclusively in the individual but in his functional relationship with other members of his group" (author's italics) (1947, p. 231). In a review of the literature in 1949 which highlighted the deficiencies of the traditional approach, Stogdill concluded that "an adequate analysis of leadership involves not only a study of leaders, but also of situations" (1949, p. 69).

The most natural element of the situation to look at first were the followers. It is interesting to watch these early explorers of the situational view of leadership attempt to blur the previously absolute distinction between leaders and followers in order to account for the systematic influence of all group members, without altering the hierarchical connotations of the terminology used. During the early period of situational research, followers are seen as important since they "define a situation in responding to leadership" (author's italics) (Petrullo and Bass, 1961, p. 33). Sanford, in 1950, focused research exclusively on the follower as an alert participant and concluded:

There is some justification for regarding the follower as the most crucial factor in any leadership event . . . . Not only is it the follower who accepts or rejects leadership, but it is the follower who <u>perceives</u> both the leader and the situation and who reacts in terms of what he perceives (1950, p. 4).

In that same year, Gouldner comments:

If a <u>dichotomized</u> difference is sought between leaders and followers, then there is none. The difference is most probably a matter of degree; regardless of which definition of leadership is employed . . . . This inability to dichotomize leaders and followers should also serve to emphasize that no unbridgeable gulf exists between leaders and followers, such as is sometimes implied in certain stereotypes (1950, p. 19).

But perhaps we can most clearly see this germ of a new idea struggling to emerge from an outdated and contradictory framework in the following quotation from Bass.

Certain patterns of followership behavior can be <u>similar</u> to leadership in that a given follower "B", whose behavior "A" desires to change, can, in turn, affect "A"'s behavior by <u>accepting</u> or <u>rejecting</u> "A" as a change agent . . . . Passive resistance and other followership patterns are <u>restricted</u> forms of leadership . . . . This circular conception of leadership-followership-leadership is consistent with our emphasis on their interactional nature. Followership and leadership are not negatively related but are to some extent the same process. In the democratic ideal, leader and follower may be <u>confused</u> (author's italics) (1960, p. 95).

Here we see followers as capable of deciding to accept or reject leadership, but still only active <u>in response to</u> active leadership. The situational approach involved a major reorientation in leadership theory, but as Steiner points out:

> . . . it did not progress very far towards the goal of identifying the kinds of persons or behaviors that are successful in specific settings. It usually left the process of leadership unattended, neglected the needs and actions of followers, and treated the leader as a semi-autonomous agent (p. 173).

Another major contribution to a revised theory of leadership has been an increasing emphasis on the actual functions served by the leader. Hinton and Reitz refer to leadership, as seen in most recent studies, as among other things "a set of functions which may be distributed among several members of the group" (1971, p. 126). Other researchers have attempted to delineate these different functions. Bowers and Seashore, for example, propose that:

> Leadership, as described in terms of support, goal emphasis, work facilitation and interaction facilitation, may be provided by anyone in a work group for anyone else in that work group. In this sense, leadership may be either "supervisory" or "mutual"; that is a group's needs for support may be provided by a formally designated leader, by members for each other, or both . . . (1966, p. 181*).

This emphasis on the functions of leadership has clearly contributed to the trend away from a strict leader-follower dichotomy. Lastly, Hollander and Julian, in a review article of contemporary trends in the analysis of leadership, published in 1969, summarize the underlying features of recent approaches to leadership in the following terms:

1. Leadership constitutes an influence relationship between two, or usually more, persons who

depend on one another for the attainment of cer-
tain mutual goals within a group situation.
2. This relationship between leader and led is
built <u>over time</u> and involves an exchange or
<u>transaction</u> between leaders and followers in
which the leader both gives something and gets
something.
3. There are differential tasks or functions asso-
ciated with being a leader.
4. Leader effectiveness /is seen/ as a feature of
the group's success, in systems terms . . .
(1969, p. 165*).

One recent and highly significant contribution to a

changing conception of leadership, again within the situa-

tional approach, has been a focus on the element of time.

Hersey and Blanchard have developed what they call a "life

cycle theory of leadership," in which different leadership

styles or functions are more or less effective depending on

the resources of followers and the stage of development of

the group.

According to the Life Cycle Theory of Leadership,
as the level of maturity of one's followers con-
tinues to increase, appropriate leader behavior not
only requires less and less structure (task), but
also less and less socio-emotional support (rela-
tionships) (1969, unpaginated).

This theory represents a potential first step toward a devel-

opmental, or evolutionary, conception of leadership, in which

the different needs, tasks and resources at different points

in the development of the group call for different leadership

functions.

All of these recent developments in leadership theory
help clear the way for a collaborative theory of leadership.
Because we are concerned in this study with a group without
a formally designated leader or leaders, traditional leader-
ship theories based on hierarchical groups are of even less
value than they have been shown to be in more formally struc-
tured groups. The emergence on a growing scale of deliber-
ately non-hierarchical forms of social organization calls for
the development of leadership theories which are more closely
suited for the analysis of such groups. The collaborative
theory of leadership presented here was developed almost en-
tirely from observation of the group being studied and is
therefore felt to be more appropriate to the study of non-
hierarchical groups. It was only afterwards that it was
found in many ways to resemble some of the more recent trends
in leadership research described above.

What we are concerned with is the _functional equivalent_
in collaborative groups of leadership as it appears in hier-
archical groups. Many recent researchers see the central
definition of leadership as involving some notion of facili-
tating the group's movement toward its goals. Gouldner de-
fines a leader as someone who "facilitates group action to-
wards a goal or goals" (p. 17). Bowers and Seashore see
leadership as "organizationally useful behavior by one mem-
ber of an organizational family towards another member or
members of that same organizational family" (p. 175*) and

distinguish leadership behavior from the performance of non-interpersonal tasks that advance the goals of the organization. Hinton and Reitz describe most recent theories of leadership as involving a concept of leadership "as a resource rather than a man, as a process of facilitating the progress of the group towards its goals" (p. 126). We find the concepts involved here appropriate to our study, but the semantics problematic.

In focusing on patterns of leadership in this group, we are really asking "What are the mechanisms of movement towards goals in this collaborative group?" But because of the hierarchical connotations of the term "leadership," which make the expression "collaborative leadership" somewhat of a self-contradiction, and because it will be important later to distinguish between the psychological significance of the concept and connotations of "leadership" for group members and the theoretical process of movement in leaderless groups, we will draw a distinction between "leadership" and "facilitation." The term "leadership" will be used to refer to the concept of hierarchical leadership with all its psychological connotations for group members. "Facilitation" will be used to refer to the functional equivalent in collaborative groups of leadership in hierarchical groups, i.e., the mechanisms of movement in these groups. We will define "facilitation" as any interaction between members of a group which helps move the group towards its goals. Several aspects of this defini-

tion bear some elaboration. The word "interaction" is used to indicate the reciprocal nature of collaborative facilitation, that is, that group facilitation is not an act by one member, but involves _initiation_ and _reciprocation_ in order for the group to make any movement. Some member or members must make an attempt to initiate a facilitating activity, and some other member or members must respond in some way. Successful facilitation is not an _act_, but a _transaction_. The expression "between members" highlights the distinction pointed out by Bowers and Seashore, between interpersonal and non-interpersonal types of activities, and re-affirms that facilitation always involves interpersonal behavior. Lastly, the reference to movement implies that every group must be able to identify some criteria for defining movement towards its goals.

The emphases on movement and reciprocity entailed in this definition of facilitation pose, in somewhat different terms, a problem which has long existed in leadership theory. The concept of movement towards a goal implies some notion of "prescribed process," that is, that a certain series of steps or activities make the group more likely to accomplish its task. Although it can not be _proven_ that a group must engage in these specified activities, we will try to illustrate, through the example of the free clinic group, that we can make logical statements about the necessity of such activities and the potential consequences of their omission.

This presents us with the dilemma, in traditional leadership terms, of seeing the leader either as that person who is <u>followed</u> or as that person who is "<u>right</u>." In our terms, shall we define a facilitating act as that which, from what we know, appears most likely to move the group but may not be reciprocated, or as that act which is most likely to be reciprocated but seems to have little chance of actually helping the group? We feel we can resolve this dilemma by drawing a distinction between <u>attempted</u> and <u>successful facilitation</u>. Successful facilitation has already been described. It occurs when a member initiates some activity which appears to have a great likelihood of actually moving the group, and it is appropriately reciprocated. The distinction between initiating acts that are appropriate but unreciprocated and those which are inappropriate but reciprocated becomes negligible when we view them both as examples of attempted facilitation. Whether an appropriate facilitating move goes unreciprocated or an inappropriate one is reciprocated, the end result is most likely the same--the group's failure to move significantly towards accomplishing its goals.

In summary, we propose to use the term "facilitation" to describe the activities, processes and roles involved in the movement of a collaborative group towards its goals. In this concept of collaborative facilitation, we see facilitation as being composed of a number of <u>differentiated functions</u>, which are to some degree <u>shared</u> <u>or</u> <u>distributed</u> among

the members of the group. We see this facilitation as involving a reciprocal interaction among members. Every successful facilitation will in some way involve an initiating move by one or more members and a reciprocal activity on the part of others. Lastly, as a corollary of its reciprocal nature, we see facilitation as embedded in the context of the group, in that the effectiveness of any attempt at facilitation will depend on the task, resources and member characteristics of the group at that particular point in its development. The different functions of facilitation, the distribution of these functions among members, and the reciprocal nature of facilitation will each be elaborated and examined in the context of the group under study later in this paper. However, because of the relatively short period of observation involved in this study and because of the absence of major developmental changes in the group, we will not, in this paper, be able to expand on the notion of facilitation as related to the changing development of the group.

In order to help the reader understand the context of the events we will discuss later, a brief description of the major developments in the group's history is presented below.

Brief History

At the group's first meeting in mid-December, it was decided to "start small." We hoped to provide VD diagnostic services and classes on health issues. As we began gather-

ing information, we came into contact with a number of local health care organizations. These contacts were initially supportive and encouraging, while at the same time they declined to provide actual help until we had a clearer picture of our specific plans. Carried away by this support and enthusiasm, we allowed the scope of our planned clinic to undergo a rapid expansion until we found ourselves discussing what in retrospect sounds more like a medical center than a low-budget free clinic.

By the end of January, our early excitment had calmed sufficiently for the complexity of the task we'd undertaken to finally dawn on us. The group responded by seizing on a fairly trivial item and pouring energy into it. In order to assess health needs in the area, a questionnaire had been suggested. For several weeks, the group devoted a good deal of its activity to discussing, planning, writing, distributing and collecting this questionnaire. This served once again to temporarily energize the group, but little was done with the information gathered. A growing sense of frustration at the gap between our goals and our progress began to be felt in the group in late February and early March.

Attendance at meetings declined steadily in March as the group became more depressed and tried to understand why things seemed to be falling apart. In an effort to pull things back together, a meeting was called in late March to discuss the group's problems. At this meeting, our feelings of frustra-

tion were brought out into the open, which generated a great deal of discussion and a greater sense of closeness than had existed previously. There was discussion of the feeling that we as a group were not sufficient to get a clinic started, that we needed to bring in more people. Soon a plan for a combination pot-luck supper and meeting to attract interested community members began to emerge.

As with the questionnaire, the pot-luck supper soon became the sole focus of the group's energy. We acted as if this supper would present us with some kind of savior (in the form of a group of motivated and skilled community members) to pull us out of the rut in which we seemed to be trapped. The group responded to its frustration and lack of progress in another manner as well. By the time of the supper, in late April, we had agreed to change our goal from that of an actual clinic to a kind of coordinating office which would focus on education and referrals.

The pot-luck supper served only to highlight the lack of clarity and direction in our own group. It provided no new members and no messiahs. The next few weeks marked the dissolution of the group itself. Many members were soon to leave for summer vacations and the failure of the supper only precipitated the group's collapse. One important development during this period, however, was the formation of friendships between several group members outside of the group. These friendships made it possible for a small group of four members to continue meeting over the summer, keeping the concept

of the clinic alive until the fall when a new group formed around the two remaining members of the original group.

In retrospect, the activity of our first group seems almost incomprehensible. It's so easy now to see where we went wrong and what we should have done instead. This brief history obviously reflects this perspective. At the time, however, it had none of this clarity for us. My feeling now, having witnessed almost identical processes in a number of other groups, is that this group of intelligent and motivated people was no more irrational or disorganized than most others, but that we floundered in the grip of group forces we did not understand. This study has been my own attempt to gain an understanding of these forces in the hopes of making myself and others better prepared to cope with them in other group situations.

Chapter 2. Methodology: Participant-Observation

In this case, several factors--the nature of the group being studied, the focus on the process of facilitation, and my prior relationship with the group--dictated one optimal methodological approach--that of participant-observation. The participant-observer approach has been used by social scientists to study a wide spectrum of social systems, from small groups to large institutions and communities. Its advocates point out that "participant-observation is not a single method but rather a characteristic style of research which makes use of a number of methods and techniques--observation, informant interviewing, document analysis, respondent interviewing and participation with self-analysis" (McCall and Simmons, 1969, preface).

Those aspects of participant-observation which seem to distinguish it most clearly from other scientific methodologies are its reliance on the actual participation of the researcher in the activities of the social system being studied, the sequential aspect of analysis and the absence of quantification. What distinguishes participant-observation from other types of field work or naturalistic observation is that the researcher is explicitly a participant as well as an observer in the phenomena he studies. The implications of this distinction are manifold. Disadvantages are that the researcher may, by his very presence and interaction, bias

the process he observes, that he may lose an outsider's per-
spective on the events taking place around him, and that he
may feel his own freedom to pursue delicate questions and
publish his conclusions limited by the social relationships
he has established.

Advantages are that the researcher is offered the oppor-
tunity, more than in any other type of research, to "secure
his data within the mediums, symbols, and experiential worlds
which have meaning to his respondents" (Vidich, 1955, p. 79*).
He is exposed to the overt and covert activity of the system
much more closely and consistently than in any other type of
approach. Participation and the formation of social rela-
tionships facilitate more open and honest communication be-
tween the researcher and members of the system. Confidential
information is more accessible. Lastly, for purely temporal
reasons (the greater amount of time spent in contact with the
system), the researcher is more likely to observe inconspi-
cuous but crucial incidents and indicators which might other-
wise be ignored, and is able to more accurately interpret the
significance of these incidents in the system. Comparing
particiant-observation with survey data, Vidich and Shapiro
(1955, p. 303*) emphasize this last point.

> What the survey method gains in representative co-
> verage of a population is probably of no greater
> methodological significance than the increased depth
> of understanding and interpretation possible with parti-
> cipant-observation. This is evident when we con-
> trast the position of a survey analyst and a parti-

cipant-observer when both face the problem of in-
terpreting the _meaning_ of a question. The desk
chair analyst can give at best an intelligent guess
based upon sketchy pretest and tabular data. The
observer. . . can call upon the wealth of his ex-
perience with the linguistic habits, the attitudes,
values and beliefs of the group and provide a much
richer, and probably sounder interpretation.

One last advantage should be mentioned here--one which

comes from the researcher focusing on a potential disadvan-

tage in order to transform it into an asset. The disadvan-

tage mentioned above that the researcher may be too close to

the object of study, that he may lose the distance required

for more detached observation, implies that he is also sus-

ceptible to whatever subtle influences, moods or assumptions

pervade the system. If he can sensitively draw back and try

to understand his own feelings and thoughts, he may have a

valuable phenomenological insight into the experience of

other members of the system and into the forces working in

that system. Naturally, this sort of data requires careful

checks, through observations of others' behavior and inter-

viewing members about their own reactions, but it remains

true that as a participant, the researcher can often use his

own emotions and reactions as a clue in understanding the

operation of the system he studies.

The second distinctive characteristic of participant-

observation mentioned was the sequential aspect of analysis.

By this is meant the fact that participant-observation seems

particularly well-suited for the generation of hypotheses,

as opposed to crucial testing of their significance. As

Strauss et al. put it, "A . . . general characteristic of fieldwork is its temporally developing character. The field-worker usually does not enter the field with specific hypotheses and a predetermined research design" (Strauss et al., 1964, p. 25*). Dalton (1964, p. 55), explaining the rationale behind his use of the participant-observer approach in a study of managers in a large industrial firm, asserts that it is both foolish and often impossible to approach a complex social system with preconceived hypotheses which seem to have no great likelihood of being verified. "Before framing hypotheses, I first sought intimacy with the area of study to raise questions worthy of hypothetical phrasing." The obvious disadvantage of this approach is that hypotheses may be suggested but rarely tested in a conclusive way. Frequently, advocates of participant-observation respond to this criticism by asserting that the field approach and the laboratory approach complement each other, the former in its fertility of generating hypotheses and the latter in its ability to subject hypotheses to more rigorous testing. It seems questionable, however, whether most of the hypotheses developed in complex on-going social systems could be adequately tested in an experimental setting. The relatively less structured and non-quantifiable testing of hypotheses which occurs in later stages of the participant-observation process may be the most realistic form of testing these types of hypotheses available at this time.

The advantage of this approach is the freedom it gives the researcher, first, to develop hypotheses which seem especially well-suited to the system he studies, and to continually check out, refine, and develop these hypotheses as he goes along. He is not bound to his first hunches which may reflect his lack of familiarity with the particular system; he is free to modify, reject, and add hypotheses based on continuing observation. He can avoid meaningless questions and modify the categories of his analysis. He is involved in a continual process of generation, testing, and modification of hypotheses. This is especially important in the study of on-going processes in social systems, where problems and relations may change over time and require changing hypotheses to keep up with them.

The last characteristic of participant-observation mentioned was the relative absence of quantification. Although several investigators have recently begun to develop statistical and quasi-statistical treatments of qualitative data (McCall, 1969; Becker, Geer, Hughes and Strauss, 1961), these techniques are the exception rather than the rule and seem at this point to represent not an innovation but a more explicit form of the operations typically carried out by most researchers. The absence of quantification in participant-observation studies does not imply an absence of evidence or proof. Evidence is qualitative in the use of incidents and remarks to support hypotheses and quantitative where a large number

of such proofs from a number of different sources (behavior-
al observation, causal remarks, formal interview, etc.) can
be mustered to support a conclusion.

The absence of quantification reflects the nature of
the problems studied and the questions asked. The partici-
pant-observer approach is considered especially useful in the
study of complex, on-going social systems which cannot be in-
vestigated in an artifical laboratory setting or by one-shot
survey techniques. As in case studies of personality or fa-
mily dynamics or studies of development and maturation, the
nature of the area of interest is not accessible to these
more limited, circumspect methodologies. The same is true
where questions involving process, development and change are
concerned. Here again, experimental and survey techniques
emphasize static relationships between static variables, and
fail to capture the systematic process of development and
change (von Bertalanffy, 1968). Participant-observation is
especially well-suited for the study of development and
change--i.e., of process, in a social system. In discussing
participant-observation, Strauss et al. remark:

> The propositions dealt with are rarely of the "A"
> causes "B" type, the usual causal interrelation-
> ships between two or more variables dealt with in
> experimental research. If the fieldworker offers
> such propositions, they tend to be only part of a
> total propositional set. This characteristic is
> attributable to the preoccupation of most field-
> workers either with problems of social structure
> or with specific phenomena as they relate to an
> on-going social situation. The outcome of such

research is not one, two or a few carefully tested hypotheses but a set of many interrelated proposi- tions (Strauss et al., 1964, p. 24*).

In Becker's words (1958, p. 653), researchers use this method "when they are especially interested in understanding a par- ticular organization or substantive problem rather than de- monstrating relations between abstractly defined variables."

It should be clear by now why this particular approach has been chosen for this study. The area of interest--a small social system occurring naturally in a natural environ- ment, the focus on the process of facilitation in the group, and my own prior relationship to the group as a participant in its activity called for the combinations of techniques in- volved in a participant-observer approach.

Several researchers have attempted to describe the pro- cess involved in participant-observation. These descriptions usually assume a rough stage sequence. Strauss et al. dis- cuss three stages of research. The initial phase involves general observation. Specific problems have not been deter- mined. The observer surveys the field, testing a large num- ber of hypotheses, hunches and guesses. The second phase is marked by greater attention to particular aspects of the field and by an emerging set of propositions. The final phase consists of systematic efforts to pinpoint various hy- potheses. "Those hypotheses that survive the informal tests of daily observation are then subjected to more deliberate, controlled inquiry. The fieldworker concentrates upon ob-

taining evidence relevant to those propositions; he searches

for negative or qualifying, as well as supporting, instances."

The writers point out that "In actuality, the investigator

may be working within two stages during a single period of

time. A given problem may be ready for pinpointing while

propositions are still being developed in another area."

Becker (1958) has developed a scheme which seems more

ambitious than Strauss'. In an attempt to "pull out and de-

scribe the basic analytic operations carried out in partici-

pant-observation," he presents a four-stage process. Stages

are differentiated according to logical sequence (each suc-

ceeding stage depends on some analysis in the preceding

stage), the kinds of conclusions arrived at and the uses

these conclusions are put to in the continuing research, and

the different criteria used to assess evidence and reach con-

clusions. The first stage involves the selection and defini-

tion of problems, concepts and indices which give promise of

yielding the greatest understanding of the organization.

Typical conclusions will be that certain phenomena exist,

that events occurred once, or that two phenomena were seen

as related in one instance. The researcher picks items which

might be used as indicators of less easily observed pheno-

mena. The second stage involves checking the validity of

these phenomena in various ways, such as checking their fre-

quency and distribution and considering not only the amount

but the kinds of evidence for these conclusions. The last

stage of analysis in the field consists of "incorporating in-

dividual findings into a generalized model of the social sys-
tem . . . . In this final stage, the observer designs a de-
scriptive model which best explains the data he has assem-
bled." The last stage, carried on after the field work is
completed, involves "rechecking and rebuilding models as
carefully and with as many safeguards as the data will allow"
and "the knotty problem of how to present . . . conclusions
and the evidence for them."

McCall and Simmons (1969, p. 24) differentiate partici-
pant-observation from conventionally structured research
which may involve exploratory studies (to generate concepts
about an area), descriptive studies (to validate instruments
and to estimate the relevant parameters and relationships
among these), and explanatory studies (to test certain theo-
retical propositions arising out of the earlier studies).
"Participant-observation research typically coalesces this
sequence of studies into a single multiplex process."

*   *   *

In this study, the method involved a mixture of direct
observation and interviewing. One convenient aspect of this
group was that it existed as a unified social system within
a predictable and delimited time-space context, that is, that
the "life" of the group consisted almost exclusively of its
weekly meetings which took place during a certain number of

hours and at one specific place. This rendered the group highly accessible for observation, as compared to other social systems, such as street-corner groups, sub-cultures or tribal groups, which are much less predictable and/or delimited in the temporal and spatial context in which members assemble. With this group, an observer could be sure that he was present during the major part of the group's life by attending its weekly meetings. The only parts of the group's life that were not observed were the "legwork" or information-gathering of individuals or small groups of members and conversations about the group held among sub-groups of members outside of meetings.

Between December 10, 1971, and May 22, 1972, 19 group meetings were attended. These meetings constituted the life of the group as a whole during this period. Notes were taken during meetings and afterwards these notes were elaborated, with greater detail and increasing commentary, into a journal of field notes. The choice of a date for terminating observation was dictated partly by the logistics of this study, in that it was felt that enough material had been gathered during this period and there was some pressure to begin organizing and writing, but primarily by natural developments in the group itself. By late May, most of the group's members had either left the group for good, or were leaving for the summer and would not be returning for several months. Besides myself, only three members of the group which I had

been observing and which usually ranged in size from 10 to 15 members planned to continue meeting together during the summer. This marked the most radical change in the membership of the group since its beginning over five months earlier and so provided a natural termination point for observation.

During the next two months, intensive taped interviews were carried out with all except one of the people who had played a significant part in the group. This individual could not be reached during the summer and it was felt that an interview held over three months after the end of her participation would not be sufficiently reliable or valuable to make a significant contribution. In all, thirteen interviews were conducted on a wide range of topics concerning the group, such as goals, activity, atmosphere, problems, conflict, members and especially, leadership. Members were encouraged to describe briefly the group and their participation in it in their own terms before more structured questions were asked. All members participated in a mixture of informant and respondent interviewing, in that they were asked to discuss their feelings and reactions as members of the group and their opinions and impressions as observers in the group. Interviews also included members' reactions to other group members, and their feelings about and reactions to this research as well as my double role in the group as a member and a researcher. Afterwards, transcripts of each of

the interviews were typed, so that the journal of field notes and these transcripts provided the primary sources of information upon which conclusions were based. Casual conversations with group members outside of the group occasionally provided additional information.

* * *

The reader who is familiar with more formally structured research may be wondering at this point about the credibility of conclusions drawn in this way from these sorts of qualitative data. Let us consider two aspects of this question separately. First, there is the issue of bias. How capable is the observer of amassing accurate data? What are the threats to the quality of data? McCall (1969) points out three types of threats to the quality of data obtained through participant-observation. They are: 1) reactive effects due to the observer's presence or behavior on the phenomenon under observation; 2) distorting effects of selective perception and interpretation on the observer's part; and 3) limitations on the observer's ability to witness all relevant aspects of the phenomenon in question. Three general sources of such effects are: 1) the structural features of the observer's role-relationship with subjects; 2) personal characteristics of the observer, particularly his psychological functioning; and 3) characteristics of the observer's frame of reference.

In discussing the emotional involvement of the observer in the setting he is studying, Schwartz and Schwartz (1955, p. 99*) suggest an approach which applies as well for the other types and sources of threats mentioned above. "Since the investigator has control over neither his affective responses nor their effects on his observations, he must contend with his feelings as part of his data. Only by increasing his own awareness of them, their bases, and their effects on him will he be able to counteract their distorting influences." In Myrdal's words, "There is no other device for excluding biases in social sciences than to face the valuations and to introduce them as explicitly stated, specific and sufficiently concretized value premises" (1944, p. 1045).

