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Informal Roles, Rituals, and Styles of Humor  
in Interdisciplinary Health Care Teams:  
Their Relationship to Stages of Group Development

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Introduction

The team approach to interdisciplinary health care is designed to solve problems caused by the specialization and fragmentation in health care settings. Ideally, in teams a variety of specialists coordinate their efforts so as to provide more efficient delivery of care to patients. Yet, the demands of building and maintaining a team can give rise to new problems - strains, tension, and conflict among members, which, if not resolved, can result in low morale and reduction in the quality of care. In this paper, we draw on our own research (Feiger and Schmitt, 1979; Schmitt, et al., 1982a, 1982b; McMahon, et al. 1983; Farrell, et al. 1985) and past theory and research on the stages of group development to discuss a) the strains that are likely to occur at different stages of team development and b) the informal, expressive rituals, and styles of humor teams are likely to employ to manage the strains at each stage.

The roles, rituals and humor (expressive structures) will be illustrated with qualitative observations derived from research in three settings: a large teaching hospital, a large Veterans Administration Hospital, and a large, long-term care facility, all in metropolitan northeast cities. To gather the qualitative data, we reviewed videotapes of over thirty team meetings, directly observed ten meetings, went on four field trips with team members, and interviewed over twenty team members both individually and in groups.

In all the settings where we have studied teams, we have observed a set of informal roles that resemble those described in past research on small groups. Some examples are the Clown - a member who comes to be expected to tell jokes, make witty comments, or otherwise provide comic relief from the group's work - and Superman or Wonderwoman - a highly competent member who works overtime and, in other ways, out-performs other team members, which generates reactions ranging from idealization to resentment. We also have observed a set of expressive rituals that occur in teams: organized team

actions such as coffee breaks or parties that are not task related and that are aimed at expressing or constraining positive or negative feelings generated by the team process. Finally, we have observed regularities in the styles of humor used in team meetings. For example, in some cases members direct jokes and even ridicule at the patients and other agents in the team's environment; in other cases, the humor is more focused on team members.

Many researchers have argued that such expressive structures emerge on a developmental continuum (e.g., Bennis and Shephard, 1956; Mills, 1964; Slater, 1967; Mann, 1967; Farrell, 1976, 1982; Sangree, 1977). As a group develops from stage to stage, the roles, rituals, and humor express underlying tensions and facilitate their resolution. In some cases these expressive structures act as collective defense mechanisms (Jaques, 1955; Wells, 1982) that allow members to express anxiety-producing affect in non-threatening ways.

Building on this body of work, we will present the expressive structures and behaviors within the framework of group development theories. First, we summarize the kinds of processes likely to occur at each stage of development, then we discuss the informal expressive structures likely to occur in teams at each stage and illustrate these structures with our qualitative observations.

The reader should be aware that we are proposing