Perhaps the best way to approach the issue of bias would be to examine the significant features of the relationship between the observer and the system observed in this study in the light of the matrix of bias effects and their sources described above. However, before we begin this discussion, it will be helpful to highlight one crucial aspect of participant-observation in general. Participant-observation, as its name implies, is a process in which the researcher moves back and forth between a state of involvement in the system and a state of distance or separation from it. The participant-observer is a sort of commuter who shuttles back and forth along the "in-out" dimension. This "mobility" is essential in order to avoid the pitfalls at either end of this dimen-

sion. The researcher who has difficulty moving into the life and meaning of the system, who is too distant or removed from it, will lose the special advantage of the participant-observer approach--the ability to understand the system in its own terms, from an insider's perspective. The researcher who can not easily move out of the system, who can not detach himself and adopt an outsider's perspective, can be engulfed in the process of the system and lose his ability to discern what might be obvious to a non-participant. The first is like someone who finds himself in a foreign country watching a sports event he is unfamiliar with and does not understand. From his seat in the bleachers, he can see the action but is mystified as to the rules or patterns underlying the seemingly random behavior of the people below him. The second is like one of the players themselves who, in the midst of a fast and furious fray, loses sight of what is happening on the field as a whole. Every participant-observer study has its own characteristic blend of advantages and disadvantages deriving from the "mobility" of the researcher. The reader will see that in this particular study, problems are most likely to be of the type that develop from the researcher's being too "close" to the system, as opposed to those which stem from being too "far" from it.

The following aspects of the group, the researcher, and the relationship between the two are significant for an examination of the issue of bias.

--The group under study met at regular time-bounded intervals in one unit rendering the large majority of its activity extremely accessible to observation.

--I joined the group solely as a participant and only later decided to act as an observer as well.

--Due to the informal nature of the group, it would have been inappropriate for me to announce to each new member that I was studying the group. I did discuss the research casually with individual members when it seemed relevant. Consequently, by the end of the period of observation, eight of the fourteen members of the group (besides myself) knew I was doing some type of research on the group itself. Six were not aware of research of any kind.

--I was a graduate student in clinical psychology, which gave me quasi-professional status and a tinge of the traditional culture in a group which was in many ways anti-professional and counter-cultural.

--Throughout my participation in the group, I was very close to two members of the group and so was involved in a subgroup of sorts within the larger group.
We can now explore the implications of these facts for the question of bias by examining them within the framework of bias effects and their sources which we presented earlier.

Reactive effects refer to changes in the system due to the presence or behavior of the observer. Their sources can be seen as lying in the personal characteristics of the obser-

ver and in the structural features of his role-relationship
with members of the system. Relative to other participant-
observer studies, reactive effects can be assumed to be quite
low in this case for several reasons. My prior relationship
as a participant in the group and my sincere involvement with
the task of the group encouraged a higher degree of trust to-
wards me on the part of most group members than would have
been experienced by an "outsider" who asked permission after
the group had run for some time to sit in and take notes.
In fact, such a traditional approach would have almost cer-
tainly met with suspicion and rejection. For this reason as
well as the facts that six of the fourteen members did not
know I was studying the group, that other members occasion-
ally took notes as well, and that formal interviews were not
held until the end of the period of observation, there was
little conscious feeling of being observed on the parts of
most group members. In interviews, not one of the eight mem-
bers who were aware of the research described feeling that it
had affected or changed their behavior. Most reported becom-
ing aware of it occasionally when they would notice my note-
taking, but this is always described in a casual, unconcerned
way. This reported lack of concern and self-consciousness
fully supports my own impressions of members' attitudes to-
wards the research, both from observation at meetings and
discussions afterwards. Only one of the fourteen members
ever struck me as unusually curious about the research. This

person, Lynn, could not be interviewed, but in a phone conversation reported having had no concern that she could remember. Because of her frequent questions to me about what I was doing, I question this assurance of disinterest, but this is only true in the case of this one individual. Jim described being suspicious at first about whether all I really wanted was to study the group, but having grown to trust my real interest in the group from observing my participation. My own sense, as I have said, is that conscious reactive effects on the part of members were insignificant. I feel that while I was recognized as a participant, as an observer I was ignored. It seems possible that members could have been affected subconsciously, but this would be extremely difficult to assess and I have no indications that it might be true.

Reactive effects may have occurred however, not in relation to my role as a researcher, but to my quasi-professional status as a psychologist. Several members were open enough to discuss their initial suspicions of someone working towards a doctorate in psychology, and it seems likely to me that others may have felt but not discussed this. Field notes record a couple of comments about not wanting "a bunch of grad students" running a possible counseling center for the clinic. However, the fact that such comments could be made in my presence seemed to convey the message that I was "OK" even if graduate students in general were subject to sus-

picion. In any case, two other members were graduate stu-
dents and it seems unlikely that this could have seriously
affected the activity of the group. Interviews with group
members also supported my own impression that I had no rea-
son to assume that any personal characteristics of my own
might have led to significant reactive effects.

Distorting effects refer to the selective perception of
the researcher in observing and studying the system. Such
effects may stem from any of the three sources described
above.[2] In this case, distortions are likely to have occur-
red on my part because of differences in the extent of my
participation in subgroups within the group. Because I lived
with Darryl and Ellen, and considered myself friends with Roy,
I had greater access to these three individuals than to most
other members of the group, and was clearly influenced more
by their perceptions than those of others. My surprise at
some comments by other members of the group during the inter-
views after the period of observation attests to this type of
distortion. It is hoped however that the integration of

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[2]I find the term "distortion" unfortunate since it im-
plies that if not for these interferences one would be able
to perceive the world objectively. My own feeling is that
such objectivity is impossible. However, it is clear that
humans deny, project, ignore and select more in some areas
than others. In an attempt to make explicit what seem to be
the areas in which these operations are intensified, I will
make use of McCall's terminology with this caution concern-
ing its interpretation.

these different perspectives has significantly reduced the extent to which such distortions might seriously bias the research.

Other major sources of distorting effects are the personality characteristics and the conceptual frame of reference of the researcher. My own assessment of these factors leads me to feel that the major influences leading to such distortions emerged from and were characteristic of the group itself, as opposed to being idiosyncratic to me before my participation in the group. For example, I approached the group with no explicit hypotheses or hunches and few if any articulated values ar assumptions about groups, other than a wish to believe that collaborative informal groups could be satisfying and effective. I had had no experience in the study of leadership, and came into the group then with no clearly defined conceptual frame of reference. This may have retarded the process of "scanning for pattern" (Watzlavick, et al., 1968), but it provided for a minimum of distorting effects from prior conceptual set.

However, distortions clearly developed from forces operating within the group. The counter-culture in general is pervaded by an ethic of harmonious relations, most naively manifested in the "peace and love" days of Haight-Ashbury in 1967. The group, embedded in this culture, and myself, steeped in the atmosphere of the group, were to some extent crippled by this doctrine of harmony and togetherness. The

group in its activity and the members in their individual interviews demonstrated what ranged from a reluctance to an inability to perceive and discuss conflict and negative feelings. As stated previously, in this study distortions are most likely to come from insufficient rather than excessive distance from the group. If there is any area in which I now feel my effectiveness as an observer was impaired, it was in my own obliviousness or reluctance to consider areas of conflict and my own or others' negative feelings. In addition, distortions (or more accurately, oversights) may have resulted from what I now feel was an excessive desire on my part to accept what members said at face value. In an attempt to correct for what I felt to be an excessive tendency on the part of psychologists to read many levels of symbolic meaning and unconscious motivation into everyday behavior (and perhaps to feel I was dissociating myself from the taint of traditional psychology), I made an effort at first to accept members' comments on the levels at which they offered them. I now feel I would have been more effective as a researcher and perhaps more helpful to the group had I been more willing to consider additional layers of meaning and motivation. Concerning personality characteristics, I feel that my ability to observe the process of the group was occasionally impaired by my anxiety in the face of the confusion and frustration in the group. This anxiety seems to have been shared by many members of the group, but may have been intensified in my

case because of the additional pressures imposed by my dual role as participant and observer.

The last area of bias effects involves limitations on the observer's ability to witness all relevant aspects of the system he studies. Clearly in this case, such effects were negligible, due to the fact that the group "existed" as a system only at its meetings, which could be easily observed. It did not separate into subgroups or committees meeting at different times and places. It was not hierarchically struc- tured which might have allowed a researcher great access on one level but little on another. Only two aspects of group life could not be observed--the fieldwork or information- gathering done by individuals or sometimes pairs of indivi- duals and members' casual conversations about the group out- side of meetings. Again, the issue of subgroups comes into play. Because of my different relationships with different members of the group, I had differential access to these out- side activities. Semi-structured interviews with all except one group member can be seen again as a way to correct for these differences somewhat. The selective perception which results from such limitations, however, is to some extent in- evitable and has been discussed above.

The second aspect of the question of the credibility of observations is that of proof or evidence. How is the reader to believe any conclusions drawn actually emerge from the data themselves? Considering the qualitative nature of the

data, the best answer to this question seems to lie in the method of presentation of results more than anything else. We propose to make explicit the relationship between hypotheses and theoretical models arrived at and the primary data themselves. Abstract concepts, hypotheses and theories wherever used will be illustrated with whatever evidence has led to their adoption. Thereby, the reader has access to the information the researcher has used to draw his conclusions and can accept or reject these conclusions in his own evaluations of the evidence involved. Becker (1958, p. 660), in recommending a similar approach, asserts that the reader is able to "follow the details of the analysis and to see how and on what basis any conclusion was reached. This would give the reader, as do modes of statistical presentation, an opportunity to make his own judgments as to the adequacy of the proof and the degree of confidence to be assigned the conclusions." It is this approach that has been adopted here as a way to let the reader evaluate for himself the validity of any conclusions presented.

This discussion has been presented as a sort of "caveat emptor" to the reader. Its purpose has been to sensitize the reader to potential areas of bias or threats to the quality of data in fieldwork in general, and to evaluate the potential contributions of each of these threats as well as the ways chosen to meet them in this particular study.

A Note on the Organization of Material

Researchers who use the methodology of participant-observation always find themselves faced with the perplexing problem of how to present the material they have accumulated. The description and analysis of any social system is an extremely complex undertaking, especially where issues of process and change are concerned. The researcher has observed the interplay of a large number of forces over time. He is often plagued by the feeling that no one dimension of the system can be satisfactorily discussed without articulating its relationships to other dimensions, and so he finds himself following themes leading to other themes leading to still other themes, etc. After a few trips around this maze, he emerges dazed with still no lead **on how** to organized his material. At this point, the researcher most often opts for some form of organization around the major dimensions of the system, settling for somewhat arbitrary but discrete boundaries between areas. He is like a man unweaving a tapestry, separating out individual threads and tracing their paths through the pattern of the whole. In this way, he can highlight each of these threads and more easily discuss their relationships with one another. I have chosen to follow a similar form of organization.

So far, we have set the stage for the discussion of this particular group by describing the origins of the group itself and the concepts of free clinics and alternative insti-

tutions. We have briefly gone into the reasons for the choice of leadership as a focus and have described the differences between hierarchical and collaborative leadership and between the theories which emerge from the study of each. Lastly, we have discussed the methodology of participant-observation in general and as applied to this specific group. Before we proceed, the reader is referred to the Appendix where he or she will find a brief description of each group member. This information is not considered essential for an understanding of the group, but is provided so that readers can get a better idea of members' backgrounds, resources and personal goals is they so desire.

In the following sections, we will approach the role of leadership in the group by exploring members' philosophies as well as their feelings and psychological reactions to leadership. After this, we will present a theoretical discussion of collaborative facilitation with illustrations of how it did or more often did not work in the free clinic group. We conclude with a discussion of the reasons for the failure of this particular group and the requirements for the success of collaborative process in other groups. We hope by this method of presentation to be able first to examine a number of separate "threads"--that is, to give the reader an insight into the major forces operating in this system--and then to weave these threads back together in such a ways as to re-create a picture of the group as a whole.

PART II

LEADERSHIP

Chapter 3. Philosophies of Leadership

We begin our discussion of patterns of leadership and facilitation in the group by focusing first on members' individual philosophies of leadership. This gives us a picture of what forms of leadership or ways of avoiding it they might choose given total freedom to do so. We approach our subject matter then first at the level of abstract ideals and by allowing members to speak for themselves in describing their own value systems. Later, we will describe what actually happened in the group, what forms of leadership did emerge, and attempt to account for some of the discrepancies which arise from such a comparison.

Every culture, every social system, develops its own private language--that is, it makes use of the public language in a way peculiar to itself. It develops a set of linguistic expressions which have special significance for members of that system and which are not shared by outsiders. Some parts of this private language may have little intrinsic significance as far as their meaning is concerned and function more to strengthen bonds of cohesion within the group and to exclude outsiders. Others parts of this language however may be invested with meanings which make them crucial to members' self-definition of their group and to an outsider's understanding of it.

The concept of the organic is a central motif in the counter-culture which is largely unified by a shared critique of traditional forms of social organization. These are seen as rigid, mechanical and rational to the point of irrational-ity--i.e., unnatural. Alternative approaches to social or-ganization are described as aiming towards an ideal of "or-ganic development," with its connotations of natural growth in harmony with natural forces. The term, "organic" struc-ture, is used in opposition to the concept of "formal" or "mechanical" structure. The contrast centers around the man-ner in which structure enters into the life of the system. Formal structure is seen as being imposed on the group, ty-pically with little conscious thought given to its congruence or "goodness of fit" with the needs of the group and usually in one bulk package at the very beginning of the life of the group. Organic structure implies that whatever structural features develop will emerge gradually from the felt needs of the group, be designed as optimal strategies for meeting those needs and be subject to revision or recall if they no longer seem to be serving that function. Although the expres-sion itself was not heard frequently in the group, its sense seemed to be understood by every group member. Suggestions for formal votes, the designation of a secretary, or calling a meeting to order were heard in the group only when deliver-ed with tongue in cheek--that is, they were a way of affirm-ing what we were _not_ through our shared sense of disdain for

these formal procedures. The ethic of organic structure provided a set of constraints to which any developing patterns of leadership would have to conform.

Minimal leadership. When group members discuss their philosophies of leadership, a number of recurrent themes emerge.[3] The one which is heard most often is the idea of minimal leadership. This is based on the assumption that some form of leadership is an occasionally necessary evil, that a good leader is one who is conscious of this and is willing to take and relinquish a leadership role as it seems called for. Discussing this idea, Darryl says:

> You can have someone exert leadership and then rapidly try to phase themselves out. That would be like trying to make the best of a bad situation.

Caroline expresses a similar idea.

> It's too bad that we're still at a stage where a leader is necessary to get something done. It's good that . . . leaders in . . . alternative systems realize that they are leaders and don't want to keep the position.

Roy echoes a similar notion.

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[3] It should be remembered that members are not using the distinction between leadership and facilitation which I presented earlier in this paper. The term "leadership" is used here to refer to formal and informal, hierarchical and collaborative styles of leadership without discrimination among them.

> I prefer to see the leader assume his responsibility for the function and then relinquish the leadership and then take the leadership when another function calling for his special expertise arises. Like leadership serves a function but I don't like to see leadership institutionalized.

Resources and skills. Another theme which emerges from these discussions with members is that a leader should be someone with certain skills or resources. Sandy describes a leader as "a resource person for the kinds of things that /are/ happening in the group." Patty says that "you can only be a leader in so far as you have the skills to do it." Roy describes feeling that "everyone has an area of competence where he should assume the leadership and responsibility together." Ideally then, leaders should be individuals with appropriate skills who are conscious of the destructive aspects of leadership, assume responsibility only when it is called for and are ready to phase themselves out of this position when they have served their purpose.

Leader as co-ordinator. Other more complex aspects of how members see leadership involve the leader's abilities to guide or structure the group, to co-ordinate different activities and aspects of the group, and to moderate the group's discussions. Bill feels that "there has to be someone to co-ordinate things." Roy sees a leader as someone who "helps get things started, helps provide direction." Ellen emphasizes the notion of the leader as a coordinator and moderator.

/̲L̲eadership i̲s̲/ not letting things gibber away--
just giving things some kind of hold-together . . .
People should be interested themselves in whatever
part they're interested in and a leader would just
make sure things got decided and things came to-
gether. He wouldn't be a motivating force; he'd be
a clean-up crew.

Dick combines the notions of leader as someone who provides

focus and who moderates discussion.

By "leader," I mean someone who gives a focus to
the group, like saying, "Hey, where are we going?
We're talking about 'X'. Let's try to resolve it.
We got off the mark." . . . Almost like a sort of
guide, sort of facilitator.

Caroline combines the notions of leader as coordinator and

structurer.

/̲A̲ leader i̲s̲/ somebody to keep things together;
when everything looks very scattered, to be able
to focus on something, to have a central grasp of
what's going on, understand the material, be able
to give a clear statement of what the clinic is to
anyone.

These descriptions of a leader as someone who provides

structure, guidance or focus, who coordinates different activ-

ities, and who moderates the process and discussions of the

group all involve some notion of overview or perspective.

The leader as described here seems to be a person who is not

diverted or distracted from certain overall goals by immedi-

ate concerns and specific issues. The leader has an under-

standing of where the group wants to go, how to get there,

where and when they have been sidetracked and how to get back

on the track. Essentially, we are discussing the ability to
evaluate the activity of the group against some overriding
goals and to synthesize the different activities of indivi-
duals or subgroups so as to coordinate efforts towards those
goals.

Leader as facilitator. Other descriptions of the func-
tions of leadership revolve around the idea of the leader as
a facilitator--not so much as someone who acts in a certain
way in the group but as someone who facilitates certain pro-
cesses inherent within the group. Specific processes men-
tioned by members are individual's freedom, growth, creativ-
ity and learning, participation, cooperation and shared re-
sponsibility. For example, Patty describes a good leader as
someone who:

> allows the people that he's working with to be as
> free as possible and do as much and be as creative
> as possible. And a leader is one who shares re-
> sponsibility rather than keeping it all for him-
> self, and by sharing responsibility, he makes him-
> self less a leader and I think that's a successful
> leader.

Note that this definition involves a more explicit mechanism
for the leader's relinquishing his power--that is, to encour-
age members to share the responsibilities he has assumed.
Darryl relates this to the concept of shared leadership.

> Ideally what you want . . . is /to/ have everybody
> sort of feel that they can exert leadership when-
> ever it was necessary . . . . I guess that's . . .
> what you're trying to strive for-- to have a situa-

> tion in which anyone can be a leader . . . . What
> you want to do is maximize the amount of energy
> that can be exerted . . . . That would be a real-
> ly good type of leadership because it doesn't sti-
> fle other people. It just like brings things out.

Jim describes leadership as a process of facilitating growth
and cooperation.

> I think /a leader's/ . . . most important function
> is sort of being an energy center for people to
> grow from, as somebody who has capabilities in
> terms of helping other people just to grow . . .
> essentially. I think normally leadership is con-
> fused with people who do just the opposite--con-
> trol, get as much power as they can and stop other
> people from learning how to do those things because
> it's threatening to their status. So I guess I
> would consider people leaders who would be able to
> facilitate and help something . . . evolve . . .,
> just a sense of cooperativeness instead of competi-
> tion and vying for power plays.

We return now to the private language of the group to
consider another expression used frequently by members--the
concept of a "primary energy person." Energy is a favorite
concept in the counter-culture at large, seemingly because of
its connotations of activity without belligerence, strength
without struggle. It suggests a sense of power uncontamin-
ated by hostility, a vitality which is non-oppressive.
Clearly then, this expression captures perfectly the con-
cepts of leadership described above. A "primary energy per-
son" connotes an individual who is committed to the goals of

the group, who is vital and energetic without being authoritarian and oppressive. It conjures up images of someone who can mobilize energy to help things happen instead of directing his or her energy towards forcing or interfering with their occurence. The terms "leader" and "leadership" were never used in the group except sarcastically or humorously; the expressions "energy" and "primary energy person" were heard constantly.

So far, in describing some of the themes which emerge from a discussion of members' philosophies of leadership, we have focused on the concepts they include. However, what they omit is as noteworthy as what they include. Leadership is not, as described by these individuals, formalized or institutionalized, invested exclusively in one or several individuals, authoritative (in the sense of issuing orders or directives) or oppressive.

What emerges is a fair amount of agreement among members in their philosophies of leadership. It should be remembered that interviews were held after the period of observing the group, that is after five months of group meetings. It is not known how these views of leadership relate to members' ideas before they joined the group as opposed to what they gleaned from the group experience itself. But, from these conversations, we would expect the following patterns of leadership to develop in this group. The responsibilities of leadership would be shared. Individuals with skills and re-

sources would bring them to bear when necessary and cease
when their functions had been served. Leadership would act
to direct the activity of the group in light of its goals
and to evaluate and synthesize the various immediate concerns
and activities of the group. Lastly, it would serve to faci-
litate members' growth, freedom, learning and creativity, and
to foster an atmosphere of maximal participation, shared re-
sponsibility and cooperation.

In this section, we have looked at what members say
about their values concerning leadership--that is, we have
examined their rational philosophical attitudes towards lead-
ership through their own verbal report. We move now to a
different level of analysis. In the next section, we will
explore members' psychological and emotional reactions to
leadership or the lack of it as inferred from their behavior
in the group as well as from further information derived from
interviews. In so doing, we move also from the ideal to the
real.

Chapter 4. Feelings About Leadership

The following two examples taken from the field notes convey some of the flavor of the group's activity around the issue of leadership, and so, set the stage for a discussion of members' feelings about leadership.

*   *   *

At the group's fourth meeting, after a long period of aimless and unresolved discussion, Patty suggested we start using a "moderator." She explained that at Room to Move the moderator was a member of the group who contributed as a member but also saw to it that the group stayed with an issue or a problem until it was resolved and who made the group aware of its digressions. Our own group approved of the suggestion and Bill was picked to serve in this role at the next meeting. However, the next meeting came and went without mention of the moderator discussion from the week before. In fact, five more meetings were held in which the subject of a moderator was never once raised, as if the discussion and the decision to have a moderator had never occurred.

At the ninth meeting, Dick expressed his growing frustration with the group's continued long and directionless discussions. He suggested we pick up on Patty's suggestion from over a month before and make use of a moderator and an

agenda, arrived at by combining the separate agendas brought

in by each member. We got sidetracked even from this discus-

sion but returned to it when Dick brought it up again later.

Finally, we agreed to try a rotating moderator for a few

weeks--that is, to have a different person be responsible for

that function at each meeting. Dick was given the task for

the next meeting. He served in this role at the tenth meet-

ing which was on the whole brisk and efficient. The last or-

der of business was to pick Roy as the moderator for the

next group meeting. However, only six members showed up

that week and, perhaps for this reason, the evening did not

have the air of a regular business meeting. Roy did not

serve as a moderator and again no mention was made of the

complete absence of the role which had been discussed and

agreed upon two weeks before. From this point until the end

of the period of observation, a period of almost three months,

I have no record of the moderator ever being mentioned or

discussed in a group meeting. The moderator had again ceased

to exist. It was as if the group members had, without need

of words, colluded and consented to bury this "person" we'd

created. The moderator, once looked to as a sort of guide

out of the wilderness, had become a non-person in the manner

of once powerful but now deposed political leaders.

*   *   *

When Darryl and I arrived at the group's second meeting, discussion had already begun. My field notes read, "The group had already started talking when we came in; Jim seemed to be serving as a group leader." What I remember thinking and feeling at that time was more complex than these causal comments would indicate. At this second meeting, long before I decided to focus on leadership in the group, in fact before I'd decided to study the group at all, I remember observing that Jim seemed to be in a leadership role and feeling that although I did not want that position, I didn't want him to have it either. As the terse excerpt above indicates, when I later reconstructed this meeting for field notes, I chose not to include a description of my own reactions to my perception of Jim's leadership.

*   *   *

The two vignettes offered above indicate the presence of forces acting to complicate the ideals of leadership presented in the last section. The hesitation, the confusion and the ambivalence which surrounded the issue of the moderator, along with my own reactions to Jim's leadership role--the reluctance to serve as leader, the resistance to another's doing so, and the embarassment over these reactions indicated by my initial decision to omit them from the field notes--all point to complex emotional reactions to the idea of leader-

ship on the part of members of this group.

When we observe the actual activity of the group and supplement these observations again with members' own comments and observations, we discern a high degree of ambivalence over the exercise of leadership, both on the part of those who do occasionally exercise it and on the part of those who react to its exercise by others. Members of the group behave as though they have a need for leadership (what Eric Berne referred to as "leadership hunger") but as though they will refuse to allow anyone to exercise it. They seem to be both searching for leadership and thwarting it simultaneously. Those who occasionally act as leaders behave as though they wish to exercise leadership but are reluctant to do so at the same time. In the following pages, we will illustrate each of these points with examples from group meetings and interviews with group members.

Looking for Leadership

The information accumulated from holding interviews with each member of a group gives the researcher a total picture, an overview which is, in most groups, denied to the individual members. For example, a member may feel that he secretly disagrees with a group norm. He may even suspect that one or two others disagree. But without an open group discussion of such feelings, he may never learn that every member of the group also disagreed but felt, like him, that they were unique or in a minority.

Interviews held with members of the free clinic group showed that every single member of the group first joined expecting or hoping that a structure had already been devised for the creation of the clinic and that they could just fit themselves into that structure. This is often expressed in different ways, but the central core of meaning seems to be that each member hoped that he or she was entering a group in which major decisions about what was needed and how it could be accomplished had already been made, a group in which they could "plug in," or "help out." Group members seemed to see themselves as something like construction workers, eager for work once they saw the floor plan. Unfortunately, even by the end of the period of observation, five months after the start of the group, very little in the way of a floor plan could be said to exist. This meant that every group member's initial experience of the group, whether sudden or gradual, was inevitably one of disappointment at the absence of such a floor plan. Once facet then of the group's activity in relation to leadership was its search for someone who could fill the role of an architect.

This began at the first meeting of the group in relation to Bill who had placed the ad which had attracted all of us. Field notes for this meeting read:

> Since in a sense he'd called us all together, Bill
> served as a kind of leader for the beginning of the
> session. He made it clear that he had no special
> knowledge about free clinics except what he'd learn-

ed from the literature he'd received . . . . None
of us were sure how to proceed . . .

Bill's remark that he knew no more than the rest of us was
more than mere modesty. It was, within the first half hour
of the group's life, a reaction to the expectations he felt
from others and, essentially, a refusal to be seen as a lead-
er. That Bill himself saw it this way is indicated by re-
marks from his interview. Referring to this meeting and to a
later event in which he was picked to be our first moderator,
he said:

> I didn't plan to be in the free clinic for a long
> time cause I knew nothing about it really. I felt
> really strange being a moderator and being the per-
> son who called the meeting . . . cause I've never
> done anything like that before . . . . Even before
> it happened . . . I knew I wouldn't be in the free
> clinic very long. . . . As soon as I called the
> meeting, I really wanted to step out I
> didn't want anyone depending on me.

By the second meeting, the group seemed to be looking to
Jim for the leadership Bill had declined. My own perception
of Jim as a group leader has already been described. Several
other members report similar perceptions. Ellen remarks:

> I thought Jim was a leader at the beginning because
> people felt he had some knowledge, since he was in
> Room To Move and that got together as a functioning
> organization.

She goes on to describe remembering him as sitting at the
head of the long table in the First Congregational Church

meeting room, which she felt increased "his father-figure
authority." Roy states:

> For a while I was looking to Jim as an unofficial
> leader . . . . He had more organizational skills
> . . . and I was projecting a role on him I
> think a lot of people tended to view him in some-
> what of a leadership role due to skills that he had
> . . . . We were tending to rely on him for leader-
> ship.

Bill remembers seeing Jim as "kind of like a big brother . . .
like a representative of the real world."

By the ninth meeting, Jim had made it clear that he was
"not willing to take long term responsibility" and so found
himself pulling out of things. Caroline remembered this and,
including Patty with Jim, commented:

> I think . . . Jim and Patty were really important
> people in the group and everybody sort of felt then
> that they were primary energy people because they
> were putting in more than other people, and when
> they said they were secondary energy people, every-
> body else felt really bad.

The relationship between the group and a young doctor
named Gary also points up our search for leadership. At the
first group meeting, Bill generated a good deal of excitement
by mentioning that he knew a radical young doctor whom he
would contact and ask to attend one of our meetings. When
Gary and his wife actually showed up at the group's fourth
meeting, the field notes indicate that:

> . . . there was a perceptible feeling of excitement
> in the group when Gary introduced himself. Ever
> since Bill had mentioned him, we'd been waiting to
> meet him. This anticipation, together with our de-
> sire for a physician to join the group . . . made
> his appearance just a little like the arrival of a
> mysterious messiah.

By the end of this meeting, Gary had gone the way of Bill and

Jim by making it clear that he did not intend to take major

responsibility for the clinic, but would be available for oc-

casional consultation and might put in a few hours a week

working in the clinic.

Further support for the contention that, on one level,

group members were looking for leadership comes from inter-

views with members. Judy comments:

> We really didn't know what we wanted and what we
> could do . . . We sort of realized that none of us
> had the right energy to really move the group to
> get the thing done, but we sort of kept going any-
> way, hoping the right person would come along.

Patty remarks:

> I really would have liked someone in the group that
> would have been able to do a lot of directing that
> we needed . . . to look at the whole overall thing
> and say, "Well, in order to reach this goal that
> we've established, we've got to do this, this and
> this," and knowing how that should be done. There
> wasn't really anyone that knew that. We sort of
> floundered.

Joel felt the group was hurt by "the fact that we could never

find a doctor who was willing to sit down and really work

with us on it." Jim states that "all along, I had hoped that

somebody from the group or some people from the group would begin to assume more high energy roles but, because I could not, I could not put that on anyone else." He adds that towards the end of the group, "we should have tried to get someone who might have had some more experience and might have been able to point out some more things to us, might have had more energy than us." Jim goes on to put his finger neatly on the dynamics underlying the construction worker-architect relationship.

> What I thought was missing was somebody or some group of people who . . . had more ability or more energy to give in terms of organizational type things, task-oriented type things . . . . Because I think everyone there was willing to do things but just didn't know how to do things or really how to go about doing things and what things should be on a top priorities list, so even when you were doing things, you really didn't know if you were wasting the time or if that was a crucial thing that needed to be done.

The group did make one last attempt towards the end to secure the kind of leadership described as missing above. The pot luck supper was, to carry our metaphor to its appropriately absurd conclusion, like calling together a cross section of people and, after describing a vision of a dream-house, asking if there's an architect (not a doctor) in the house. The supper was first presented as a means of getting "new people, more energy." My comment in the field notes was as follows:

> There's a slightly messianic feel to this supper
> party, as though the cavalry's going to come and
> bail us out, like an infusion of new energy, new
> life will get things going again.

A short write-up which was handed to each person at the sup-

per to give some background information on the group included

the following remarks:

> In spite of . . . support, we as a group lack the
> skill and energy to overcome the other problems
> that have diverted us from opening a medical faci-
> lity at this point . . . . As a small group, we
> lack the skills to satisfy these needs. To be ef-
> fective as a community based project we now have to
> utilize your potential energy as well as our own.

The failure of this "last supper" to clarify anything except

the fragility and chronic lack of direction of the group led

to its collapse over the next few weeks.

It seems clear that, on one level, from beginning to end

the group was involved in a search for leadership which it

did not seem able to provide for itself. It appears paradox-

ical then that at the same time it should have acted to for-

bid the exercise of leadership within the group, but this is

in fact what occurred.

Forbidding Leadership

Most group members view Jim and Dick as "strong" members

of the group. Their names, along with a couple of others,

are usually mentioned first when members are questioned about

leaders and people who helped the group. They are also seen

as especially perceptive members. These are mutually rein-
forcing characteristics. Jim and Dick were strong members
because they were perceptive and they were in a position to
be more perceptive about issues of leadership because they
were strong members.

At the thirteenth group meeting, Dick expressed feeling
that his spontaneity was limited by a reluctance to say
things outright for fear of being seen as vying for leader-
ship. Field notes indicate some of the usual "signals of re-
cognition," such as nods and smiles. Sandy responded to Dick
by saying that it was OK for people to be more assertive as
long as others were willing to assert themselves if they felt
the assertive people were being dictatorial. Had Dick's
statement been explored and Sandy's new groundrules applied,
the group would undoubtedly have had a better chance at
reaching its goals. Instead, this potentially crucial ex-
change was quickly abandoned and forgotten. I remember feel-
ing at the time that Dick had, as usual, articulated a dyna-
mic within the group which had only been dimly sensed by most
members. Although no other group member reported feeling
this fear of taking leadership in interviews, because Dick
was consistently and unusually perceptive concerning group
process, because I recognized those feelings in myself, be-
cause of those "signals of recognition," and because of my
own observations of group resistance to leadership, I consid-
er his observations reliable.

Dick remembers feeling:

> really concerned about how people perceived me. I
> wanted to be just "one of the guys." I didn't want
> to be "top-dog" or "lieutenant."

Asked about norms in the group, he responds that it "discour-
aged assertiveness." Later, discussing sex roles and leader-
ship in general in the group, he elaborates:

> It seemed at first that the men in the group were
> almost cowered by the women, not wanting to come
> across as authoritarian leaders . . . . We'd been
> in groups where others had been really insensitive
> to other people in the group, where people had
> really been calling the shots in the group. We had
> a real reluctance of being seen in that way. It
> was almost an obsessive problem for me--not feeling
> I could do anything constructive or assertive be-
> cause of being seen in that way . . . . It was at-
> tractive to me but I knew if I reached out for it
> at all, I was afraid someone was donna go "Wop" and
> cut my hand off.

Dick described his own fears of leadership in others as
well as his fears of taking leadership himself. When he de-
scribes his non-authoritarian conception of a leader as "some-
one who gives a focus to the group . . . almost like a sort
of guide, sort of facilitator," he adds "but even that has in
my mind certain aspects to it which are somewhat threatening."
Mick described the group as "really self-conscious about not
having any leaders." Patty, in discussing the lack of lead-
ership in the group, remarks:

> It's probably what the group wanted. If there had
> been one person with a lot of skills, he could have
> acted more as a leader, but where nobody had a lot

of skills, it would have been really false to set
yourself up as a leader. I think anyone that tried
to do that would have been knocked right down for
it.

Patty is of course right here. There was no danger that any-

one could have gotten away with setting themselves up as a

leader. In many ways, the group was hypervigilant against

leadership. The danger, which became a reality, was that

frequently anyone trying to facilitate the progress of the

group in a cooperative and non-authoritarian way would be

"knocked right down for it." As Roy said,

> We had a process which almost negated the power-
> trip aspect of /leadership/ but somehow there wasn't
> enough incentive to assume the responsibility and
> leadership together that could have been used.

Some examples, seemingly innocuous but significant in their

implications, will help illustrate this.

At the group's thirteenth meeting, after several side-

tracks, Jim asked for a consensus on the new committee struc-

ture which had been proposed. Caroline undercut his attempt

to encourage resolution by making a sarcastic, joking comment

about having a "secret ballot." At the moment, the remark

seemed to be delivered without real hostility and drew some

laughs from the group, but its humor was achieved at Jim's

expense. At some unclear point along the spectrum from seri-

ousness to kidding, Caroline took Jim's attempt at facilita-

tion and re-interpreted it as being similar to a particularly

noxious procedure of formal organizational structures.

Later in that same meeting, I picked up on an earlier discussion of where to distribute the questionnaires. I suggested we distribute them when surplus food was given out. Only one or two members responded. I pressed the point, looking for a clearer response from the group. I asked, "What about the surplus food?" whereupon Dick, sitting next to me, said "What about it!" which again drew laughter from the group, again at the attempted facilitator's expense. Dick's remark was, like Caroline's, expressed amiably but it was essentially a taunt and a rebuff, however gentle. It was as if he'd said "Oh, so you wanna get serious, huh." That Dick recognized this is indicated by the fact that, as the field notes record, "Dick half-apologized afterwards checking, it seemed, to see if I'd really been hurt or not."

This remark had the additional effect, if I wanted to interpret it that way, of forcing responsibility back on me. I was asking for opinions and reactions to the idea of distributing the questionnaires at the time and location that surplus food was distributed. Dick was, on one level, saying "You go first." This is one example of leadership becoming a "hot potato" to be tossed back and forth in the group. Responsibility, which as we shall see later was something that most members were reluctant to exercise, was thrust like a punishment upon those who attempted to facilitate.

When Dick encouraged a return to the use of a moderator and the group agreed, the immediate question was who would

fill the role at the next meeting. Patty asked mock-inno-cently "Well, who brought it up, Dick?" The laughter from the group which followed this rhetorical question is an in-dication that again a shared sense of meaning existed. We all recognized that Dick had "gotten himself into it" and now had been "stuck" with the responsibility for the moderator role.

One last example will be given from the group's six-teenth meeting. Early in the evening when the group noticed that it was once again off the topic, Sandy mentioned a wo-man she'd worked with who was good at getting people back on track. Whenever someone would stray, she'd press an imagin-ary button and say "buzz." (This is of course functionally identical to a moderator although no one noted the similar-ity.) I will quote the following exchange directly from the field notes.

> Roy asked what we were supposed to do tonight. Did
> we want to plan an agenda for the supper meeting?
> Dick said, "Yeah, what do you have in mind, Roy?"
> which brought laughter from the group. The humor
> here was the recognition that Dick had managed to
> put the burden of getting specific back on Roy.
> Roy made a comment like "Don't mind me. I'm just
> playing 'buzz'."

This is an example of "hot potato" par excellence. Roy opens the interchange with a facilitation which requires a response or reciprocation from the group. Dick responds not by reci-procating but by thrusting the responsibility of continuing back on Roy. Roy backs down, in a sense apologizing for his

initiation, and side-stepping the responsibility to continue. Roy's side-stepping as well as the laughter from the group indicate that we all understood that Roy had been punished for his attempt at facilitation. When we laughed it was as if we were saying "Oh boy, you got stuck this time," and "Ha! Fancy footwork ducking that last one, Roy."

It should be remembered that these shared understandings were never articulated in the group and it would in fact be surprising if anyone could have articulated them at the moment. It is doubtful that members of the group would have told us that they thought leadership and responsibility were punishments to be visited upon someone who tried to help the group, but I feel we could have recognized this had someone pointed it out.

The point of these examples has been to support the hypothesis that while on one level the group seemed to be foisting leadership on certain individuals, on another it was forbidding it. Patty expresses this ambivalence in the following statement:

> Nobody really wanted to take major responsibility
> for organizing the thing, which may have been a
> good or bad thing, because if one person had done
> that, that would have set up a hierarchy right
> there. That person would have been the focus.
> There's another argument right there. You need
> somebody to focus, but that sets up a hierarchy.

This ambivalence emerges most clearly in some member's remarks about Jim who, as noted above, is almost universally

singled out as one of the most experienced, perceptive and helpful members. Ellen comments:

> Jim seemed to help a lot. I don't know if he help-
> ed a lot, but he was looked up to since he had been
> so involved in Room To Move and it was a similar
> type of organization. But I think he helped mess
> it up a lot by putting a structure on it that Room
> To Move has that we weren't ready to accept.

In a conversation in early April, Lynn confided to me that she "didn't want to see Jim and Patty turn this into another Room To Move." The sense of both these remarks is that Jim's attempts to help the group were suspiciously viewed as manipulative intrusions. The ambivalence of wanting and resenting leadership is most clear in one of Bill's remarks about Jim.

> Jim sometimes got really authoritative, but I ex-
> pected that of him . . . cause he was head of Room
> To Move . . . I was really glad when sometimes Jim
> did take over cause he did get a lot of things
> done . . .

Another area in which this ambivalence can be seen involves the group's conflict over the issue of having doctors in the clinic or in the group itself. During the period of observation, the group changed its policy on this several times. The conflict stemmed from our being caught in a squeeze between needing the medical skills of a doctor to help us with planning and fearing the type of leadership situation this might create. Dick and Sandy both expressed this fear most clearly at the group's sixteenth meeting when they

discussed their uneasiness about being skill-less non-professionals having to relate to skilled professionals. "Dick commented that he'd always felt uncomfortable about us contacting doctors since he felt they would 'feel like a father figure . . . leading us all around by the hand'." The solution for both Dick and Sandy was to attempt to acquire paramedical skills on their own. No solution was ever arrived at for the group.

In summary, the members of this group behaved in a highly ambivalent manner regarding the issue of leadership. They seemed to be at times desparately involved in a search for leadership, but to be continually suspicious, fearful and resistant to it as well. Badly as this group of construction workers felt they needed an architect, they would slap the hands of many who gave signs of being interested in helping with floor plans. A reciprocal ambivalence can be said to have existed on the part of those who were often singled out as leaders in the group. They seem to have wanted to help the group but to have strongly resisted, in one way or another, being put in a position of leadership.

Reluctant Leadership

The following is an excerpt from Judy's interview:

There were a lot of questions brought up about how to run a meeting, whether one person should be the moderator. Then we decided it should be rotating, so that no person would get into an authoritative

> or power position . . . . I can't think of why but
> it sort of died out. /I asked why/ Well, I don't
> know. The people were afraid to be in the position
> somehow . . . no one ever offered to do it.

The events surrounding the moderator reflect both the group's

resistance to any formalized leadership and specific indivi-

duals' reluctance to accept such a position, even temporar-

ily. We have read Bill's description of his uneasiness when

picked to be moderator and remember that he never, in fact,

performed this function. In this he is similar to Roy, the

last moderator chosen, who also failed to actually exercise

the role. We have also seen how Dick was "stuck" with the

job as moderator by Patty as a sort of punishment for his

pushing for its acceptance. The "death" of the moderator re-

flects a silent collusion within the group to thwart even as

minimal a form of leadership as this, in which an individual

would remind the group of a topic they had left hanging.

There may well be other reasons for this "death", unrelated

to the leadership aspects of the moderator role, such as a

general state of apathy or a systematic "snow-balling" effect

in which members may have been uncomfortable bringing up

something which everyone else seemed to be ignoring, as in

the story of the emperor's new clothes. But the fact remains

that the role of moderator was as close as this group came to

any formalized mechanism which involved a differentiation

among members and, after being created, with one brief excep-

tion, was neatly and discretely discarded.

When asked what type of leadership the group had, Jim commented "reluctant leadership." He went on to describe himself and others as "conflicted" over leadership, and added, "It was a reluctant leadership because the people doing it, every time they did it, they were feeling good about it but wanting not to get caught in it." Later, he added:

> I also think that if there were people who could
> /become more high energy/ they were reluctant to be-
> cause there were so many other people who couldn't
> **that** they felt possibly that they might get overin-
> volved and end up carrying too much of the load.

Dick expresses an almost identical notion, and relates this reluctance to be saddled with responsibility to what he feels was a fear of conflict and a fear of being seen as a leader. When asked what seemed to hurt the group, he says:

> Nobody wanted to make it their real project . . .
> and the reluctance to offend anyone, to come out
> and say "This is exactly what I want," and try to
> fight to get it . . . . If I'd done that, not only
> would I have been seen as trying to take over on a
> number of different levels, but I also would have
> been saying, "I want responsibility for this thing.
> I want to make the clinic my concern, want to put
> time in it and it's gonna become my baby," and a
> lot of the moral responsibility would have accrued
> to me.

As we have already noted, Jim and Dick were in a parti-cularly good position to understand how those looked to for leadership actually felt. We have already quoted Caroline's reaction to what she saw as Jim's withdrawal from leadership. Roy sees Jim as someone who:

was in a position where he could have been a lot
more helpful to us. He had knowledge and skills
but energy- and commitment-wise, I don't know ex-
actly what his position was . . . . I think a lot
of people tended to view him in somewhat of a lead-
ership role due to the skills that he had and it
was misplaced in a sense. He wasn't really bring-
ing what leadership skills he had to the front.

Jim himself describes his own reluctance about leadership in

the following excerpts from his interview.

At first when I started getting into the group, I
realized that I didn't want to /or/ wasn't able to
give a lot of energy . . . . From the very begin-
ning, I really wanted to limit my participation any-
ways and I had to hold myself back. I felt pretty
much uneasy about that because it really would have
been more natural for me to just sort of flow into
it . . . . But I couldn't. That was really hard
for me. Just wanting to participate fully and yet
realizing that if I did, I would fuck myself over,
just get too overextended and really in the long
run fuck the other people over too because I would
not be responsible in the end.

. . . as it became more obvious what was entailed
in getting it together . . . realizing that other
people were very similar to me in terms of how much
energy they had . . . that the more that became ob-
vious, the more . . . I started pulling back . . .
As it became more of a hassle, more of an energy-
drain, then I dealt with it less, as little as I
could, I guess.

Dick's position was similar although his style of adapt-

ation was somewhat different. Dick's device for setting li-

mits on the amount of responsibility which could be placed on

him was to limit the amount of time he spent in the group.

Sandy noted this:

> I think he was pretty dynamic in the group but I
> think he could have been a lot more if he didn't
> miss all those meetings, but I think he had a large
> effect when he was there . . . . He would come and
> then he didn't come for a while and then he'd just
> bop in once and a while.

Dick describes his ambivalence and admits to the use of this
device in the following quote:

> I don't know about my own position /regarding lead-
> ership/. I was really pretty schizy about it, be-
> cause I knew I could become, or in some senses was,
> a heavy /that is, someone looked to for leadership/,
> but I also played a real game coming in late and
> leaving early, which was reality-based in that I
> had another thing to do, but I found out it was a
> standard operating technique I had--to come late,
> say something to show I was there and then split
> . . . /because/ if I'd come to every meeting, put a
> good amount of time into it, I would have very de-
> finitely moved into that responsibility of taking
> on more and more things.

Patty describes her own and others' reluctance to assume
more of a leadership role.

> It turned out nobody that was in the group had
> their main interest in doing the free clinic thing.
> There wasn't anyone that had a lot of skills we
> needed. There was some enthusiasm but nobody want-
> ed to really take hold of it and make it their pro-
> ject, see the thing through, myself included. I
> know I really hung back some. I could have really
> plowed into the thing but . . . I really didn't
> have the time to devote.

Discussing those members whom she felt did assume some lead-
ership in the group, Patty says, "I don't feel that any of
those people wanted to be put in a leadership position. I

think they sort of fought it. None wanted to be or acted as leaders . . ."

Others in the group commented on this lack of leadership. Joel felt that:

> those people who may have originally been primary
> energy people had kind of lost interest and run
> down a little bit . . . . There wasn't any one or
> two or three people who had a great deal of time
> or energy to put into it.

Caroline describes the group's members as "all used to being middlemen, in that it's hard for us to be the prime energy in starting something." Roy sums it up with the following comment: "We were trying to be a very open group and due to that, like a lot of times people were hesitant to assume a position of leadership, even for a very short time period, long enough to get one topic /discussed/."

The statements and incidents offered above demonstrate a reluctance to assume leadership roles on the part of potential leaders in the group, a reluctance which complements members' resistance towards acts of leadership. But what then complements members' need for leadership, and thereby makes complete this reciprocal ambivalence?

Wanting to Lead

What is missing so far from this description of feelings about leadership is any mention of leaders desiring leadership roles. That this particular sort of information is miss-

ing should not surprise us for several reasons. By now, it should be obvious that leadership, with all the connotations described earlier in this paper, was a charged topic for most group members and an almost tabooed activity in the group. The ambivalence of members towards persons acting as leaders would seem sufficient to discourage almost anyone from attempting such a task. Members' frequent negative re-inforcements for acts of leadership as well as their com-plete lack of skills and confidence resulting in their search for someone to take over would be reasonable deterents to anyone at all interested in exercising leadership. In other words, it is quite likely that few if any members really wanted to exercise leadership in this group. In addition, it is true, as many of the preceding statements point out, that few members felt they had the skills such a role would re-quire. It is also true that not one person in the group was involved in the free clinic as their major activity. All were, as we said, "secondary energy people." In other words, no member had the kind of commitment necessary for a leader-ship role. All these arguments lead us to the conclusion that perhaps no members discuss a desire for leadership be-cause no such desires existed. However, another factor seems likely to be involved here.

In a group such as this, to admit to others or to one-self that one in some ways enjoys acting like a leader is to fly in the face of the collaborative ideal of the group. It

is, in a sense, the cardinal sin. Such an admission would
seem like a declaration of one's separateness from the ethi-
cal and cultural system of the group and a proclamation of
one's fundamental solidarity with the oppressive, "ego-trip-
ing," psychological cripples of the old guard. It seems un-
likely that whatever has attracted individuals to positions
of power and leadership in every variety of social system for
centuries could have held no interest for any of the members
of this group. It does seem likely, however, that such feel-
ings, like sex to a Victorian, would be viewed as shameful
and regressive and be, perhaps with varying degrees of con-
sciousness, denied. This offers an additional hypothesis for
the absence of information concerning members' desires to act
as leaders, which is that such desires, if in fact present on
some level, were too sensitive for members to admit and dis-
cuss, at least in the context of this far from intimate
group.

It is clear, however, that all members did feel a desire
if not to lead then to facilitate the movement of the group
towards its goals in some way. It may have occurred to the
reader by now that the distinction between leadership and
facilitation presented in an earlier section of this paper
has been well muddied in the foregoing discussion. This is
not surprising since it reflects the crucial fact that no
such distinction was made by the members of this group.
There are many other reasons for the kinds of ambivalence de-

scribed above, some of which we will discuss later in this paper, but this is felt to be the most important. In failing to make a distinction between facilitation, that is, informal, collaborative behavior which helps move the group towards its goals, and leadership, the formal and hierarchical methods of assuring movement, the group effectively denied itself the help it needed, which led inevitably to a more desparate need. The group needed facilitation; however, it feared and tabooed leadership. In its confusion of the two, it threw the baby out with the bath-water and assured its own failure.

PART III

FACILITATION

Chapter 5.   Collaborative Facilitation

In the following sections, we will present the main
points of the theory of collaborative facilitation which
emerged from the study of this particular group. In addi-
tion, we will illustrate each of these points with examples
taken from the group. Before we can briefly sketch the over-
all outline of that theory here, we must consider a funda-
mental assumption upon which it is based--the concept of pre-
scribed process. We assume that a group is more likely to
achieve its goals if certain activities occur in the group
than if they are omitted. Because we are dealing with com-
plex, human behavior in social systems, we choose to express
this assumption in probabilistic rather than deterministic
terms. We can not be sure that a group could not meet its
stated goals if these activities did not occur, nor can we
guarantee that the group will succeed if they do occur. None-
theless, we consider the group's chances for success to be
greatly improved, given adequate resources and a benign en-
vironment, if such activities do occur.

The nature of these activities will vary in different
groups with different structures, philosophies and goals. In
general, they can be derived from the different acts which
are thought to be facilitative in groups. A group seems more
likely to succeed if it takes the time necessary to discuss
the "group imagoes," (Berne, 1963) or plans and goals, of
each group member and to clarify and integrate these into one

group goal; if, in the area of task-oriented discussions,
problems are stated clearly, suggestions are offered, members
express reactions, plans are evaluated and a decision is
reached; if, in the area of interpersonal relations, members
support one another and participation is encouraged. These
are a few examples of processes which are felt to insure the
quality of the group's overall activity--its decisions and
its "hedonic tone"--and to lead more surely and more directly
to its desired goals.

Facilitation has already been discussed as the function-
al equivalent in collaborative groups of leadership in hier-
archical groups. We use the term to refer to any interaction
between individuals which helps move the group towards its
goals. This definition requires that we be able to specify
some criteria of whether or not such movement has occurred.
In general, such criteria will be obvious from an understand-
ing of the goal or goals of the group and the steps necessary
to achieve those goals. If a group wishes to start a food
co-op, steps may include locating a place of distribution,
making contact with local wholesalers, dividing labor, and
organizing tasks. This or another group might set as one of
its goals the development of a sense of trust and intimacy
among its members. Since this is a less tangible and circum-
scribed goal, it will be more difficult to assess. It can
not be conceived in "either-or" terms. But it is felt that
even here members will be able to agree roughly on their pro-

gress towards an ideal of trust and intimacy among members.
Movement then can only be assessed by understanding the goals
of the group and the steps or stages which lead to those
goals.

This points up some of the problems faced by the free
clinic group and by a researcher trying to assess movement in
that group towards its goals. Firstly, the actual goal of
the group--the nature of the free clinic planned--was never
clearly defined. Everyone wanted a free clinic, but deci-
sions concerning breadth and variety of services, profession-
al-non-professional relations, structure and philosophy were
left unresolved. Consequently, the steps necessary to achieve
the final goal were never clear. In addition, it seems that
even if the group had been able to agree on one specific
goal, because of the inexperience of the group in medical and
organizational areas, these steps would have been difficult
to formulate. When Jim said that when we did something for
the "clinic," we never knew whether it was really important
or a waste of time, he was referring precisely to this ab-
sence of clear goals and the understanding of what steps
would lead to these goals in the group.

Using the free clinic group as an example, in spite of
this lack of clarity, we can specify three types of criteria
one would use in assessing movement in the group. Firstly,
the clear definition of the goals of the group would consti-
tute one major criterion of movement. This need not have
been a final, irrevocable plan, especially since the philo-

sophy of alternative structures emphasizes flexibility and the freedom to make structural modifications based on on-going experience. But in the interests of focusing energy on essential tasks and preventing the dissipation of time and resources on less important ones, it is useful for a group to try to form at least some temporary picture of what it is they hope to accomplish. Once a goal is arrived at, specific steps might be outlined which would be necessary for its achievement, providing a second criterion of movement. One last goal, or more accurately meta-goal, of the free clinic group was its emphasis on a non-hierarchical, collaborative process. This is a meta-goal in that it describes a goal of how the other goals of the group are to be pursued. The group's skill and success in working within a collaborative structure can be seen as a third and last criterion of move-ment for this group.

"Facilitation" is a general term encompassing a number of different functions which are potentially helpful in mov-ing groups towards their goals. In other words, facilita-tion, like leadership, is not some personal influence brought to bear on a group; it is not a unitary phenomenon, but a catch-all phrase used to refer to the different activities which seem to help groups progress. These different activ-ities may but need not be formally invested in the role of a leader. In a collaborative group, they will be distributed in some way among the members of the group.

Facilitation is embedded in the context of the group. This means that no act is inherently facilitative, but will vary in its usefulness in different groups with different tasks, resources and norms. The same act may produce a "quantum leap" in one situation (like a well-timed interpretation in psychotherapy), have no noticeable effect in another, and constitute an interference with group progress in a third.

Facilitation always involves an interaction among members. It is (like leadership, but even more so because it is intentionally so) a two-way influence process, a reciprocal relationship. No facilitative act is, of itself, sufficient to move the group, but must elicit a reciprocal act on the part of another member or members of the group. Facilitation, then, is comprised of an initiating act by one group member and a reciprocal act by another or others. The reciprocation may then constitute another initiating act which will require another reciprocation. In this way, chains of initiation and reciprocation are formed which, if successful, constitute the units of movement in the group. Success depends not just on the performance of the initiator, but on the participation of every group member.

In the following sections, we will elaborate and illustrate the three major aspects of collaborative facilitation outlined here. These are the notions of facilitation as being composed of a number of differentiated functions which are

shared or distributed among the members of the group, and which require reciprocal interactions in order to successfully contribute to the group's progress towards its goals.

Chapter 6. Facilitation Differentiated

We have said that facilitation in collaborative groups is not a unitary phenomenon, but comprises a number of differentiated activities which serve specific functions. We have also expressed our belief that a group is more likely to attain its goals if group process includes certain activities than if it does not. In the interest of specifying what these activities are, a coding system for facilitative acts has been devised based on experience with the group under study. This system was developed in the following manner.

After the field notes were completed, they were examined for facilitative acts. Every act by a group member which seemed to be aimed at facilitating movement in the group was transferred from the field notes to a separate file. In all, nearly 100 facilitative acts were elicited from the field notes. These acts were repeatedly examined in relationship to one another until a set of abstract categories which could encompass clusters of acts began to emerge. This set of categories changed shape several times. Parts of Bales' (1950) system of interaction process analysis were helpful in further organizing the system. Eventually, every facilitative act was coded along with the member who initiated the act, the meeting at which it occurred, the content of the act, its place within the coding system, the nature of the group's

response or reciprocation, and the final outcome of the act in terms of its effect on the progress of the group. The process of refining and reworking the categories of the system was discontinued when it was felt that the system adequately subsumed and differentiated all facilitative acts which had been recorded in the field notes.

The main parameters of this system involve the distinction between task- and maintenance-oriented activity and between activity which proceeds within the limits of the structure, norms and discussions of the group and that which transcends those limits and thereby alters them. We have discussed the distinction between task- and maintenance-oriented activity earlier in this paper. Essentially, task-oriented activities are those which concern the work of the group--its goals and the steps necessary to accomplish those goals. Maintenance-oriented activities are those concerned with the emotional needs of group members and the relationships and interactions among them. When this distinction was first introduced into the literature of leadership (variously labelled as "autocratic" versus "democratic", "authoritarian" versus "equalitarian", and "production-oriented" versus "employee-oriented" leadership), task and maintenance activities were viewed as opposite poles on one dimension. Hersey and Blanchard (1969) point out that in fact it is more appropriate to conceive of these types of activity as "separ-

ate and distinct dimensions which can be plotted on two se-
parate axes, rather than a single continuum" (unpaginated).
Thus any specific facilitative act could theoretically be
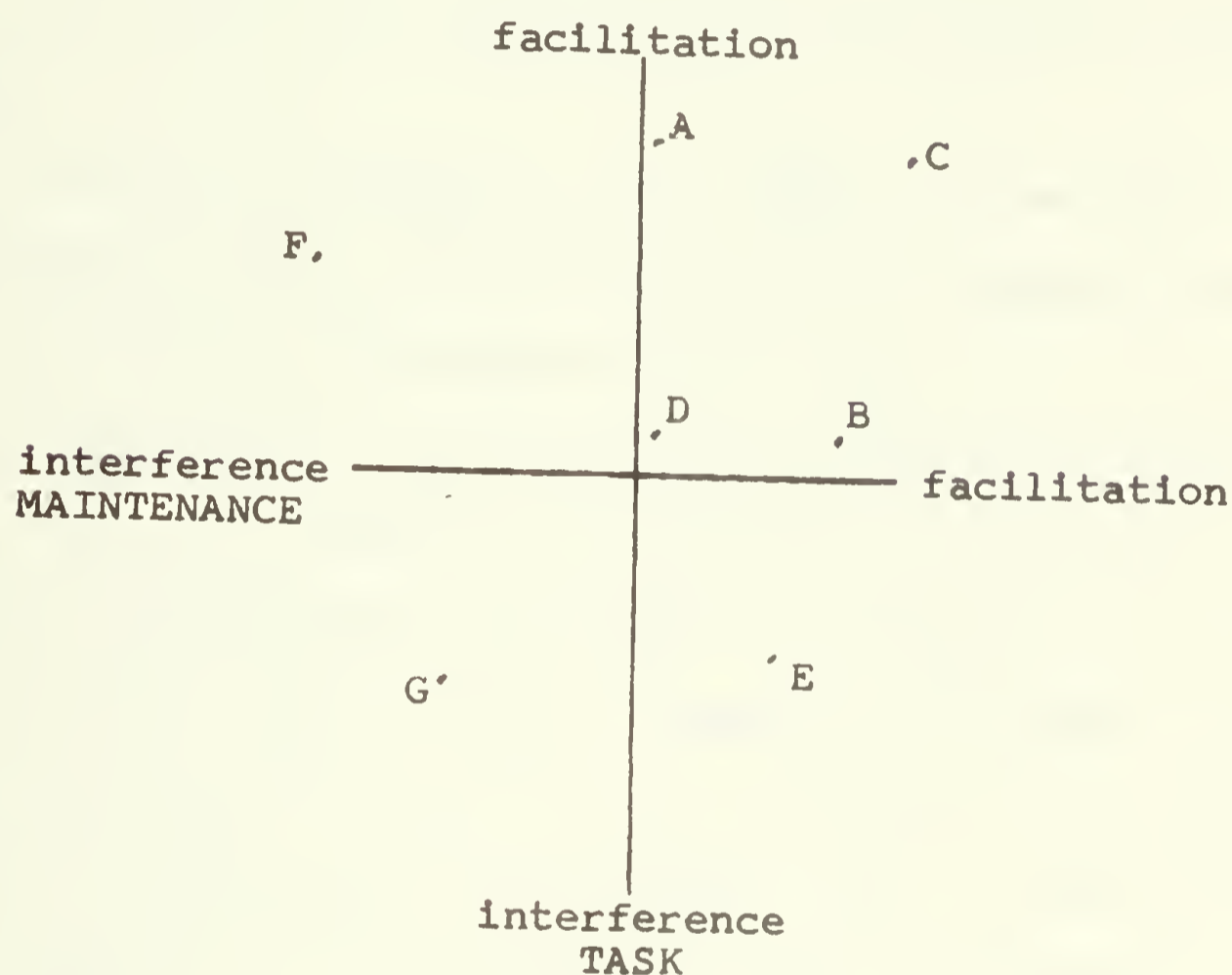primarily task-oriented (see example A in Figure 1), pri-

Figure 1. Location of facilitative acts on task
and maintenance dimensions

marily maintenance-oriented (example B), facilitative of both
task and maintenance processes (example C), neutral of inef-
fective in both areas (example D), facilitative in one area
at the expense of the other (examples E and F), or obstruc-
tive in both areas (example G).

The coding system which we are about to present
indicates the approximate location of various types of faci-
litative activity in relation to these two axes. Because we
are dealing with highly abstract categories, there will be
some flexibility in the actual location of any specific act.
The system merely indicates that acts of a certain nature are
most often found to be facilitative in a certain area or
areas.

The other parameter of this coding system involves the
difference between facilitative acts which operate within the
norms, plans and discussions of the group and those acts
which step outside those boundaries and thereby expand or
shift them. For example, a group hits on the idea of distri-
buting a questionnaire to assess the community's need for
services they hope to offer. Suggestions of good locations
for this, inquiries as to who is available at what times, and
offers of information as to certain store   hours are all
facilitative acts which operate within the decision or plan
to distribute the questionnaire. Comments which question the
feasibility of such a plan, which evaluate the usefulness of
such action in view of certain group goals, or which suggest
that the discussion seems primarily aimed at avoiding a more
difficult discussion of some growing tension in the group all
step outside the limits of the questionnaire plan and direct
the group's attention in some way beyond the narrow focus of
that plan. The relationship between these two types of activ-

ities is roughly analogous to Thomas Kuhn's (1962) distinction between the "puzzle-solving" activity of scientists within a scientific paradigm and the discoveries and reformulations which constitute "paradigm shifts," generating new conceptual boundaries for new puzzle-solving activity.

Because discussions of facilitative behavior so often involve the concepts of guiding and structuring, the ability to evaluate, synthesize or co-ordinate based on an overview of the group's activity, we feel that this is an important distinction in any coding system of facilitative acts. We have accordingly cut across other areas to highlight this distinction. For example, in addition to emphasizing the difference between making suggestions and other types of con- tributions, we have emphasized the difference between sug- gesting a certain action to meet an immediate goal and sug- gesting a change in plans or goals. Again, the coding system offers only approximate locations for types of activity with- in this distinction. Facilitative acts are usually but not necessarily of one type or another.

Facilitative acts are subsumed under one of three gene- ral headings--those which are primarily task-oriented, those which are primarily maintenance-oriented, and those which typically involve blends of both task- and maintenance-ori- ented activity. (See Figure 2 for a condensed outline of the coding system).

TASK-ORIENTED ACTIVITIES   **MAINTENANCE-ORIENTED ACTIVITIES**

1) Contribute to Discussion   1) Show Solidarity with Group

   a) offer information   a) express positive feelings
   b) offer opinion or reac-   for group
     tion   b) suggest more contact
   c) offer suggestion   c) self-disclose
                    d) support others

2) Moderate Discussion
                                  2) Encourage Participation
   a) initiate discussion
   b) press for clarifica-   a) integrate new members
     tion   b) encourage self-disclosure
   c) press for continuation   c) seek information
     or resolution   d) seek opinions or reactions
   d) summarize discussion,   e) seek suggestions
     plans or decisions
   e) seek information   3) Relieve Tension
   f) seek opinions or re-
     actions   a) loosen group up
   g) seek suggestions   b) mediate

3) Give Perspective

   a) evaluate plans, deci-
     sions or goals
   b) introduce new issue
   c) structure discussion
   d) suggest change in plans
     or goal

TASK- AND/OR MAINTENANCE-ORIENTED ACTIVITIES

1) Emphasize Goals

2) Suggest Structure

3) Comment on Process

Figure 2. Outline of coding system
for facilitative activities

PRIMARILY TASK-ORIENTED ACTIVITY

1) <u>Contribute</u> to <u>Discussion</u>. Acts in which the individual participates within the structure of the ongoing discussion, giving his or her own knowledge, experience, thoughts and feelings about the topic discussed. The content of these comments is always specific to the particular discussion.

a) <u>Offer information</u>: contribute facts or experiences which are relevant. Two examples from the group follow.

1. Dick and Patty report back to the group that the head of the university infirmary has offered to train members of our group in performing lab tests.

2. Jim explains the structure of Room To Move, outlining problems that group faced and ways it tried to solve them.

b) <u>Offer opinion or reaction</u>: express feelings and thoughts about plans, activities or decisions under discussion.

1. Responding to Patty's question about how members felt about a Women's Night, I say I don't see why a whole night had to be given to this.

2. When Patty tells the group that as spokesperson at the pot-luck supper she will state our goal is no longer an operating clinic but, at least temporarily, a co-ordinating office, Roy says he feels this is "copping out on half the bargain," since we know there are still poor people who need medical care.

c) <u>Offer suggestion</u>: offer suggestions within the structure, goal or plans of the group's discussion.

1. I suggest that questionnaires be distributed by us along with surplus food distribution in order to give us easy access to a low income population.

2. Roy suggests we each write something on what we want the clinic to look like and bring these write-ups in as a jumping off point for discussion.

2) <u>Moderate</u> <u>Discussion</u>. Acts which regulate the process of the discussion, pointing out digressions and assuring maximal participation, clarity and completion. Comments in this category are basically the same regardless of the specific content of the discussion. They require an understanding of what steps a problem-solving discussion should pass through. The facilitator acts as an observer of group process and notes deviations from this optimal sequence of steps.

a) <u>Initiate</u> <u>discussion</u>: start the group off on a topic which it is felt needs to be discussed.

1. Dick asks if we're waiting for anything in order to start.

2. Roy starts discussion by asking what our task for the night is.

b) <u>Press</u> <u>for</u> <u>clarification</u>: attempt to help the group clarify a conclusion or decision which seems confusing or imprecise.

1. In light of the discussion about our clinic affiliating with a planned residential home for runaways being proposed by Room To Move, I ask Jim how likely the opening of such a facility actually is, since we seemed to already be planning on it.

2. During the discussion which follows Patty's decision to explain our goal as an office rather than a clinic, Dick asks, "What are we saying about our goals? Are we now planning a clearinghouse instead of a clinic?"

c) <u>Press</u> <u>for</u> <u>continuation</u> <u>or</u> <u>resolution</u>: point out digressions, remind the group of the original focus of discussion, and attempt to insure closure or a statement of what is left to be discussed or resolved.

1. Dick brings the discussion back to the question of an agenda for the planned supper.

2. I interrupt a side-track and say I don't have closure yet on whether the group wants to follow the new plan for the supper or not since no decision has been made.

d) <u>Summarize discussion</u>, <u>plans</u> <u>or</u> <u>decisions</u>: provide a summary statement of what seem to be the main points covered or concluded in the discussion.

1. I sum up the plans we'd come up with last week.

2. I begin as spokesperson for the group, briefly describing our history up until the present.

e) [4]

3) <u>Give Perspective.</u> Acts which go beyond the present plans, decisions and discussion of the group and focus attention on them as part of some larger context.

a) <u>Evaluate plans</u>, <u>decisions</u> <u>or</u> <u>goals</u>: consider or critique the advisability and feasibility of plans, decisions or goals, against reality factors, expectations of the future, group resources and philosophy.

1. Roy suggests we be conscious of who we want to reach through the questionnaire and whether we are actually reaching them.

2. I point out that our plan for a new structure based on a number of small committees might act as a move away from intimacy in the group.

b) <u>Introduce new issue</u>: call the group's attention to a previously unconsidered issue which bears on the specific discussion.

1. Jim raises the issue of group size and commitment, suggesting that it would be best to have a small group of committed members.

2. Gary raises the issue of continuity of treatment, suggesting that a patient should be seen by the same staff member on repeated visits if possible.

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[4]Three additional categories—<u>Seek information</u>, <u>Seek opinion or reaction</u>, and <u>Seek suggestion</u>—should theoretically be included here since they serve both to moderate discussion and to encourage participation. However, for purposes of economy, they will be described only under the category of encouraging participation. See page 109.

c) <u>Structure discussion</u>: restate the problem or theme of discussion in terms with broader implications or refocused in such a way as to facilitate discussion.

> 1. Jim restates the theme of a discussion of group problems in terms of "how we can draw energy from each other" during a difficult period in which there is little intrinsic satisfaction.

> 2. I present a structure for the discussion of getting more specific about our goals and philosophy by separating the clinic into different areas and by listing some previously implicit philosophical assumptions.

d) <u>Suggest change in plans or goal</u>: suggest a redirection of the group's activity in accordance with evaluations of previous activity.

> 1. Sandy suggests we change our plans to locate in Amherst and recommends Northampton as a more suitable location.

> 2. Jim expresses feelings of frustration and suggests we alter our conception of our own role from that of the group which will organize and run the clinic to those who will gather information and resources, and write a proposal, leaving the responsibility for opening the clinic to others.

PRIMARILY MAINTENANCE-ORIENTED ACTIVITY

1) <u>Show Solidarity with Group</u>. Acts which demonstrate positive feelings towards the group.

a) <u>Express positive feelings for group</u>: express positive feelings <u>directly</u> to the group as a whole.

> 1. Dick says he'd like to get to know us all better and suggests we all talk some about how we got to be in the group and what we're looking for.

> 2. Dick talks about how good he feels working with our group in comparison to another group he'd sat in with. He says he feels an "increaed enthusiasm about the group."

b) <u>Suggest more contact</u>: demonstrate positive feelings by indicating a desire to get to know others better, by suggesting more primarily social contact among group members.

   1. Jim suggested we get together for supper and get to know each other better.

   2. Roy suggests we get together for some kind of playful, non-clinic-related activity, like camping over a weekend.

c) <u>Self-disclose</u>: demonstrate and encourage trust and closeness by revealing personal feelings to the group.

   1. Dick expresses that his spontaneity is limited by a fear to say things outright for fear of being seen as vying for power.

   2. Jim explains that he feels frustrated and drained and so does little work for the group which makes him feel guilty when he comes to meetings which in turn makes it hard for him to relate to others.

d) <u>Support others</u>: demonstrate positive feelings by offering approval and encouragement to individual group members.

   1. Sandy tells first the group and then Dick, when he arrives late, the compliment he was paid by members of another group to which he'd gone as a representative of our group.

   2. Caroline re-assures Lynn, who says she feels she doesn't know enough to take responsibility for planning an area of the clinic, by saying that she felt that way once in another group and then discovered that it was much easier than she'd feared it would be.

2) <u>Encourage Participation</u>. Acts which promote increased involvement and direct participation by group members.

   a) <u>Integrate new members</u>: encourage the participation of new members by directing questions or comments to them.

   1. Patty asks Gary and Jane about themselves.

2. Dick interrupts a task-oriented discussion to say he doesn't know anything about the newcomers and would like to.

b) <u>Encourage self-disclosure</u>: indicate an interest in members' personal feelings; encourage the sharing of such feelings with the group.

1. Dick suggests we all talk about who we are and what we want from the group.

2. Patty suggests we talk about each of our own commitments to the group.

c) <u>Seek information</u>: encourage members to share facts, information, and experience they possess with the group.

1. I ask what people had found out in their canvassing of local agencies.

2. Dick asks Sandy and Caroline to explain the structure of the Women's Center.

d) <u>Seek opinions or reactions</u>: encourage members to share feelings and thoughts about specific plans and decisions with the group.

1. Patty asks how people feel about a co-ordinating office as the primary focus for the group.

2. Sandy and Caroline explain the concept of a Women's Night and ask for reactions from the group.

e) <u>Seek suggestions</u>: encourage members to offer suggestions to facilitate planning.

1. Ellen asks the group, "How do we get out energy back?"

2. Ellen asks the people assembled for the potluck supper, "What do you think? What are your ideas?"

3) <u>Relieve Tension</u>. Acts which reduce the level of tension in the group and promote a more relaxed and pleasant atmosphere.

a) <u>Loosen group up</u>: contribute humorous comments; provoke laughter in the group; encourage informality.

    1. Dick urges that we remove the long table and sit around on the floor.

    2. Ellen gets out potatoes for a playful game of catch in order to reduce tension in the group.

b) <u>Mediate</u>: conciliating differences in point of view; offering compromise solutions.

    1. Jim puts Patty's remarks in perspective by commenting, "I think you're saying there are a lot of options for us and there's a lot that's positive as well as negative about this."

    2. When a strong disagreement develops between Jim, favoring some form of hierarchy and specialization, and Sandy and Caroline, insisting on rotation of all members through all roles, Mick tries to mediate by saying that he, like Jim, has never before seen this work, but would be interested in trying it.

TASK- AND/OR MAINTENANCE-ORIENTED ACTIVITY

1) <u>Emphasize Goals</u>. Acts which remind the group of its goals and their importance; energizes the group to greater effort; encourages to overcome obstacles.

    1. Roy starts the meeting off in a task-oriented way, saying he feels this is an important meeting in terms of planning for the pot-luck supper.
(This is the only example of this activity recorded in the field notes.)

2) <u>Suggest Structure</u>. Acts which step outside the present structure of the group and propose alternatives. They are intended to improve the efficiency of the group in pursuit of its goals and/or to increase satisfaction of members' needs.

    1. Patty suggests we use a moderator whose task would be to see to it that the group stayed with a problem until it was resolved.

> 2. I comment on gaps and overlaps in areas co-
> vered by the group and recommend that we spe-
> cialize, each taking responsibility for co-ordi-
> nating plans and information in that area.

3) _Comment_ _on_ _Process_. Acts which step outside the
group's process in order to subject that process to
scrutiny. They may focus on task areas, maintenance
areas, or both.

> 1. Dick points out that a lot of information
> has come in and probably very little of it re-
> tained.
>
> 2. Dick comments on the distance between mem-
> bers of the group and expresses his own feelings
> of alienation from the group. He comments on
> our tendency to want to keep the group going at
> all costs and to ignore these problems.

This is a summary of the different types of activities

which are thought to comprise collaborative facilitation. It

remains now only to point out that although we have tried to

present illustrations of these activities which were rela-

tively pure, that is, which could be coded easily under one

heading, this is often not the case in reality. When Jim

brought up the issue of group size at our first meeting, sug-

gested that we keep the group small and asked for people's

reactions, he was 1) introducing a new issue, 2) giving a sug-

gestion, and 3) asking for opinions and reactions. When Dick

said he'd like to get to know us better, suggested we talk

about ourselves and started first with himself, he was 1) ex-

pressing positive feelings to the group, 2) giving a sugges-

tion, 3) self-disclosing, and 4) encouraging self-disclosure.

At this point we can move to a discussion of how these facilitative activities were distributed among the members of the group.

Chapter 7. Facilitation Distributed

Theoretically, there are four possible structures for
the distribution of facilitative functions within a group.
Responsibility for any one or more functions may be either
a) formally invested in one individual, as in the case of a
permanently elected chairman, b) formally shared by several
members, as in the case of the rotating moderator-ship in
this group, c) informally shared by members, where individu-
als spontaneously take turns exercising a certain activity
(this is the prototype of pure collaboration), or d) infor-
mally invested in one individual, as when an informal role
(that is, the association between a person and a facilitative
activity) develops. Most groups evolve mixtures of more than
one of these patterns of distribution. Groups which attempt
to control distribution by formal mechanisms usually find
that informal patterns develop to fill the gaps they leave.
Groups which aim for an informal equal distribution of all
functions to all members usually find that different roles
develop over time.

There are no instances in the free clinic group of func-
tions being formally invested in one individual and only one
instance, more nominal than actual--the moderator--of a func-
tion being formally rotated among individuals. The distribu-
tion of facilitative functions in this group was effected by

a mixture of informal sharing of activities among group mem-
bers and the informal development of specialized roles.
More precisely, we see firstly that the distribution of fa-
cilitative functions was not entirely random or equal among
members but was for the most part concentrated within a
small group of individuals. Secondly, within this sub-
group, all functions were not equally shared by all indivi-
duals in that roles, based on special functions being asso-
ciated with certain individuals, began to develop.

Most groups members exhibit an awareness of differ-
ences in the amount of participation by different group
members. Bill remarks, "I don't think there was too much
of a leader as we went on. There were people who had a
lot to say; people who had not too much to say." Sandy
expresses a similar thought. "It seemed to be not every-
one exactly participating exactly equally but that there
wasn't any real leadership." Patty feels that "some peo-
ple talked more, were more active in the group meetings
and therefore seemed like more energy sources than other
people." Discussing group meetings, Joel says that "there
were certain people who spoke up more than others."

The field notes support this view of the group. Out of
the fifteen members of the group, four members account for
about 75 percent of all facilitative acts recorded, and

seven members account for almost 100 percent. While this may be inflated by different attendance patterns, in conjunction with the statements made by other group members it solidifies a picture of differential participation by group members and indicates a concentration of facilitative functions in the hands of the more active members. The four individuals who are most often cited by other members as being most active are the same four whose acts comprise three-quarters of the total number of facilitative acts recorded. They are Jim, Dick, Patty and myself. Other members who are often described as strong group members and who account for another large chunk of this total are Roy, Ellen and Darryl, Sandy and Caroline.

The theoretical distinction between task- and maintenance-orientation gets support from the fact that when members discuss the roles played by different group members, a very similar division occurs. Again, members' descriptions of other members concur significantly with information derived from the field notes about the functions served by specific individuals in the group. In general, Ellen and Darryl are viewed primarily as "vibe people," that is, people who made others feel good about themselves and the group--in our terminology, maintenance facilitators. Roy, Patty and myself served primarily as task facilitators. Jim functioned primarily as a task facilitator but made significant contribu-

tions in the area of group maintenance. And Dick acted
equally as a task and maintenance facilitator.

Jim has already been described as one of the strongest
group members due to his previous experience as co-ordinator
of Room To Move. Members' descriptions of Jim provide lit-
tle information about what he actually did in the group, fo-
cusing more on how he came across and how others perceived
him. This is reminiscent of traditional views of leadership
which may help us understand it. Jim somehow looked like a
leader. One sensed leadership about him. This was, as re-
ferences to him as a "father-figure" and a "big brother" in-
dicate, the most salient aspect of the impression he gave.
It seems possible that in our own group, as in traditional
studies of leadership, this most salient aspect eclipsed the
actual details of what he did in the group. My own observa-
tion was that in our group, Jim's contributions in the area
of task facilitation typically involved introducing new is-
sues into the group's discussion and suggesting changes in
plans or goals--that is, putting the discussion into a larger
perspective, and moderating the discussion. In the area of
maintenance facilitation, Jim would suggest greater contact
among members, mediate in conflict situations and self-dis-
close. He was one of a small number of members who occasion-
ally commented on the process of the group. Our only de-
scription of Jim's activity in the group comes from Dick,
the strongest process observer in the group, who describes

Jim as "a good process person . . . helpful . . . when it came to dealing with things in the group."

Dick, who did not join the group until its fourth meeting, quickly became one of the most influential members, in spite of his limiting his role by limiting his time in the group. Dick was so important in the area of group maintenance that I find it impossible to imagine what the group would have been like without him. Almost every example of important maintenance activity recorded in the group can be attributed to Dick. He set the pattern of his future role in the group at his first meeting when he expressed an interest in getting to know people better, suggested we talk about our interests and goals in the group and started off by talking about himself. From that moment on, Dick became almost solely responsible for those acts which usually serve to promote trust and intimacy in groups--loosening the group up, expressing positive feelings towards the group, self-disclosing and encouraging self-disclosure, and encouraging members to participate more fully. On a couple of occasions, Dick's openness about his feelings and willingness to bring difficult group issues into the open led to exchanges which are remembered as high points in the group's life. He, like Jim, functioned as a process observer in the group. In addition, he was extremely task-oriented. He was frequently the one who would start a discussion and press for resolution when the group got sidetracked.

Darryl says of Dick:

> When people would be sitting around sort of uptight
> and not saying anything, he'd come right out and
> . . . just bring the problems to the foreground
> where people would have to deal with them . . . .
> He made good observations . . . when people were
> stuck. Dick would bring up the fact people weren't
> relating. He brought up issues that . . . other-
> wise might not have gotten brought up and would
> have just festered.

He adds, "Dick would keep on the topic. Like when people
were sort of rambling . . . when something wasn't getting
done . . . he'd bring it up and bring people back to it."
Sandy describes Dick as "really up front with things that he
was feeling and things that he was thinking about." Caroline
relates that Dick:

> talked in terms of how we dealt with each other al-
> though no one else did, and I immediately liked him
> because of that openness. . . . He was into saying
> a lot of what he was feeling . . . . Just his pre-
> scence there made things lighter or more comfort-
> ing.

Ellen comments that "Dick . . . wanted . . . people to be to-
gether . . . . His goals seemed more to be just getting peo-
ple together and getting them to open up." Finally, Patty
comments on Dick's task-orientation. "Dick . . . acted as
moderator . . . . He needed more structure and more business."

Patty herself has received scant attention so far which
is misleading as far as her influence in the group goes.
Patty's role in the group was something like a combination

secretary-researcher-organizer-representative to the outside world. Dick refers to her as the "female counterpart to the males in the group who wanted to see something get done," and as "the pillar of organizational strength" of the group. Bill sees her as "a towering figure for the group." She is consistently described as "efficient," "business-like," and "organized." Dick's description of Patty as the pillar of strength is apt since, in many ways, Patty was seen as the most energetic, the most dedicated and the most responsible member of the group. This was never articulated in the group but is obvious in retrospect. Although Patty participated no more in group meetings than Dick or Jim, we seemed to depend on her more, to call her about some question we had or refer outsiders to her for information. I think this reflects our perception of Patty's <u>commitment</u> to the goal of the clinic and her energy in the pursuit of that goal. Patty was still willing to accept responsibility when Jim and Dick and others had made clear their reluctance to do so. In Patty, temporarily, although no one ever said it and probably few thought it, we had found a kind of leader. Eventually, Patty too withdrew from this central position, feeling frustrated, drained and, according to heresay information, resentful at having done "all the work" in the group.

Part of the reason for Patty's absence until now is that much of her activity took place outside the group. She served as a spokeswoman for our group with several outside agencies,

such as churches, JC's and the university infirmary. She al-
so did quite a bit of research, gathering periodicals and
pamphlets on health care and assembling a library for the
group as well as a notebook with pertinent information.
Within the group, Patty functioned primarily as a moderator,
initiating discussion and pressing for resolution. She was
also responsible for most structural developments in the
group. It was she who suggested that we get a notebook, that
we keep a record of time and money spent on the clinic, that
notes be kept on group meetings, and that we use a moderator.

My own function in the group was closely tied to my dual
role as a participant and an observer. Because I took notes
at every group meeting, my contributions to the group both
stemmed from and were perceived in the light of those notes.
My main contributions were in the area of task-facilitation.
Because of my notes I became the unofficial chronicler of the
group. When continuity was unclear, I frequently offered or
was called upon to summarize past discussions, decisions or
plans. In addition, it is natural behavior for me to ask
lots of questions, looking for a final clarity which usually
eludes me. This was my other main contribution to the group
--to press for clarity and for resolution of group discus-
sions. When I interviewed group members, I found that al-
though most members noted this, they consistently attributed
it to an interest in getting things straight for the field
notes, rather than a natural tendency to want things to be

clear and sensible (a serious drawback in anyone who wants to study groups). Lastly, because of my involvement in the process of the group and the issues underlying it, I was occasionally able to contribute observations on the process of the group.

Jim describes me as "the one who took notes all the time . . . good at being able to point out things and ask questions . . ." Darryl characterized my participation by describing me saying in the group, "Hey, wait a minute. I don't know what's going on." Sandy describes me having "a very good remembrance and grasp of the kinds of things that had happened before." Finally, Ellen sees me as "trying to clarify things in the group cause your notes had to say something, which helped the group clarify things for themselves."

Darryl and Ellen are usually described as a pair by group members who often in their interviews find it hard to discuss them separately. And since they are seen as a pair, their functions merge. Like Patty, much of their influence on the group was, I think, felt outside of group meetings—in socializing before and after meetings, or in accidental contacts outside the group. But again, members' impressions are so consistent with one another and with my own observations that there can be no questioning the role they played.

In a statement specifically about the distribution of functions in the group, Sandy remarks on the role played by Darryl and Robin.

> I can't really think of any person that I would say
> gave the group its direction. I think at different
> points, different people took different leadership
> roles. Like I'd say maybe Darryl and Ellen took
> the leadership role in making people more comfort-
> able--almost being host and hostess in some senses.

She says of Ellen that she "relaxed people a whole lot in the group." Jim feels they "provided a sense of lightness . . . that was really nice. They were just really joyful people . . . They were the kind of people who we wanted to be." Patty describes Darryl as "a real relaxing person." Of Ellen, she says

> I felt incredibly good about her people vibes--just
> the way she related with people and wanted people
> to be with each other . . . and would throw in some
> humor where it was needed . . . .

Roy says of them, "They're both very much interested in re-
lating to people . . . finding out what people are all about
and how they can work together, and I love them for that."

Ellen's own self-description supports this picture. In
the group, she says of herself, "I'd be able to bring some
humor into things that were going on and that made me feel
good." Of her role in the clinic, she says she would have
liked to "just sit around in the waiting room and be a talk-
er, cause I'm good at that. Make people feel O.K. . . . I
would like to learn to deal with people in a way to make them
comfortable . . . ." Ellen's acts in the group typically in-
volved loosening the group up, either with humor or by sug-

gesting some kind of playful activity, or encouraging parti-
cipation by asking for reactions and suggestions. Character-
istically, it was Ellen who started inviting small groups of
members over to our place for supper towards the end of the
group. This is perhaps the best example of group maintenance
since it seems certain that if not for the closeness built up
and consolidated at these suppers, the group would have com-
pletely dissolved at that point.

Like Darryl and Ellen, Sandy and Caroline are often de-
scribed as a unit, another subgroup with a purpose, although
they are consistently differentiated according to personality.
They came to the group with an interest in women's health
care, and a good deal of previous group experience and poli-
tical consciousness. They are often jointly described as the
"consciousness-raisers" of the group. Roy describes Sandy as
"a definite consciousness raiser and she has unofficially
taken up that role in the group." Ellen says they helped the
group by "putting questions in people's minds, and . . . not
letting things slide around." Patty sees Sandy as someone
who "made us look at difference issues." Again, members' de-
scriptions co-incided with my own observations from the field
notes, in which Sandy and Caroline are seen as most typically
acting to give the group perspective, by introducing new is-
sues, evaluating plans and decisions, and suggesting changes
in the plans and the norms of the group. But this fails to
convey the most important aspect of Sandy and Caroline's

joint role in the group. The facilitative activities just described often had one basic thrust which centered around the issue of collaboration itself. Their consciousness-raising most often took the form of explaining, emphasizing and encouraging the collaborative approach. Sandy and Caroline, more than any other members of the group, took the role of emphasizing and reminding us of our meta-goal of collaborative process.

Sandy, in addition, is often described as a "vibe person," i.e., a maintenance facilitator. Dick sees her as "a real source of positive energy." Judy remarks that "she had a really sweet smile. Just made you feel really comfortable . . . . She was looking out for everyone, not just for women, and I felt good about that." Field notes concur by showing several instances of Sandy supporting others and relieving tension in the group.

One last role which was perhaps not as well defined as these others but was potentially a critical one in the group was Roy's role as a critical evaluator of the group's plans and decisions. This assessment is based exclusively on the field notes and receives little support from members' interviews. My own feeling is that this is due to temporal considerations. Roy did not join the group until its seventh meeting and, like most members, did not become comfortable enough to participate more fully until several meetings later. I feel that I was more sensitive to Roy's role because of this

research and that, with time and encouragement from the group, this evaluative role would have taken on the same solidity as did the roles described above. My notes indicate that Roy's contributions were primarily in the area of task-facilitation, where he frequently moderated discussions and, more importantly, evaluated the decisions and plans of the group. Several remarks from Roy's interview attest to his emphasis on the importance of evaluation in the group. Some examples follow.

> I don't think there was any real evaluation from the beginning, knowing exactly what skills people were bringing in and what skills were needed.
>
> At first, the information gathering was somewhat systematic . . . . But the reviewing of the information was very haphazard.
>
> . . . in the beginning, a lot of energy was expended going out and gathering different information . . . but when they went, they really didn't focus on any specific idea or topic that would help the clinic out . . . . If a little more careful planning had been going into information gathering, we wouldn't have gotten so disoriented.

In the foregoing discussion, I have outlined the roles played in the group by nine of its members, leaving six others unaccounted for. In members' interviews, these other members are described and referred to, but no active roles in the group emerge. They are, not surprisingly, those members for whom I have few or no acts of facilitation recorded. This can be explained in two ways. The first, as with Roy, involves time. Bill and Jan left the group after only four

meetings. Joel joined towards the end and also only attended four meetings. These individuals did not have a chance to contribute more fully in the group. But in addition, as is noted by most group members, these individuals were, along with Mick, Judy, and Lynn, among the quieter members of the group. It seems reasonable to assume that had the group as a whole continued to meet for some time and had we been conscious of members' roles and encouraged maximal participation, these members (with the exception of Bill and Jan who left the group) would have increased their participation and eventually carved out roles for themselves.

The expression "had we been conscious of members' roles and encouraged maximal participation" in that last sentence reflects a crucial assumption concerning the distribution of facilitation in collaborative groups. From our discussion of philosophies of leadership, we recall that group members see an ideal type of structure as one which allows every member to act as a leader, or in our terms, to engage in facilitative behavior. But we have seen that in the actual process of the group, a small subgroup of members took responsibility for almost all facilitative acts and within the group, specialized functions and roles emerged to a high degree. Proponents of alternative groups usually find that their ideal of free and equal participation and sharing of responsibility comes up against the reality of natural differences between group members in skills, resources, time, energy and commit-

ment. How to deal with these natural differences is one of
the central problems in collaborative groups. Unless the gap
between the reality of differences and the ideal of equal
distribution can be breached, the group may be impaired by
feelings of guilt and resentment. Perhaps one of the most
consistently recurrent patterns in collaborative groups is
for an active leadership and a passive membership to develop
informally with the result that the leadership winds up feel-
ing overburdened and "ripped off" and resigns in anger, leav-
ing a perplexed, guilty or resentful membership. Support for
the prevalence of this conflict comes from the founders of
"Number Nine," an "alternative service for personal and so-
cial change." Discussing alternative services, they observe

> Most centers express a verbal preference for a col-
> laborative authority structure to make policy and
> decisions. The difficulty arises when the group
> realizes that expertise and taking responsibility
> for carrying out decisions are not synonymous with
> sharing power. Inevitably some people distinguish
> themselves in either ability or energy for work,
> while others find it hard to take action or are
> distracted by personal issues. The group must re-
> cognize these realities and develop a structure
> which is both collaborative and aware of indivi-
> dual differences (p. 129).

In the free clinic group, there was little incentive for
a member to take the risks involved in bringing up difficult
problems in the group, especially if he or she knew Dick was
there to do it. Part of the systematic process which creates
roles in a group is this self-perpetuating reliance on cer-
tain members to do their thing. Logically, the opposite re-

action seems just as feasible--that is, for members to learn from observing one another which acts are needed and how to execute them. But in a group lacking in skills, resources and trust such as this one, members will find it easier to be passive, to "play it safe," than to take the risks involved in learning and growing, <u>unless</u> the group is conscious of this process of role solidification and makes a concerted effort to maximize the quantity and variety of members' participation in the activity of the group. Unless the group is aware of these dangers, it runs the risk of sacrificing its ideal of shared responsibility not to an autocratic tyrant but to an informal rigidity of roles, a stagnation breeding the diseases of guilt and resentment, generated by the group's own inertia. Given an awareness of this danger and an effort to counteract it, the group stands a better chance of providing an atmosphere in which each member can learn new skills and develop his or her own resources.

Chapter 8. <u>Facilitation</u> <u>Reciprocated</u>

In the previous two sections we have illustrated our contention that collaborative facilitation consists of a number of <u>differentiated</u> <u>functions</u> which are <u>distributed</u> in some way among the members of a group. We now proceed to our third major point which concerns <u>the</u> <u>reciprocal</u> <u>nature</u> <u>of</u> <u>facilitation</u>. We have pointed out earlier that not even hierarchical leadership is a one-way influence process, that it requires responses on the part of followers in order to be effective. This is even more true in the case of collaborative facilitation which is intentionally a shared, participatory activity. Few acts initiated by an individual will have any lasting effect on the group unless they elicit some type of response which completes or leads to the completion of what they have only begun. Asking for suggestions will be useless unless suggestions are offered. Offering suggestions will prove futile unless others at some point evaluate and react to them and decide on a course of action. An attempted facilitation in isolation has, in a sense, no substance. It's like a dormant seed dropped into a certain environment. Whether it is to realize itself, to become a solid, palpable tree or to wither, leaving no trace, depends on the receptivity and response of that environment. This rather mundane observation has been made in passing before but its significance for the analysis of leadership and facilitation has, it seems, been minimized.

Successful facilitation consists of an attempted facilitation, or initiating activity, followed by an appropriate reciprocal activity. The reciprocation may then itself constitute another initiation, as in the case of offering a suggestion in the example above. It's like a tennis game--service, return, return, etc. The chains of initiation and reciprocation created in this way, if successful, will constitute the units of movement in the group.

By combining this conception of the reciprocal nature of facilitation with the assumption of prescribed process discussed earlier, it is possible to arrive at a conceptual framework for different sequences of initiation and reciprocation and their implications for the group's progress. 1) Group movement will be successfully facilitated when one member engages in the appropriate initiating activity and another or others respond with the appropriate reciprocation. Movement will not be facilitated 2) when a member engages in the appropriate initiating activity but no one reciprocates, 3) when a members engages in an inappropriate initiating activity, or 4) when no member engages in any initiating activity. The first sequence represents the only form of successful facilitation. The second and third sequences represent forms of attempted but unsuccessful facilitation. The last sequence involves an absence of any facilitative activity.

These distinctions are intended only as guides, not as hard and fast rules of group process. In retrospection and especially in the thick of group process, it is often difficult to feel sure about which acts are appropriate, that is, potentially facilitative, at any given moment. Again, we are dealing with probabilistic behavior, meaning that it would be unrealistic to expect perfect prediction. The advantage of this framework then is that it encourages participants and observers of group process to think clearly about goals and plans leading to those goals while it sensitizes them to the sequences of reciprocation which form the major mechanism of movement in collaborative groups.

In the case where a course of action is involved, if we consider the difference between verbal reciprocation and the actual implementation of the plan, we arrive at one last form of unsuccessful facilitation. This is the situation in which an appropriate initiating activity is appropriately reciprocated, leading to a decision upon a specific course of action. If, for whatever reason, no action is taken, no movement occurs. The lack of implementation prevents the realization of a potential facilitation just as an absence of reciprocation prevents the realization of a potentially helpful initiating activity. We will see later how this situation can also be used as a symptom of other forms of unsuccessful facilitation. At this point, we will present examples of each of these sequences from the free clinic group.

Examples of successful facilitation in this group are, not surprisingly, either rare or fairly insignificant. One brief and simple example of a successful facilitation occurred at the group's first meeting. Jim had mentioned Room To Move's plans to purchase a house to be used as a residential center for runaways. After some discussion, it seemed as if our group were counting on this and discussing locating our clinic in that building. I pushed for clarification by asking Jim how likely the project was in the near future. He reciprocated by clarifying that the house was "a possibility which wasn't a probability." This left the group in a position to be more realistic in their planning.

On another occasion, we were discussing different possible structures for the group and how they would affect efficiency and intimacy. Dick called on Sandy and Caroline to describe how things worked at the Valley Women's Center. They explained their structure of different small action groups and a large monthly meeting. This gave the group some empirical input into the conversation, bringing it, in the words of one member, "down to reality." Both these examples required only two contributions for the intention of the attempted facilitation to be realized. Some more complex examples follow.

We have already refered more than once to Dick's first contribution to the group. He said he wanted to get to know us better, suggested we each describe why we joined the group

and what we wanted to see happen, and began by doing so for himself. After Dick finished, Bill reciprocated by discussing himself. The group then got sidetracked onto a discussion of funding for the clinic. When this seemed finished, I brought the discussion back to Dick's suggestion by describing my motives and goals. Darryl and Judy followed me. Two members did not contribute but at the end of this brief discussion, which had required the co-operation of five members, we knew more about each other as people and about each others' plans for the clinic than we'd learned in three previous meetings. We will present two more examples, much more complex than the previous ones, before we move on to illustrations of the different forms of unsuccessful facilitation.

At the group's thirteenth meeting, Sandy brought in some information she'd gotten from the staff of a free clinic in Washington, D.C. They reported that one of their biggest mistakes had been to open in a fashionable student quarter of Washington which they now felt had discouraged the poor, non-student population from using their services. Sandy recommended that we re-think our decision to locate our clinic in Amherst and set our sights on Northampton instead. She went on to present several reasons for such a switch. This provoked a surprising amount of discussion with a good deal of reaction and evaluation, leading to a pretty clear division between those who favored Amherst and those who favored Northampton. As usual in this type of situation, various compromises were

offered. Members offered the suggestion that it didn't matter where we opened and that we could take whichever town presented something attractive first, the pie-in-the-sky suggestion of two locations and the ever-present but equally unrealistic suggestion of a mobile health unit. Usually at this point in group discussion things would be left unresolved since we would placate ourselves with possible compromises and push no further. In this case, we continued the discussion and the group consensus seemed to be leaning more and more towards Northampton when we were, not surprisingly, sidetracked. Later, I pressed for resolution by asking the group if we all agreed that Northampton would be our first choice for a location. The group agreed, leading to one of the few major decisions ever made in the group which was not revoked or forgotten two weeks later.

One last example of successful facilitation, this time more in the maintenance area of group activity, occurred at this same meeting. When the usual tension and frustration seemed even more obvious than usual and after a proposal for a party had fallen flat, Dick broke into a very task-oriented discussion to express his feelings of frustration and alienation and to comment on the interpersonal distance in the group. This act of self-disclosure brought the tension and alienation we'd all been ignoring finally out into the open. Jim responded by disclosing his frustration and a sequence which followed from it in which he did little work in prepa-

ration for meetings, felt guilty about this and then found it hard to relate openly to others. Smiles and nods of recognition around the room signaled that Jim too had brought a previously "secret" process out into the open. Others contributed comments, leading to increasing laughter and relaxation. This incident is universally brought up by members in their interviews as a high point of their participation in the group. The openness, the sense of shared problems, and the enjoyment of that episode are crucial factors in the maintenance of a collaborative group.

Much more common in the free clinic group were examples of the first type of attempted but unsuccessful facilitation --those situations in which one member makes an appropriate initiation but receives no reciprocation from the group. For example, at the fourth meeting, Bill urged that we "get our politics down." No verbal response was made to this suggestion, which was drowned out by another member's making another suggestion on a completely unrelated topic. Ellen once suggested that the moderator have the task of reading at the end of the meeting which members were responsible for which activities during the coming week. This was intended, it seemed, as a form of mild group pressure to assure that these things would actually get done (which was increasingly less the case). There were a few token "hm"'s in response but no clear reciprocation and the idea was never followed through.

At the fourteenth meeting, Dick began by asking if we
intended to sit around the long executive board-style table
in the church meeting room instead of removing it as we had
done the week before. The non-committal shrugs he received
in response constituted not so much a negation as a disquali-
fication of his attempted maintenance facilitation. The ta-
ble stayed and much of the sense of relaxation and fun which
had characterized the meeting the week before seemed dissi-
pated. Lastly, when we were involved in a discussion of a
new committee structure at the thirteenth meeting and got
sidetracked, Jim pressed for resolution by asking if we'd
reached consensus on it yet. Caroline, as described earlier,
undercut this attempt to get closure by making a sarcastic
reference to a "secret ballot." We got sidetracked again at
that point and left the matter hanging.

There were numerous instances in the group of the third
interaction sequence describes above, where someone engages
in an inappropriate initiating activity. These sequences us-
ually involves some attempt at task-facilitation when main-
tenance facilitation or goal clarification should have taken
precedence.

By the twelfth meeting, the growing tension and frustra-
tion in the group was pretty clear in several areas, not the
least of which was a drop in attendance from an average of
ten or fifteen members to five at this particular meeting.
We began by discussing a number of secondary topics pretty

aimlessly. I tried to help us get more specific in our plans by presenting a pretty abstract organization of areas which could be discussed separately. There was little reciprocation from the group which seemed apathetic and energy-less. This was a clear case of the right kind of facilitation-- pushing for goal clarification--at the wrong time. It is highly doubtful that such an abstract, task-oriented discussion could have succeeded in this atmosphere regardless of reciprocation. Ellen correctly sensed the depression in the group and attempted a more appropriate maintenance facilitation by asking, "How can we get our energy back?" which led to some diagnoses of problems and plans to do just that.

At the next meeting, after the suggestion for a party had fallen flat, Jim and I tried to facilitate a discussion of Jim's suggestion of lowering our goals. Again, we tried to proceed in spite of the tension and discomfort which was obvious but being ignored in the group. And again, it is highly doubtful that any constructive discussion could have succeeded in the face of these feelings. Movement, in the sense of increased solidarity, occurred only when Dick interrupted the discussion to express his (and our) feelings of frustration and distance.

The most common and most harmful instances of an absence of appropriate initiating (and reciprocating) activity in the group involved our collective failure to evaluate plans and decisions. There was little or no real evaluation of the de-

cision to have a questionnaire, to expand beyond VD, to write a proposal or to have the pot-luck supper. Until now we have given examples of specific instances of the omission of an appropriate facilitative activity. In a more global sense, most of the decisions and endeavors of the group, which yielded little in the way of real progress, point back to the absence of the most primary and fundamental facilitation required in any task-oriented group, which is the clarification of goals. When we look over the history of the group as a whole, we see an overall absence of this most appropriate initiating activity. In the same light, virtually every attempted facilitation of a specific plan or decision represents an inappropriate initiation in the face of this absence.

Earlier, we suggested one last sequence which results in impeding the group's progress. This occurs in cases where a plan of action is proposed and involves successful verbal facilitation but a failure to implement the action agreed upon. This occurred several times in the free clinic group. When I commented on the gaps and overlaps in our information-gathering outside the group and suggested we each take one area of responsibility, the group seemed to agree after some discussion. However, no action was ever taken. When Dick pointed out that although a lot of information had come in one night, most likely little of it had been retained, someone suggested we keep records of meetings and interviews. Again, there was no real follow-up on this suggestion.

The following is a crucial example affecting facilitation itself in the group. Dick expressed feeling that his spontaneity was limited by his fear of being seen as vying for power in the group. Sandy responded by assuring him that it was important for people to feel free to assert themselves as long as others would also be assertive and keep them in line if they thought they were becoming dictatorial. Between the two of them, they had clarified how the group's fear of leadership interfered with its progress and proposed a way to avoid this. The actual implementation of these new ground-rules for interaction could have removed at least one major obstacle to the group's progress. Not surprisingly, nothing ever came of it.

A more spectacular example occurred when at one meeting, we finally decided to separate the clinic into a number of different areas, such as classes, training, resources, etc., and to each take responsibility for a certain area. A week later when we reread the list of areas and waited for volunteers, a dead silence followed. There were no takers. We discussed this, but nothing every came of it.

The obvious question is "Why not?" Why would a group agree on a course of action and not follow through with it? As with most questions like this, there are several answers. One important one rests on the assumption that failures in implementation are symptomatic of earlier failures in the process of facilitation. The major causes for the failure

to follow through on decisions correspond to those process
sequences which involve an omission of the appropriate initi-
ating activity. In other words, we can usually trace a fail-
ure in implementation back to the omission or incompletion of
an essential facilitative activity. This serves as support
for the notion of prescribed process since the omission of
certain activities in these cases leads to a failure to im-
plement a plan of action, i.e. to a lack of movement in the
group.

If there has been insufficient evaluation, the group may
find that it can not or does not really wish to implement
their plan. If there has been insufficient clarification of
how a plan relates to a certain goal, the group will find it-
self constantly uncertain as to the plan's usefulness and re-
sist putting energy into it. If the process of achieving
consensus has been abrupt or unclear, those members who favor
a course of action may find that others resist proceeding.
All of these processes are possible, even likely in colla-
borative groups unless the group is aware of them and takes
action to correct for them.

The phenomenon of "consensus by default" is especially
pervasive in these groups. In this situation, a member pro-
poses a course of action and asks if people agree. One or
two members show signs of agreement while many remain silent.
The initiator can interpret this highly ambiguous response as
either an affirmation since no one objected, or as neutrality,

indecision, or rejection since only two members overtly

agreed. Too often members assume this means affirmation only

to be mystified later when no energy goes into implementa-

tion. In the last sections of this paper, we will discuss

reasons for this ambiguity and ways to prevent it.

As is probably clear by now, there were real difficult-

ies in the process of reciprocation itself in the group.

Several members' observations support my own in this area.

For example, Roy makes frequent reference to a "non-receptive,

hostile environment" in the group and explains "it was a

drain type of thing. Like you come in all keyed up and get

lip service. It just shatters you and you drop your idea."

Ellen was particularly sensitive to the lack of reciprocation

in the group. Discussing Dick, she says

> Dick tried to talk about his /conflict/ but no one
> listened so he left . . . . He said he was going to
> write a letter to the group because he was really
> frustrated and we were so untogether, and nobody
> picked up on that and tried to help out.

She sees Roy as someone who'd "say something about himself,

opening up and no one would pick up on it." In another part

of her interview, she sums the situation up neatly.

> It was a terrible big thing to say something /be-
> cause/ nobody said anything . . . . You'd spin out
> a half-developed idea in order to have other peo-
> ple help you make it full, but after one person
> said something, you'd go back to "glummouth" /Ellen's
> expression for depressed, passive silence/. Many
> ideas were left hanging there. Even when people
> had things to say, people had separate things to

say. Someone would say something and every<u>b</u>ody
would_go "hm" . . . and someone would say /some-
thing/ with no relation to what was said before and
then you'd go back and say, "Hey, wait a minute.
Ten different things were said and we don't know
what's going on."

There is one last angle from which we can approach the
issue of reciprocation and the lack of it. This concerns the
notion of necessary conditions for facilitation. When we
look over members' remarks about requirements for exercising
facilitation, we notice that a distinction emerges between
what is needed to attempt initiation and what is needed to
get reciprocation--in other words, between attempted and suc-
cessful facilitation. We notice that prerequisites for ini-
tiating activities are usually what we would consider inter-
nal characteristics of the initiator. Whereas prerequisites
for reciprocation, that is, for successful facilitation, in-
volve parameters of the relationship between the initiator
and the reciprocator.

Members feel that to attempt facilitation one needs
"skills," "knowledge," "information," "articulateness," "en-
ergy," knowing how to deal with people or a willingness to
take risks. However, it seems that this is not sufficient to
elicit reciprocation from the group. Some members of the
free clinic group indicate that part of the reason Jim and
Patty were less successful than they might have been concerns
what many members perceived as their lack of personal inter-
est in other members. Roy sees Jim as "a very . . . smug

type person . . . . He just wasn't receptive." Sandy com-
ments, "I don't know how interested he was in forming person-
al relationships with the people in the group . . . . /I/
felt it would be really hard for me to get pretty close to
him in that situation." She says of Patty, "I saw her as
kind of distant from the group. Not really wanting to get
involved in a personal way with people in the group." Caro-
line feels Patty "didn't want to get her personal life into
the clinic or take time to get to know people."

Jim and Patty both support this perception of them as
more interested in the task of the group than the members.
When asked what she hoped to get from other group members,
Patty says, "I couldn't do it alone. I wanted other people
to do some of the work and share in the organizing." Jim
says

> I think I put limitations on that /getting close
> with the people in the group/. I didn't let myself
> get as close as I might normally have if I weren't
> involved in other things . . . . There really wasn't
> a lot that I wanted from that group. Really more of
> my expectations were on the project than on that
> group of people.

Consequently, Caroline observes "there wasn't as much
sense of commitment to Patty as an organizer." Ellen obser-
ves that Patty attempted facilitation in the area of moderat-
ing discussion, but adds that

> Patty tried to do that except it seemed like she
> didn't try to do it in a nice way, like /she was/
> belligerent . . . . She would ask the same ques-
> tion ten times and you know she was right but it
> just wasn't done in a nice way, so that people
> didn't want to commit themselves.

The apparent contradiction between this view of Patty and the view presented earlier of Patty as a "pillar of strength" has several possible explanations. In one sense it seems to reflect differing perceptions by members based on subgroup affiliations. On another level, it serves to highlight the difference (not contradiction) between being seen as an efficient organizer and being responded to as a caring, concerned individual.

Further support for the distinction between conditions for initiation and for reciprocation and the importance of both for successful facilitation comes from the literature of leadership. Hollander and Julian observe that

> One consistent finding in most research is that the
> leader's competence in a major group activity should
> be high. Another important attribute is the lead-
> er's perceived motivation towards the group and its
> task (p. 168).

Rephrasing this in a way which highlights the distinction between "acting" and "being seen as" a leader (we would substitute the expression "being responded to" for "being seen as" here), they remark

> competence in helping the group achieve its goals
> and early conformity to its normative expectations
> for members provide the potential for acting as a
> leader and being perceived as such (p. 167).

There is no question but that showing interest in and getting to know other group members constituted a major normative expectation in the free clinic group.

In these four sections, we have presented a theory of how facilitation works in an ideal collaborative group along with illustrations of how it actually did or more often did not work in the free clinic group. In the last two sections of this paper, we will explore the reasons for the failure of this particular group and speculate on the requirements for successful collaborative facilitation.

PART IV

POST-MORTEM: REASONS FOR FAILURE AND

REQUIREMENTS FOR SUCCESS OF THE COLLABORATIVE MODEL

Chapter 9. Reasons for Failure

What can the failure of this particular group teach us about collaborative approaches to social organization? Does it indicate the fundamental impracticality of these approaches or their mis-application in one instance? My own feeling is that the latter of these conclusions is the more accurate. From the example of the free clinic group we can learn what factors conspired to produce the failure of this attempt at task-oriented collaboration and speculate on prerequisites and rules for successful collaboration. In other words, I argue that the free clinic group represents a case of a group which was ill-prepared for and mis-applied the collaborative model. I hope to show what was lacking in this group and, coversely, what seems necessary for such an approach to succeed.

There is no lack of probable causes for the failure of the free clinic group. In fact, in retrospect, it seems astounding to me that we ever felt we could succeed. The problem here lies not in finding these causes but in organizing them in a way which is economical and useful. My aim is to present these causes to the reader in a way which conveys their relationships to one another in time over the course of the group's life. Members' interviews and field observations provide a large number of unrelated bits of information concerning different reasons for failure and even

concerning the relationships between some of these reasons.
But this leaves the reader with just that--disparate bits of
information instead of a "whole picture." Our task is like
that of an archeologist who tries to reconstruct a shattered
ancient vase. He retrieves many pieces of broken clay. Some
seem to fit together, like pieces of a puzzle; some are miss-
ing but can be extrapolated from the spaces left unfilled.
His task is to re-assemble the separate pieces and fill in
the empty spaces in such a way as to recreate the vase in its
original integrity. To help us in our own task of reconstruc-
tion, we will present a schematic diagram or flow chart of
what are felt to be the most important forces in the develop-
ment of the group and briefly discuss these forces and some
of their interrelationships, as a means of organizing the
many "pieces" and "spaces" which confront us. First, a cau-
tionary note. These forces and relationships are felt not
to be the only ones present in the group, but the most im-
portant ones. Many others could be asserted, even forces in
direct contradiction to those presented here. For example,
we will speak of a felt lack of competence in the group.
Clearly, some members at some times felt competent at their
task. But the forces presented here are those which it is
felt took precedence or were dominant in the group's develop-
ment and those which best account for its failure.

Every group can be said to have two significant sources
of input. There are its members' resources and the shared

values which regulate and act as constraints on this process.
These shared values may or may not be held at a conscious le-
vel, but operate as assumptions which are taken for granted.
These forces combine to shape what might be called dominant
psychological sets in the group. These are attitudes and
feelings of members regarding themselves, others, the group
as a whole and the task in which they are involved. They in
turn influence the quantity and quality of members' partici-
pation in the group which will determine the success of both
task and maintenance facilitation in its process. The qual-
ity or success of task facilitation will influence the activ-
ity or actual work of the group, leading to some outcome,
this being the relative amount of progress made. We can also
say that the outcome of the group's maintenance facilitation
will be felt in the degree of cohesivesness generated. The
nature of these outcomes will produce psychological reactions
in members which will, as before, influence participation.
Thus a complex feedback loop is established in which each
element influences the next and is eventually influenced in
return. In this way, not just "vicious" (or benign) circles
are created, but progressively negative or positive spirals
in group process. Schematically, this process could be re-
presented as follows.

DOMINANT PSY-
CHOLOGICAL SET

PARTICIPATION

TASK
FACILITATION

MEMBERS' RESOURCES

SHARED VALUES

MAINTENANCE
FACILITATION

PSYCHOLOGICAL
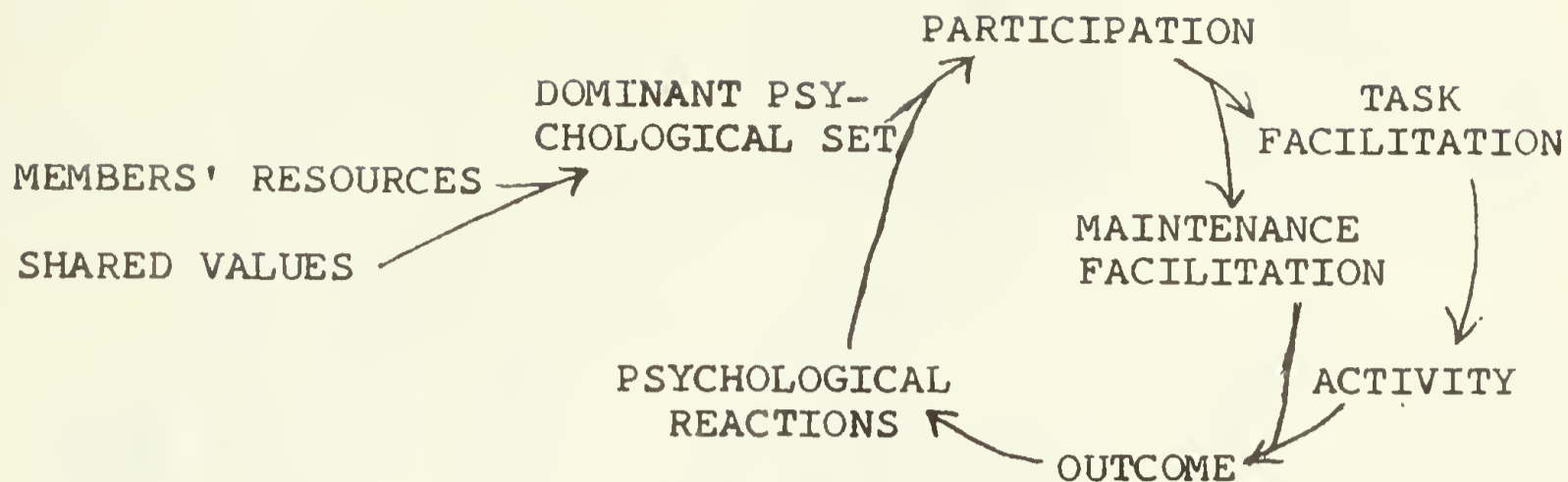REACTIONS

ACTIVITY

OUTCOME

Figure 3.   Schematic Flow Chart of General Group Process

This is admittedly an oversimplification but it is felt to be one which demonstrates major trends in group process.

Figure 4 represents a more detailed flow chart including what are felt to be the major specific forces and relationships between forces operative in the free clinic group and leading to its failure. Starting at the upper left, we see a series of deficits in members' resources. For example, members' lack of information, skills and experience in areas of medical knowledge, organizational issues and collaborative process can be seen as leading to a felt lack of competence for the task at hand. This was only one force leading to members' reluctance to take risks and their overall passivity vis-a-vis the group. This seems to have operated on two levels--the first, by discouraging members from speaking up at any particular meeting, and second, by creating a fear of actually getting a clinic started which seems to have led to some subtle avoidance maneuvers on all our parts. Let's ex-

Figure 4. Flow Chart for a Negative Spiral in Group Process
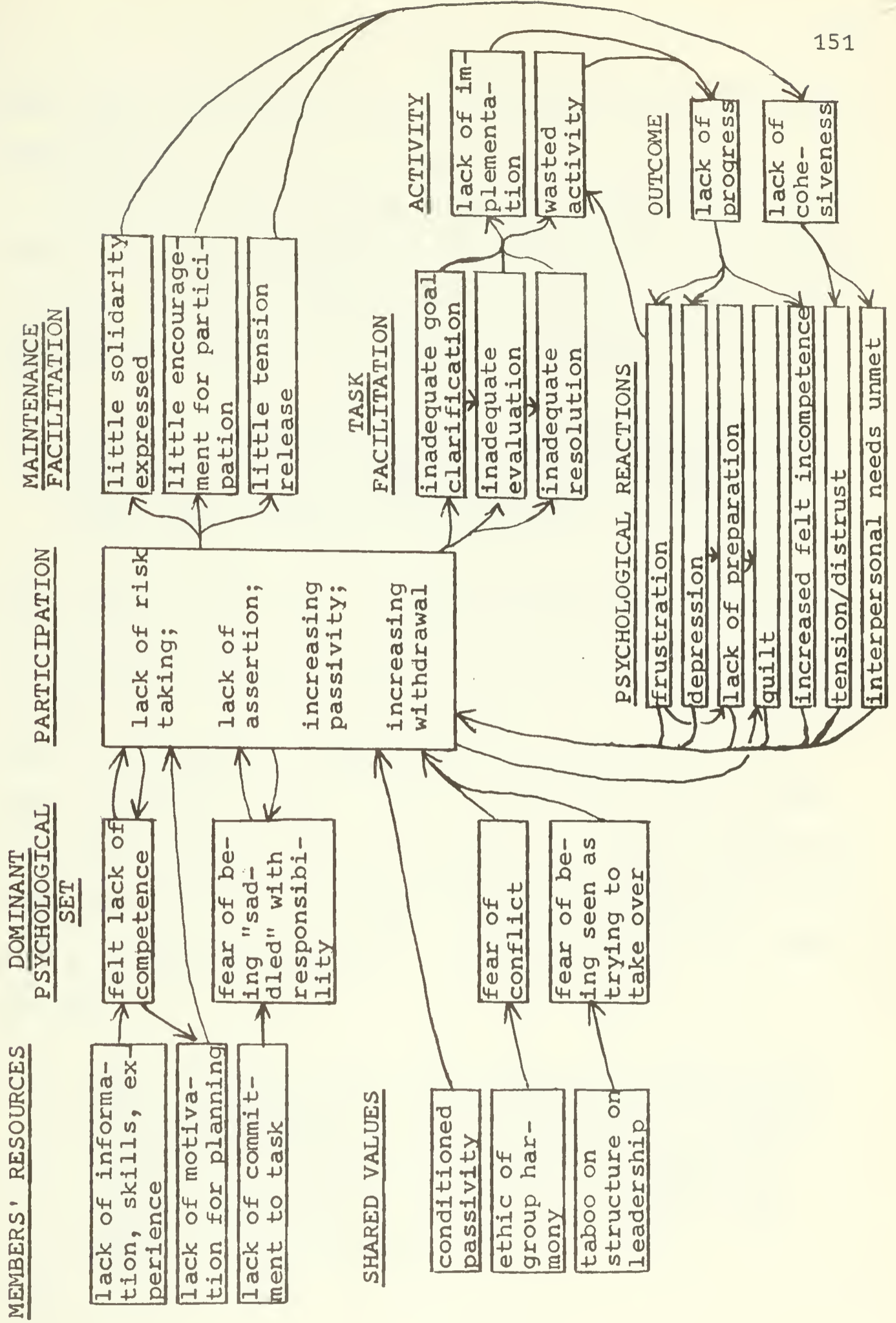
amine some of the pieces of the vase which lead to this re-

construction.

Bill says that in the beginning, there was little lead-

ership in the group because he was leader and "I had nothing

to say in the very beginning . . . . I really didn't know

anything about how to get started or anything." He adds

> I just honestly didn't think I was capable of doing
> it . . . . It was a defeatist attitude from the be-
> ginning . . . . I always h_ad that in the back of my
> mind, that I /didn't think/ I could do it really
> well, as well as someone else anyway.

When asked if she felt she could express herself freely in

the group, Jan remarks "I couldn't express myself freely in

things I didn't know anything about." Judy says "We really

didn't know what we wanted and what we could do . . . .

That's probably the worst thing. Just not having a back-

ground and trying to know what to do." Ellen describes how

this lack of felt competence inhibited participation in the

group, commenting indirectly on the lack of trust in the

group.

> There wasn't any, or not very much, throwing out of
> ideas or playing around with th_em and proving them
> or taking off parts . . . . /You/ didn't want what-
> ever was put up there under your name to look like
> a dumb-ass. You couldn't present a thought that
> was just coming to you. You had to wait till you
> figured it all out . . . . It was a terrible big
> thing to say something.

Ellen's statement implies the existence of a direct feedback loop here. Members' felt lack of competence led to a lack of risk-taking in participation in group discussions which only heightened the self-consciousness involved in talking.

Several members have commented on the role this felt lack of competence may have played in our "holding back" or "backing off" from our goal. Jim says "we were holding back. We were afraid to become operational." Roy states

> Many, many times, I saw the group going to a threshold and backing off . . . where like another month of really organized intensive work could have open-end the clinic . . . . It didn't seem like we were ready to take that step or willing . . . . /We felt/ "Can we really function as a free clinic? Do we have the paramedical skills necessary? Do we have the organizational skills necessary?"

Lastly, asked what hindered the group, Sandy responds

> People's fears . . . . There was a lot of fear I think among everybody about competency to deal with the clinic . . . . No one had the skills . . . . I think I felt that somewhat, feeling very much a lack of competency . . . . It was very hard for me to deal with trying to start something . . . . That was a really new kind of concept and that really frightened me, and I think Dick talked about that a little bit, too. Why did we always seem to stop at a certain point? And that seems to be a very logical reason.

Asked about problems in the group, Sandy cites

> A kind of lack of confidence . . . . I think people had a real lack of confidence in their abilities to be able to put a clinic together.

A second deficit in resources involves members' lack of motivation for the planning involved in setting up the clinic. As pointed out earlier, interviews indicate that no member of the group had their main interest in this aspect of the clinic. Mick articulates this deficit and relates it indirectly to the issue of competence. Asked if he was interested in planning, he says

> Not especially. I wanted to work in it and I wanted to be involved in it but I don't think as far as planning, it isn't my thing to do that . . . . Maybe I didn't have the scope to put it all together . . . . I don't think organization would be my type of thing.

Judy expresses very similar feelings.

> I couldn't get into the organization at all. I just have no background with organization and don't like it . . . . I have no ability to work at organizing.

Thus, we can consider this lack of motivation for planning as an important primary input into the group, while we recognize how it is influenced by members' felt lack of competence and their deficits in information, skills, and experience. This lack of motivation further contributed to the general passivity and minimal participation in this group whose prime task was to plan and organize a free clinic.

Another crucial deficit involves members' lack of commitment to the task at hand. This is not to say we were casual or disinterested. I refer here to the notion of secondary energy people, something which was frequently discussed in

the group. There was no one person in the group for whom the clinic was a full-time focus, a major project. For all of us, it was a secondary activity in our lives. This secondary involvement led to a fear of being "saddled" with too much responsibility by the group. This fear, as discussed earlier, led again to a decrease in participation, a withdrawal from involvement and facilitation by active members. Again, a feedback loop is created since the increasing passivity of the group served to make any potential facilitator even more wary of being "stuck" with responsibility.

Shared values, like contagious diseases, are "carried" into the group by members, but they operate independently of (although sometimes through) members' resources or deficits. Passivity itself can be described as a shared value, in our use of the term, in the culture at large and in the mass movements of the counter-culture. It is this fact that members refer to when they say, as Caroline does, "they /the members/ were all used to being middle men" or secondary energy people. The sources and effects of this conditioned passivity have been perceptively described by a collective called the Anti-Mass (1970, p. 45).

> A lot of problems which collectives face can be
> traced to the work habits acquired in the (mass)
> movement. People perpetuate the passive roles they
> have become accustomed to in large meetings. The
> emphasis on mass participation means that all you
> have to do is show up. Rarely, do people prepare
> themselves for a meeting, nor do they feel the need
> to. Often this situation does not become evident

> because the few people who do the work (those who
> run the meeting) create the illusion of group achieve-
> ment. Because people see themselves essentially as
> objects and not as subjects, political activity is
> defined as an event outside them and in the future.
> No one see _themselves_ making the revolution and,
> therefore, they don't understand how it will be
> accomplished.

This conditioned passivity represents another force leading

to a minimum of participation in group activity.

The ethic of group harmony which pervades the counter-

culture has already been discussed. This is felt to have

been another destructive norm in its effect on members' atti-

tudes towards conflict. Conflict, that is, the presentation

of alternative or opposing viewpoints, is essential for the

success of any task-oriented group, especially one run along

collaborative lines. Discussing laboratory training, an ap-

proach to social organization which closely resembles the

collaborative model in many ways, Shein and Bennis (1965)

discuss the core meta-values of collaboration and conflict

resolution through rational means. They describe the latter

as consisting of the recognition and confrontation of con-

flicts instead of their denial or suppression, the search for

their causes and consequences, and finally their resolution

"by consulting all relevant individuals and groups and by ex-

ploring under conditions of trust and confidence all the pos-

sible alternatives for a solution" (p. 34). There can be no

successful collaboration without rational conflict resolu-

tion. Human differences and interpersonal conflicts are in-

evitable. However, they can only become unresolvable inter-
ferences to group progress when they are placed out of reach
by collusive denial or suppression.

Several members have commented on the lack of conflict
in the free clinic group. Describing the "tone" of the
group, Sandy says "Maybe it was too relaxed and . . . there
probably were a whole lot of things that we didn't confront."
Asked about group norms, she says "There were some norms . .
. . We didn't confront each other a lot . . . . We didn't
pick up each other on a lot of things that were said . . . .
We never called each other on that, never dealt with that."
She concludes

> Maybe we did just make a whole lot of assumptions
> that it didn't seem like there were a whole lot of
> strong real differences, which when you think about
> it makes me uncomfortable because I don't know if
> that's really true . . . . That's hard to believe
> that people coming from such disparate places . . .
> /could/ be all attuned.

Darryl comments:

> A lot of the problem was that there wasn't conflict.
> If people were dissatisfied, they were sitting on
> it. There wasn't confrontation going on and there
> weren't people saying "Hey, this isn't good. Why
> are we doing this? I want to do something else."

Dick recalls that "everyone was so conscious of not wanting
to step on anyone else's toes that we sort of kept it amor-
phous." The unwillingness to engage in conflict resolution
was yet another force contributing to the lack of risk-taking
and the overall passivity of the group.

Another destructive shared value involved the already
discussed prejudices and taboos on any form of structure and
leadership which are so common in the counter-culture. In a
discussion of the women's liberation movement which is equal-
ly applicable to other areas of the overall movement for so-
cial change, a woman named Joreen (1972) says

> During the years in which the women's liberation
> movement has been taking shape, a great emphasis
> has been placed on what are called leaderless,
> structureless groups as the main--if not sole--or-
> ganizational form of the movement. The source of
> this idea was a natural reaction against the over-
> structured society in which most of us found our-
> selves . . . . The idea of structurelessness, how-
> ever, has moved from a healthy counter to those
> tendencies to becoming a goddess in its own right.
> The idea is as little examined as the term is much
> used, but it has become an intrinsic and unques-
> tioned part of women's liberation ideology.

The free clinic group may have praised the concept of organic
structure but it more often acted on a strong prejudice
against any form of structure. This taboo has already been
described in the group as has its role in members' fears of
being seen as trying to "take over" in the group. It repre-
sents yet another factor contributing to the passivity of
group members.

We return here to a statement of Dick's which observant-
ly relates several of the factors we have discussed so far.

> Nobody wanted to make it their real project. That
> was the primary obstacle, with the amorphousness of
> goals and the reluctance to offend anyone, to come
> out and say "This is exactly what I want" and try

> to fight to get it. All three tied together. If
> I'd done that, not only would I have been seen as
> trying to take over on a number of different le-
> vels, but I also would have been saying "I want re-
> sponsibility for the thing . . . it's gonna become
> my baby," and a lot of the moral responsibility
> would start accruing to me.

Thus by organizing bits of information from a number of
different areas we discern an overall pattern in which a num-
ber of different forces converge, leading to a general state
of passivity on the part of group members, an avoidance or
withdrawal from participation in the group's activity. This
passivity and minimal participation has a number of conse-
quences for the exercise of facilitation in the group. In
the area of task facilitation, it contributes to the three
most crucial failures which can occur in this area. Minimal
participation practically insures inadequate goal clarifica-
tion, inadequate evaluation of plans and decisions, and in-
adequate resolution of group discussions. In addition, rela-
tionships exist between these factors. Inadequate goal cla-
rification denies the group the clear goals they need against
which to evaluate plans. Inadequate evaluation leads, in
turn, to hasty or unclear resolution.

All three of these processes have a direct bearing on
the group's activity. Their most common consequences are the
lack of implementation of supposedly agreed upon action and
the implementation of minimally useful or non-productive ac-
tion. In the free clinic group, the failure to carry through
on any number of structural proposals aimed at goal clarifi-

cation and the pouring of energy into non-productive activities such as the questionnaire and the pot-luck supper represent examples of both types of consequences. The net outcome of these non-productive activities and "non-activities" is naturally an overall lack of visible progress. This lack of progress has inevitable implications for members. Common reactions are frustration and depression. Both reactions lead to a further reduction in members' participation in the group, thereby completing an elaborate feedback loop. Other important consequences are as follows.

Jim has already been quoted in his explanation of how his own frustration led him to stop preparing for meetings which made him feel guilty which, in turn, led back to a withdrawal from participation in the group. Roy expresses a similar idea. When asked what he feels affected his own involvement in the group, he says

> If I hadn't done any real work /during the week/ even though I knew no one else had done any work, there was still a guilt feeling within me. I guess personally, the real difference in me /in/ how I felt going into the meeting was how much work I myself had done and how much I thought other people were doing.

Roy also describes the relationship between the lack of direction in the group (in the sense of the lack of clarity of goals) and the lack of progress as well as members' subsequent feelings.

> I'm beginning to feel that if somehow there had
> been a little more direction to tie the sequences
> together that the self-motivation would have been
> higher. To be able to extend anything you have to
> see yourself making progress towards your goal, and
> a lot of times that progress may have been there
> but it wasn't visible. So self-motivation wasn't
> increased.

In addition to the overall feedback loop which is created, we note the existence of another smaller loop within the larger one. Isolated below from the larger diagram, it shows the relationships between activities, outcomes and members' reactions.
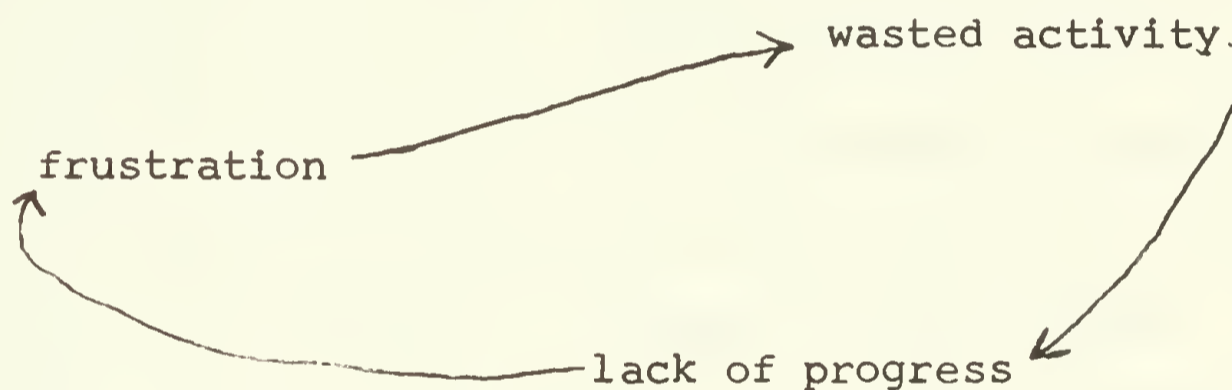

Figure 5. Flow Chart for a Smaller
Negative Spiral in Group Process

This spiral of increasing frustration in the face of continued lack of progress was clearly operative in the free clinic group, where the failure of poorly evaluated and hastily agreed upon activities led frequently to even less critical acceptance of equally non-productive activity. The necessary conditions for the creation of such a spiral include the original absence of successful goal clarification, evaluation,

and resolution and the continued unwillingness or inability
of the group to engage in these forms of facilitation. Fin-
ally, the lack of visible progress acts to further undermine
members' confidence in their own abilities to accomplish the
task they have set for themselves, leading back once more to
a reduction in productive participation.

Members' passivity contributes not only to omissions in
task facilitation but in maintenance facilitation as well.
The most significant losses appear in the form of members'
failure to express positive feelings towards each other and
the group, to encourage participation by all members and to
release tension in the group. These omissions lead to an
overall lack of cohesiveness in the group which promotes
feelings of tension and mistrust in group members, yet again
contributing to a reduction in members' participation. Roy
relates this lack of cohesiveness to the fear of conflict in
the group, saying "if we'd been a tighter group of people,
we would have been more open and freer with each other and
we wouldn't have had to be afraid of transgressing on other
people's ideas." He gives us an indication of how things
might have been different in the group had there been more
trust by describing how he felt towards the end when many of
us were finally becoming closer.

It was much greater freedom going into a meeting,
having an idea that I wanted to talk about and not
being afraid to push that idea and get that idea
through, get a whole hearing, hear what everybody

> else said . . . feeling at ease with people and be-
> ing able to be open and free with them.

The pattern which emerges from this discussion is one in which

a number of different forces converge to inhibit maximal par-

ticipation by members in the activity of the group. This in-

hibition of participation produces conditions which serve on-

ly to further inhibit participation, thus creating a negative

spiral in group process. The systematic relationships be-

tween these forces guarantee that unless the group can "cut

into" this spiral, it will ultimately have to recognize its

failure and either disband or choose different goals. Such

was the case with the free clinic group. Although four of us

continued to meet over the summer in the hopes that both new

and returning members would take up the task again in the

fall, the group as a unit had given up and disbanded by the

end of May.

Chapter 10. Requirements for Success

When asked to explain the group's failure to accomplish its goals, members often express what we might refer to as a theory of transitional consciousness. This theory holds that members of the counter-culture who attempt to create and operate within new forms of social organization exist in a sort of limbo of life-styles. They have, to some extent, transcended the bounds of the culture in which they have been raised, at least enough to share some critique of that culture and to attempt to create an alternative, but they carry with them ingrained patterns of response which derive from that culture and they lack the skills necessary for different ways of being and interacting. Dick refers indirectly to this when he says "We all knew what we didn't want to see but didn't have so clear an idea as to what we did want to see in terms of actual procedures." Ellen expresses this idea more explicitly.

> Nobody had experience in it /collaborative process/
> and it is a more difficult way of handling things,
> and being brought up as Americans with your family-
> mother-father-situation, you don't get a chance to
> gradually learn how to interact with people in this
> way.

In an article on group issues in communes, which are most often collaborative living arrangements, Kanter (1972, p. 635) observes

> . . . not only were most of today's commune members
> socialized from birth to be members of conventional
> families, and thus not given the skills and experi-
> ences to deal with the issues they face as adult
> commune members, they also may have to unlearn some
> of the lessons gleaned from growing up in conven-
> tional families.

The experience of the free clinic group supports this in-

terpretation of the over-riding problem facing these groups.

As I have said earlier, my own feeling is that this group re-

presents an example of a group which was ill-prepared for and

which mis-applied the collaborative model rather than a group

whose successful application of collaborative process impeded

or precluded its success. The corollary of this conclusion

is that groups can not expect to sit down together and suc-

cessfully adopt a collaborative approach immediately; they

will not automatically succeed at collaboration just because

they choose to avoid hierarchies. When we first formed our

group, it seemed to me that collaboration was a matter of

choice. We all chose to collaborate and therefore we would

go ahead and do so. My feeling now is that successful colla-

boration involves a set of principles and skills which do not

come to us naturally, but must be learned. The following

pages will be devoted to presenting and relating some of

these principles as gleaned from the free clinic group. The

overall question we are directing ourselves towards is "What

principles must group members understand about collaboration

in order to stand a better chance of using this model suc-

cessfully?" Again, this is not intended as an exhaustive

presentation, merely as an initial attempt at specifying these principles based on the observation of only one group.

In order to narrow our focus towards answering this question, two distinctions will prove useful. The first involves differentiating the group's failure at the specific task of a clinic from its failure in the use of the collaborative model. For example, we are less concerned with the group's lack of information and skills in medical areas than we are with their lack of experience working collaboratively and with the lack of deep commitments to the task of the group as well as to the collaborative approach itself. It will also be useful to distinguish between "inputs" into the group, that is, members' resources and shared values, and what the group does with those inputs in its actual process.

Commitment. My own feeling is that of all the resources or deficits discussed earlier, the most crucial is each member's commitment to the goal of the group. In order for a collaborative approach to succeed, forces must come into play to replace those forces which operate in hierarchical groups. At first glance, many in the counter-culture assumed that hierarchical structure was completely oppressive and non-functional. This view made it difficult to see what was in fact functional about it. The experience of groups such as this one provide perhaps the best source of information about what functions are necessary for group productivity,

what mechanisms serve these functions in hierarchical groups and what substitute forms must develop in collaborative groups.

In hierarchical groups, the individual is often motivated to work by his official responsibility to follow directives from above him in the hierarchy and by the positive and negative reinforcements which can be brought to bear by superiors, as well as by the requirements of role and the seductions of status. In collaborative groups, where these forces are weak or absent, each member's individual commitment to the task of the group becomes a crucial factor in the group's eventual success or failure. If the commitment of group members is strong, they are more likely to eventually acquire the information, the skills and the experience they need to progress in their task. The reverse is less likely. No amount of knowledge or experience will "carry" a group which is only marginally committed to its task through difficult periods and disappointments. Implied here is the notion that a group can compensate for its original deficits in its process. That is, even a group which has little experience or information about medical treatment (and correspondingly little confidence) can increase its sum of knowledge and confidence by the nature of the process it establishes.

Relationships, growth, and visible progress. I have disagreed with the conclusion that the collaborative approach is itself poorly suited for task-oriented groups. I do not

quarrel however with the assertion that collaborative ap-
proaches are time-consuming, demanding and potentially drain-
ing. Anyone who has experienced the difference in energy re-
quired to obey a directive, to take a vote, or to achieve a
clear consensus will attest to the increasing amount of ef-
fort demanded respectively by each. Collaborative process is
slower and more exacting of each member than is hierarchical
process. For this reason, again, forces must operate in the
group which will "carry" members through difficult periods
and the draining of energy. The most important forces, those
which supplement and sustain members' sense of commitment to
the group's task, are the relationships formed between group
members, individuals' perceptions of their own growth, and
the visibility of group progress.

None of these were particularly strong in the free clin-
ic group. It is not an accident that collaborative approaches
emphasize an absence of leaders as well as "tight" interper-
sonal relationships among members. The satisfaction of mem-
bers' interpersonal needs in the group is a powerful and es-
sential inducement to participation, one which fills the gap
left by formal requirements in a hierarchy. A member's sense
of his or her own growth in terms of knowledge, experience,
interpersonal skills and competence, is a second sustaining
benefit which a collaborative group should be able to offer
its members. If the group is working well, it will make de-
mands on members' capabilities and creativity. When no de-

mands are made or when members passively refuse to meet these demands, a lack of growth accompanied by a lowered sense of self-esteem results. In one sense, members' self-concepts are more easily bruised in collaborative than in hierarchical groups. In the latter, members can always blame failures or setbacks on superiors in the hierarchy, all along harboring the conviction that if they had been in charge things would have been different. The sense of failure and impotence which accompanies setbacks and "dry spells" in collaborative groups is much more acute since members often have no one to blame but themselves. In addition, because the reasons for failure are so complex, members may be unaware of their very real obstacles. They may feel even more helpless and ineffectual since they _seem_ to face no obstacles at all and yet they cannot progress.

Lastly, visible progress has an energizing effect on any group; its absence is extremely demoralizing. Even in groups which know where they are headed and understand their obstacles, the effects of as little as four or five weeks with no clear progress are unmistakable. Frustration and tension rise; members may get a little manic or a little lethargic; the group takes on a confused and slightly desparate air. Altogether, all three of these factors--relationships which meet members' interpersonal needs, members' sense of their own growth, and visible progress--serve to sustain commitment and build cohesiveness in collaborative groups. The import-

ance of the last factor--visible progress--leads us back to
another crucial aspect of collaborative process.

Task facilitation. Successful task facilitation is es-
sential if the group is to arrive at plans for productive
activity and to carry these plans through. We have already
indicated that the most important aspects of task facilitation
are thought to be the clarification of the group's goals, the
evaluation of specific plans and activities against these
goals, and the clear and thorough resolution of group discus-
sions and decisions. If task facilitation in these areas is
either not attempted or unsuccessful, the result as we have
seen will be a lack of visible progress leading to group de-
moralization.

Conflict. We have already discussed the importance of
conflict in collaborative groups. The willingness of members
to disagree with one another and to discuss their differences
towards some resolution is essential in order for this sort
of group to make progress. Perhaps the fear of conflict is
more deeply ingrained in the counter-culture which has seen
so many of its most idealistic projects ripped apart by a
bitter and vicious factionalism. Joel, our most veteran mem-
ber of the movement, says of the group

> At least while I was around they didn't seem to be
> at each others' throats. Almost every group I've
> worked in that's been trying to set up something,
> including those that have been successful and af-

terwards everyone gets along nicely with each other,
there were periods when people were just at each
others' throats, really viciously so.

Perhaps the fear of conflict also represents a fear of the
light in which it will be seen. Several male members of the
free clinic group commented on their fear of being seen as
male chauvinists. Dick, for example, says "It seemed at
first that the men in the group were almost cowered by the
women, not wanting to come across as authoritarian leaders."
Whatever the influences which led to this situation, the
group's reluctance to engage in or to admit to the existence
of conflict worked, as we have shown, as one more brake on
group progress. Potentially constructive disagreements,
which could have led to greater goal clarification, to sharp-
er evaluation, to clearer resolution were, it seems, either
smoothed over by vague compromises or never even attempted.
Conflict must be accepted as an integral part of collabora-
tive process. Hopefully, with enough trust in the group,
conflict can be tolerated and, if it is managed so that it is
used constructively, eventually accepted without fear.

Organic structure. Another important issue for colla-
borative groups is that of members' attitudes towards struc-
ture. It has been shown that they hold an ideal of organic
structure, that is, the development of structures when a need
is felt and which are designed to meet that need. It has also
been shown that members of this group and a large part of the

counter-culture behave more often in accordance with an atti-
tude which flatly rejects all structure as oppressive. As
Joreen points out,

> There is no such thing as a structureless group.
> Any group of people of whatever nature that comes
> together for any length of time for any purpose
> will inevitably structure itself in some fashion
> . . . the idea /of a "laissez-faire" group/ becomes
> a smokescreen for the strong or the lucky to es-
> tablish unquestioned hegemony over others. This
> hegemony can be so easily established because the
> idea of "structurelessness" does not prevent the
> formation of informal structures, only formal ones
> . . . . Thus structurelessness becomes a way of
> masking power (p. 20-21).

And, we would add on the basis of this study, a way of mask-
ing individuals' reluctance to share responsibility equally
and their urge to foist power on others. Joreen concludes

> For everyone to have the opportunity to be involved
> in a given group and to participate in its activi-
> ties, the structure must be explicit, not implicit.
> The rules of decision-making must be open and avail-
> able to everyone.

The experience of the free clinic group can be seen as
an example of how a taboo on structure can produce all the
concomitants of oppressive formal structures--that is, a lack
of growth in individual members, a failure to satisfy members'
needs, and minimal cohesiveness--without even providing the
benefits of visible progress. This is only natural since a
taboo on all forms of structure prevents progress which in
turn contributes to the outcomes described above. A task-

oriented collaborative group must be willing to experiment with those forms of structure which appear to meet real needs in the group and to discard or revise these forms when they no longer seem helpful. Joreen concludes

> Once the movement no longer clings tenaciously to the ideology of "structurelessness", it is free to develop those forms of organization best suited to its healthy functioning . . . . We must accept the idea that there is nothing inherently bad about structure itself--only its excessive use.

We have asserted that people can not just decide to work non-hierarchically and therefore assume that they will know how to work collaboratively. Successful collaboration requires strong individual commitments as well as some understanding of group, and especially collaborative, process. So far, we have also stressed the importance of relationships which meet members' interpersonal needs, members' sense of their own growth, visible progress, successful task facilitation, conflict resolution and a willingness to experiment with different forms of structure. In line with some of these conclusions, Kanter asserts that, among other criteria,

> Those communes that develop . . . a structure for leadership and decision-making . . . and work out interpersonal difficulties through regular open confrontations have a better chance of succeeding than those that do not (p. 643).

Process observation. These conclusions leads us to our next point, which concerns the importance of an awareness of these principles as a resource available to the group. It is

for this reason that we have emphasized in our coding system of facilitative activity the distinction between facilitative acts which operate within the bounds of group norms, plans and decisions, and those which step outside those bounds. For a group which is, for any of the reasons described earlier in this section, caught in a similar negative spiral, the most obvious way to break out of this vortex involves some member or members being able to point out where the problem lies and what the group can do to avoid it. In our coding system, these acts would most frequently come under the headings of "giving perspective" or "commenting on process." Theoretically, a negative spiral like the one we see in this group can be cut into at almost any point in its progression. Leading the group into a discussion of its fears of conflict, pointing out the lack of clear goals, suggesting that time and energy is being wasted on non-productive activity--all these acts have the potential of changing the course of such a negative spiral in a more positive direction, if the group is willing to reciprocate appropriately.

Figure 6 presents a theoretical alternative to the negative spiral described in Figure 4. Again, it is not assumed that these will be the only forces to operate in a group, but that they can become the dominant ones. It is not assumed that this progression can continue uninterrupted, but that the group can achieve a steady state with inevitable deviations around this constellation of forces. The diagram is at

Figure 6. Flow Chart for a Positive Spiral in Group Process
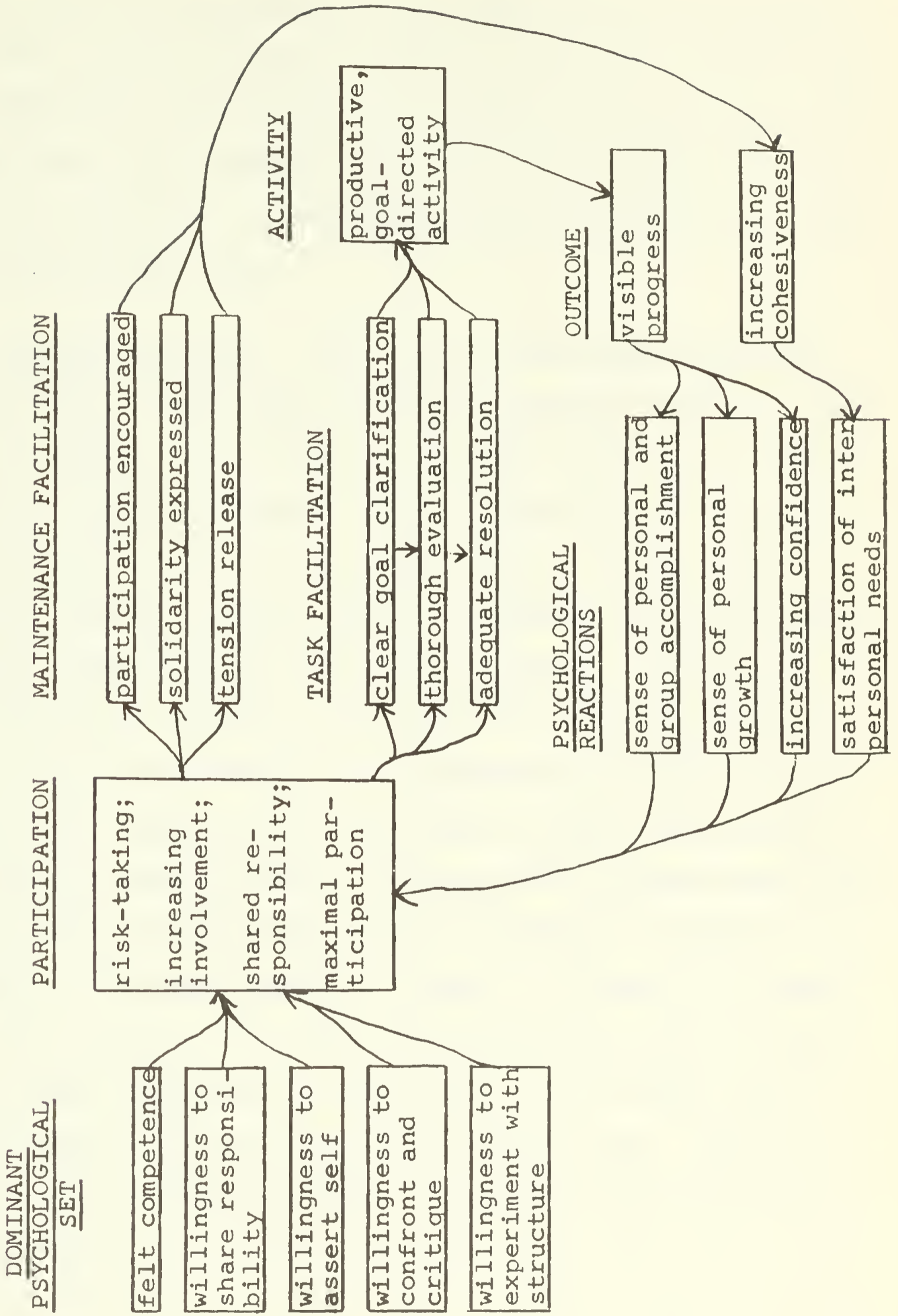
this point self-explanatory. It remains only to be pointed out that we have omitted an "input" section here to highlight our assumption that process can compensate for deficits--in other words, that members can by the type of process they establish transcend the constraints and limitations with which they entered the group.

Self-motivation. There is one over-riding conclusion which runs through almost everything we have discussed so far in this paper. It concerns the central issue of individual members' sense of responsibility for the task of the group, what Roy referred to as "self-motivation." Collaborative process requires a high level of commitment and participation from all group members if it is to succeed. In the absence of leaders or superiors in a hierarchy who will make decisions, resolve disputes, chart directions and take on responsibilities, members are thrown back on their own resources. If they are inexperienced in collaborative process, they will most likely be unprepared for this, ignorant of what is required of them and unready to supply it. Even those members who have experience in other movement groups based on democratic principles will be unprepared for the shift from a "mass"-structured group to a collaborative one. Consider once again the statement made by members of the Anti-Mass collective.

A lot of the problems which collectives face can be
traced to the work habits acquired in the (mass)
movement. People perpetuate the passive roles they
have become accustomed to in large meetings. The
emphasis on mass participation means that all you
have to do is show up. Rarely, do people prepare
themselves for a meeting, nor do they feel the need
to. Often the situation does not become evident
because the few people who do work (those who run
the meeting) create the illusion of group achieve-
ment.

The most important lesson any individual or group must

learn if they wish to employ a collaborative approach is that

their own willingness to share all responsibility and to par-

ticipate as fully as possible is the only base upon which real

collaboration can succeed. The failure of many of these

groups can be traced to the fact that members are either un-

aware of or do not understand and act on the implications of

this simple observation. One of the most common experiences

in collaborative groups is for a member to think at some

point during a meeting, "I'll let someone else take care of

that." What appears to be a seemingly innocuous reaction is

in fact the most dangerous and destructive act which can oc-

cur in the context of such a group for it eats at the founda-

tion of collaborative process. It is precisely our ingrain-

ed passivity, it seems, that makes such a reaction seem in-

nocuous.

The fact that usually a couple of people come to be seen

as "high energy" or "primary energy" people only makes it

easier for others to become even more passive, leading to the

cycles of guilt and resentment discussed earlier. Members think to themselves "Well, if I don't do it, somebody else will, so it's OK if I keep quiet." Usually, if the high energy person does in fact do it, he or she will wind up feeling overburdened and resentful and members may feel he or she is trying to take over. Often, as in the free clinic group, no one in fact does it, with the result that all suffer for the omission.

To succeed collaboratively, members must feel that it is their own responsibility to get things done; they must be willing to take risks and assume responsibility to a much higher degree than if they were in a hierarchical group. They have to see their ingrained tendency to let others run things as potentially more destructive than any self-appointed "boss" in the group. As the study of the free clinic group illustrates, there are often additional causes for minimal participation. These can be diagnosed and overcome, but only if each member shares the belief that they are each individually responsible for the success or failure of the group. As Caroline said towards the end of her interview, "Maybe it's not that nobody should be a leader, but that everybody has to be a leader."

POST-SCRIPT

On August 7, 1973, twenty months after the start of the original free clinical group and fifteen months after that group's dissolution, a free clinic opened its doors in Florence, Massachusetts, a small town three miles north of Northampton. The group which planned and opened this clinic contains only three members of the original group which we have discussed here. It was not possible for me because of the limitations of this research to observe and study the process of this new group, something I would have liked very much to have done. I do know from occasional conversations with present members that the collaborative model was retained throughout and has continued during the operation of the actual clinic. I also know that this group clarified its goals by deciding to start as a VD and pregnancy diagnostic center only, hoping to expand later into other services. The success of this group is gratifying to me since it vindicates my faith in the feasibility of applying a collaborative model to a task-oriented group. It also allows me to indulge a suspicion that the efforts of our first group were not entirely purposeless, but may have helped in some way prepare this later group to achieve the goal we all pursued.

REFERENCES

_____. The anti-mass: Methods of organization for col-
lectives. San Francisco: Anti-Mass, 1970.

Bales, R. F. Interaction process analysis: A method for the
study of small groups. Reading, Mass.: Addison-Wesley,
1950.

Bass, B. M. Leadership, psychology and organizational beha-
vior. New York: Harper and Row, Publishers, 1960.

Bass, B. M. The leaderless group discussion. Psychological
Bulletin, 1954, 51, 465-492.

Becker, H. S. Problems of inference and proof in partici-
pant observation. American Sociological Review, 1958,
23, 652-660.

Becker, H. S., Geer, B., Hughes, E. C. and Strauss, A. L.
Boys in white. Chicago: University of Chicago Press,
1961.

Bennis, W. G. and Shepard, H. A. A theory of group develop-
ment. Human Relations, 1965, 9, 415-457.

Berne, E. The structure and dynamics of groups and organiza-
tions. Philadelphia: J. B. Lippincott Co., 1963.

Bertalanffy, L. von. General systems theory: Foundations,
development, application. New York: George Braziller
Publishers, 1968.

Blake, R. R. and Mouton, J. S. The managerial grid. Houston:
Gulf Publishing Co., 1964.

Bowers, D. G. and Seashore, S. E. Predicting organizational effectiveness with a four-factor theory of leadership. Administrative Science Quarterly, 1966, 11, 238-263.

Clark, T. and Jaffe, D. T. Towards a radical therapy: Alternative services for personal and social change. New York: Gordon and Breach, 1973.

Dalton, M. Preconceptions and methods in Men who manage. In P. Hammon (Ed.) Sociologists at work. New York: Basic Books, Inc., 1964.

Gibb, C. A. The principles and traits of leadership. Journal of Abnormal and Social Psychology, 1947, 42, 267-284.

Goffman, E. Asylums: Essays on the social situation of mental patients and other inmates. Garden City, New York: Anchor Books, Doubleday and Co., Inc., 1961.

Gouldner, A. W. (Ed.) Studies in leadership. New York: Russell and Russell, Inc., 1950.

_____ Free clinics. Health-PAC Bulletin, #34, October, 1971.

Hemphill, J. K. Situational factors in leadership. Columbus: Ohio State University, Bureau of Educational Research, 1949.

Hersey, P. and Blanchard, K. H. Life cycle theory of leadership. Training and Development Journal, May, 1969.

Hinton, B. L. and Reitz, H. J. Groups and organizations: Integrated readings in the analysis of social behavior. Belmont: Wadsworth Publishing Co., Inc., 1971.

Hollander, E. P. and Julian, J. W. Contemporary trends in
    the analysis of leadership process. Psychological Bul-
    letin, 1969, 71, 387-397.

Joreen. The tyranny of structurelessness. The Second Wave:
    A Magazine of the New Feminism, 1972, 2, 20-42.

Kanter, R. M. "Getting it all together": Some group issues
    in communes. American Journal of Orthopsychiatry, 1972,
    42(4), 632-643.

Kuhn, T. The structure of scientific revolutions. Chicago:
    University of Chicago Press, 1962.

Kutner, B. Elements and problems of democratic leadership.
    In A. W. Gouldner (Ed.) Studies in leadership. New York:
    Russell and Russell, Inc., 1950.

McCall, G. J. Data quality control in participant observa-
    tion. In G. J. McCall and J. L. Simmons (Eds.) Issues
    in participant observation: A text and reader. Reading,
    Massachusetts: Addison-Wesley Publishing Co., 1969.

McCall, G. J. and Simmons, J. L. Issues in participant ob-
    servation: A text and reader. Reading, Massachusetts:
    Addison-Wesley Publishing Co., 1969.

Merton, R. K. Bureaucratic structure and personality. In
    A. W. Gouldner (Ed.) Studies in leadership. New York:
    Russell and Russell, Inc., 1950.

Myrdal, G. An American dilemma. New York: Harper and
    Brothers, 1944.

Petrullo, L. and Bass, B. M. Leadership and interpersonal be-
    havior. New York: Holt, Rinehart and Winston, Inc.,
    1961.

Redl, F. Group emotion and leadership. Psychiatry, 1942, 5,
    573-596.

Sanford, F. H. Authoritarianism and leadership. Philadel-
    phia: Institute for Research in Human Relations, 1950.

Schein, E. H. and Bennis, W. G. Personal and organizational
    change through group methods: The laboratory approach.
    New York: John Wiley and Sons, Inc., 1965.

Schwartz, M. S. and Schwartz, C. G. Problems in participant
    observation. American Journal of Sociology, 1955, 60,
    343-354.

Smith, C. G. and Tannenbaum, A. S. Organizational control
    structure: A comparative analysis. Human Relations,
    1963, 16, 299-316.

Steiner, I. D. Group process and productivity. New York:
    Academic Press, 1972.

Strauss, A. Schatzman, L., Bucher, R., Ehrlich, D., and Sab-
    shin, M. The process of fieldwork. In G. J. McCall and
    J. L. Simmons, (Eds.) Issues in participant observation:
    A text and reader. Reading, Massachusetts: Addison-
    Wesley Publishing Co., 1969.

Vidich, A. J. Participant observation and the collection and
    interpretation of data. American Journal of Sociology,
    1955, 60, 354-360.

Widich, A. J. and Shapiro, G. A comparison of participant observation and survey data. <u>American Journal of Sociology</u>, 1955, <u>20</u>, 28-33.

Watzlawick, P., Beavin, J. H. and Jackson, D. D. <u>Pragmatics of human communication</u>: <u>A study of interactional patterns</u>, <u>pathologies</u>, <u>and paradoxes</u>. New York: W. W. Norton and Co., Inc., 1967.

APPENDIX: GROUP MEMBERS

Bill

Bill is, in a sense, responsible for starting the free clinic group, since it was the ad that he placed in a local alternatives-oriented newspaper which attracted the people who joined the group. Bill is in his mid-twenties and is employed as a construction-worker at the University of Massachusetts. He knew the people who published the Pulp, the newspaper mentioned above, and offered to write an article for them in the summer of 1971. Sifting around for something to write about, he chose the idea of a free clinic. He knew of a free clinic operating in Boston and recognized the need for that kind of facility in Amherst, since when he and his wife came to Amherst, they were, in his words, "pretty broke" and could not have afforded medical care if they'd needed it. They realized that they were not the only ones in that position. Bill wrote an article suggesting that a free clinic be started in Amherst and received a surprising amount of inquiries and support. After a young physician visited him and encouraged him to try to get a clinic started, Bill placed the ad which began the free clinic group.

Bill describes himself as having had no previous experience in groups of any kind, except for a singing group he was in during high school. His position in starting the free clinic group was an unusual one because, as he describes it afterwards, he had no intention of remaining in the group for long. He saw that he could be useful by calling a group together but did not plan to stay long in the group. For this reason, he had no real goals for himself in terms of what he wanted from the group, but did have goals for the group. Bill's picture of a free clinic when he started the group was simply that it would be a place where people could get free medical care. His previous experience with free clinics had been as a consumer, and, as he put it, "I didn't really think about administration." His goal for the group was that it would get a free clinic started.

Perhaps another reason for Bill's interest in health care stemmed from his wife, Jan. Because Bill and Jan were very much seen as a couple in the group, it will be useful to briefly describe Jan before we finish with Bill. When Bill joined the group, Jan was the only other member he knew.

Jan

        Jan is in her mid-twenties and is a registered nurse.
She is of Armenian descent and describes her previous group
experience as including membership in groups concerned with
Armenian culture. Jan got interested in the free clinic
group because of her experience in the traditional health
care system. She had worked in Boston City Hospital and was,
at the time the group started, employed in a nursing home in
Amherst. Jan's description of her picture of a free clinic
and her goals for the group involve somewhat more than the
provision of free health care. She emphasizes that the clinic
should be a place where people being treated would have pro-
cedures explained to them and where staff would be "fair" and
"not arrogant" with patients and with each other. She hoped
to serve in some medical capacity in the clinic but also to
have more personal contact with clients than nurses usually
have. She describes no other goals for herself in the group.
In addition to Bill, Jan knew Patty and Judy, both of whom
also worked at the nursing home.

        Jan and Bill were present at the start of the group.
Both dropped out after the fifth meeting. Bill re-appeared
once and sat in quietly on a later meeting, but did not re-
turn again.

Jim

        Jim is 23 years old and is a paid, full-time coordinator
of Room To Move, a successful drug drop-in center run along
the lines of an alternative institution and operating on the
University of Massachusetts campus. Jim was one of a small
group of people who founded Room To Move and obtained funding
for it. Before that, he had been assistant coordinator for a
similar program geared towards young people and runaways in
Boston. Part of his experience with Room To Move involved
some T-group training. Jim found out about the group when he
called Bill in response to his original article in the Pulp.
He describes himself as having first gotten interested in the
idea of a free clinic through his association with Room To
Move. A lot of runaways who came through Room To Move needed
medical attention but could not afford it or were afraid to
seek it out because of their drug conditions and their fear
of establishment facilities. Jim's picture of a free clinic
involved the provision of health care to people who could not
afford it or who refused to go to the medical establishment
for care. He saw the free clinic as a means of pointing out
shortcomings or wrongdoings in the established medical sys-
tem. His goal for the group was that it would be able to
create such a facility, which he envisioned as being struc-

turely similar to Room To Move. He describes his personal
goals as having been primarily geared towards the task of the
group, as opposed to its members. I have no information on
the role he saw for himself in an operating clinic. Jim was
present at the first group meeting, absent for a brief period
during January when he was travelling, and after he returned,
he remained a member of the group until late April, leaving
several weeks before the dissolution of the group in late
May.

Judy

Judy is twenty years old. At the time she saw the ad
for the first group meeting, she was working in the nursing
home with Patty and Jan. She had dropped out of nursing
school several months earlier after almost two years there,
feeling disillusioned with the quality of care she saw being
provided and being asked of her in the hospital in which she
did her training. She describes her previous group experi-
ence as including a delegate training course given by the
hospital workers union and her subsequent efforts, with Patty,
to organize workers at the nursing home, as well as some vo-
lunteer work with Room To Move. Judy's picture of a free
clinic when she joined the group involved free medical care,
as well as referrals to sympathetic doctors when the clinic
could not provide the services required. She also emphasizes
a "comfortable, homey atmosphere" with a friendly, open and
sympathetic staff. For herself, she wanted to be able to ac-
quire some health care skills, to work at health care in an
environment less routinized and structured and more consider-
ate of patients' needs and feelings than the hospital she had
worked in, and lastly, to work within a collaborative system.
Although she knew who Jim and Bill were, when she joined the
group she personally knew only Patty and Jan. Judy was a
steady member of the group until the group's end in late May,
although she was absent for five weeks during March and April
due to a training course she was taking through the union.

Patty

Patty is about twenty years old. When she heard of the
group from Jan, she was working part-time at the nursing home
and part-time at Room To Move. She relates her previous
group experience as her participation in Room To Move and in
the organizing of a local union of workers at the nursing
home. She describes her interest in the free clinic as stem-
ming from a long-term interest in nursing and her participa-
tion in Room To Move where the idea was discussed but seemed
unable to gather the energy necessary for its creation. Her

concept of a free clinic at first involved a facility that
could provide free or cheap medical care on a simple level,
which would operate along lines similar to Room To Move and
be funded in such a way as to support a core staff of people
who could coordinate volunteers and perhaps a paid doctor.
For herself, she wanted help from the group in creating such
a facility and, if it got started, hoped to acquire some
paramedical skills and perhaps obtain a subsistence job work-
ing there. When she joined the group, she already knew Jim,
Judy, Jan, and Bill. She remained a member of the group un-
til late April.

Mark

I was 23 years old and a graduate student in clinical
psychology when I saw Bill's ad in the Pulp. I had been
thinking about a mental health center run along free clinic
lines for several months, and was interested in doing therapy
within a loosely structured, collaborative environment. My
own previous group experience included minor involvement in
several political groups as an undergraduate, some T-group
experience and involvement at that time with a local food co-
operative. My idea of a free clinic was of an informal and
extremely approachable facility providing both medical and
psychological services to workers and welfare recipients as
well as "freaks." The image of a closely related, collabora-
tively organized staff both strongly attracted and scared me.
I came to the first meeting to see if this group would plan
to include psychological, as well as medical, services. When
it seemed clear that this was a distant possibility, rather
than an immediate priority, I decided to remain in the group
anyway. I found the concept of a free clinic and the activ-
ity of a group trying to start one exciting and saw the op-
portunity to learn some organizing skills which might come in
useful later. I wanted to gain experience working in a colla-
borative group and, by the third meeting, I had decided to
double as an observer as well as a participant in order to
study the group as a project for a Masters Thesis. I attend-
ed every meeting of the group with one exception during the
period of study and continued in the group for several months
after this period (an attendance record which would no doubt
have been more spotty if not for my additional commitment to
this research).

The six members described above were present at the
first meeting of the group. All of the following individuals
joined at some later date, and are, for the most part, intro-
duced in order of their appearance in the group.

Darryl

Darryl is 23 years old. He and I have been close friends over the past eight years and are next door neighbors at present. He lives with Ellen whom we have both known for about seven years. Darryl had seen the ad in the Pulp and decided to come with me to the group's second meeting in mid-December. At that time, after fives years at the University of Chicago, he was working full-time six days a week in a local factory. He describes his interest in a free clinic as developing out of his interest in political change and his desire for participation and experience in collaborative groups. Darryl emphasizes the importance of the clinic and of good health care as vehicles for the political education and organization of a local community, as a concrete issue around which these goals can be pursued, as well as discussing the actual provision of needed services. When he first joined the group, as with all members, his goals were "rather nebulous." He had these general political goals and a desire for a facility to give free health care but was unsure how the two would actually fit together. For himself, he wanted to participate and learn about how to function effectively in collaborative groups. He describes his previous group experience as including involvement in political activities in college and in two food coops in Northampton. When he first joined the group, he knew only me, although Ellen joined the group some time later. Darryl remained a member of the group until its end in May.

Ellen joined the group in its fifth meeting. Dick joined one meeting earlier, but because of Ellen's relationship with Darryl and its significance for their participation in the group, I will momentarily digress from this introduction of group members in order of appearance in the group to describe Ellen before Dick.

Ellen

Ellen is 22. She graduated from Stony Brook University where she studied biology, and came to live in Northampton with Darryl about seven months before the group was formed. When she joined the group, she was working part-time in a local drug store. Ellen had heard about the group from Darryl and me and knew only the two of us when she joined in January. Her reasons for joining are similar to Darryl's in that they involve the same consciousness about choosing a certain kind of life-style. She describes herself as looking for some way to help people outside of "the System," or the established institutions of the society. For her, as for Darryl, the specific issue of health care was in some ways secondary, except for the fact that Ellen has a degree in biology

and wanted to be able to put her lab skills to work in what she felt to be a worthwhile setting. She describes her initial image of a free clinic as a free health care facility where people would relate to each other in a warm, personal way. For herself, she wanted to meet people and to be doing something she felt good about. She foresaw herself working in the clinic's lab when it got started and being a "people person," someone who would sit and talk with patients when they first came in to make them feel comfortable, to give the facility a human face. Her previous group experience consists, as with Darryl, of political groups and more recently food cooperatives. She remained in the group, as did Darryl, until its end in late May.

Dick

Dick is in his early twenties and is a graduate student in social psychology. He'd heard about the group from Patty who he'd met briefly and from myself. We had gotten to know each other a little through the Psychology Department, and when Dick joined the group, I was the only member he knew. He describes his interest in the free clinic as developing from a long-standing fascination with medicine and an interest in participating in the development of a tight, collaborative group, like Room To Move. Before he joined, he had been considering leaving graduate school to join a group which trained people to administer on-the-spot emergency care. He had been involved in groups through campus politics as an undergraduate and national politics through national anti-war groups. These were, as were most of the political groups we all found ourselves involved in, democratic, hierarchical, and parliamentary-oriented groups. He saw the free clinic as a kind of community center, having "the spirit of Room To Move," but serving poor people and working people. For himself, he wanted to participate in a close, non-hierarchical group and to pick up some paraprofessional medical skills. He remained a steady member of the group until its end in late May.

Lynn

Lynn is 18 years old, and is a freshman at the University of Massachusetts. She learned of the group from Jim and came with him to its sixth meeting in early February. Lynn describes no previous group experience outside of a religious discussion group she had been part of for several years before coming to college. She joined the group because she felt medical care should be available without hassles to poor as well as rich people. Her picture of a free clinic was of a

place where people could go for check-ups and simple medical attention. For herself, Lynn says she wanted the satisfaction of seeing an operating clinic and of learning from and working with people to accomplish this. When she joined the group, she already knew Jim, Patty, and Judy, and her friend Mick joined some time later. Lynn remained in the group until its end in late May.

Sandy

Sandy is 21 years old. When she joined the group in late January, she was finishing college at the University of Massachusetts. She had heard of the group from a friend of Patty's, and knew no one in the group when she joined, although a close friend of hers, Caroline, joined soon after. Sandy was deeply involved in the women's movement when she joined the group. Previously, she had lived in two collectives, one composed exclusively of women and one, more briefly, involving men and women. She had been one of a number of women working in a close collaborative group to plan and open a Women's Institute, a place where women could meet for mutual support and learning. She was active in the Valley Women's Center, a similar type of group located in the nearby town of Northampton. Sandy is one of the only members of the group who mentions being aware when she joined the group that she had skills and experience in collaborative groups to offer this group. Her interest in the free clinic is multidetermined. She says she was always interested in medicine and more recently wanted to develop some type of skills she could use to help people, leading to an interest in paramedical skills. While in the group, Sandy was looking into several formal training programs for medical paraprofessionals. In addition, her interest in political change and in the idea of people working together collectively led to the concept of a free clinic pulling together a number of different interests. Her initial picture of a free clinic was of a community controlled and volunteer based free health care facility which could train paraprofessionals. For herself, Sandy hoped to acquire training in paramedical skills through the clinic and to profit from "the natural kind of growth that comes hopefully with working with other people." The fact that the group contained men also interested Sandy since until then she had not been involved in a working group with men in which feelings or issues of process were discussed, and she saw this as an opportunity to try to work with men in this way. She remained in the group during the period of observation and afterwards throughout the summer and fall, becoming one of the only members of this group, along with Darryl, Ellen and Joel, to continue with the free clinic group which began to form the following September with mostly new members.

Again, because of the close relationship between Sandy and Caroline, I will interrupt the order of presentation to describe Caroline before Roy who joined the group one week before her.

Caroline

Caroline is 21 years old and, at the time she first heard of the group, was interested in becoming involved in some type of collaborative alternative group. She was not primarily interested in health care although she saw its importance, but was more interested in the political aspects of alternative approaches. She learned of the group from Sandy, with whom she lived, and came to the eighth meeting of the group in early February. She saw the group as a situation in which she could work collaboratively with other people, meet people who were into different political activities, learn more about her own body and health, and perhaps pick up some paramedical skills. In addition, she saw the opportunity to test her own pessimism about the viability of working effectively with men. Previously, she had been involved in several living and working women's collectives, including the Women's Institute group with which Sandy worked, and a women's collective which published a women's newspaper. When she joined the group, she was active in the Valley Women's Center and with a number of women organized to acquire and show films for women. Her notion of a free clinic was of a health care facility which would provide services to those who could not afford it or to those who felt dehumanized by being treated through the established medical system. Such a facility would have as its goal the personal and humanistic treatment of and the explanation of its procedures to those seeking help. When Caroline joined, she knew only Sandy among the members. She was a steady member of the group until its end in May, and continued meeting with Sandy, myself and Joel until she moved to Boston in the early fall.

Roy

Roy is 23 years old, and a graduate student at the University of Massachusetts in regional planning. At about the time he first heard of the free clinic group from a friend of Jim's, he was looking for some kind of community-related project with which to get involved in relation to a course that was part of his program. With Roy, as with other members of the group, the specific issue of health care was secondary to a general interest in alternative social services and collaborative process. He thought of the free clinic as a facility serving young people and members of the counterculture who couldn't

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afford usual medical services, providing crisis-oriented care and involving some lab services. For himself, he wanted re-inforcement from others interested in alternative services, the opportunity to learn from others, the opportunity to work in and learn from a collaborative process, and three credits for the paper he'd write based on his involvement with the group. His major group experience before the free clinic group was his involvement in campus political activity as an undergraduate. He joined the group at its seventh meeting in early February, knowing no other members, and stayed until its end in late May.

Mick

Mick is 23 years old. He had moved back to this area after several years absence about two weeks before he joined the group at its eighth meeting. Before he returned, he had been involved with campus and community political groups in California, as well as with a media collective of artists, poets and writers. He had also been a member of a men's support group in Berkeley and had done some volunteer clerical work for the Berkeley Free Clinic. He has worked on and off as a professional musician. When he decided to settle in the Pioneer Valley, he wanted to meet people involved in alternative services. He'd heard about the group from Lynn and, when he joined, knew only her, although he had met Jim, Judy and Patty briefly. Mick was personally attuned to the issue of medical care because of a close friend of his who had been hurt in an accident and then permanently crippled by a history of poor medical care and whose family has been nearly bankrupted trying to pay for his treatment. But again, health care was less a primary concern than a vehicle for involvement in alternative services. Mick's idea of a free clinic was obviously shaped by his exposure to the Berkeley Free Clinic. Accordingly, he saw it as a free health care facility as well as a center around which to organize and educate a community. Mick remained until the end of the group in May.

Joel

Joel is 33 years old. He is married and has two children. He had been working at a fairly lucrative job in New York City for several years and was offered a vice-presidency in the company when he decided to leave New York, settle in Cummington, Massachusetts, and devote himself to the things he enjoyed and thought worthwhile instead of the pursuit of money. His group experience, partly due to his age, is more extensive and varied than that of most other group members.

He had been active in CORE and NAACP during the civil rights
movement of the '50's and '60's, and took part in the politi-
cal activity at Columbia University during the strike there
in 1968. Also during 1968, his wife and he started a peace
action group among people involved in the mass media, running
ads against the Vietnam war. In Hartford, where he worked
for a time as an aide in a hospital emergency room, he was
involved in a community action group and more recently in New
York, he had participated in the creation of a day care cen-
ter. When Joel joined the group, he was working part-time
publishing a newletter for the Department of Continuing Edu-
cation at the University of Massachusetts. His wife was in-
volved in a number of collaborative groups, including the
Valley Women's Center and a group planning a free birth con-
trol clinic to be run through a nearby medical center. Joel
discovered the group through a questionnaire we distributed
around Northampton and Amherst. He joined the group relat-
ively late, at its fourteenth meeting in early April. When
he joined, he knew no one in the group, but had met Sandy and
Caroline at the Valley Women's Center through his wife. Joel
attributes his initial interest in health care to his experi-
ence of getting "screwed by a lot of doctors." His first
wife had run up enormous medical bills and the family was hit
badly by these expenses. The radical critique and collabora-
tive approach of a free clinic fit perfectly into his own
philosophy. Like many other group members, he was shopping
around for an alternative group to get involved with, and his
personal and job experience allowed him to feel at home in
the area of health care. Joel's picture of a free clinic when
he first joined the group involved only a free health care
facility, although like all members, this developed over time.
For himself, Joel wanted the satisfaction of doing something
he felt was worthwhile. He saw himself doing lab work and
"just generally helping out" in the functioning clinic. Joel
continued as a group member during the summer, after the ear-
ly group's collapse, and into the fall when a new group form-
ed around Joel and some of the early members.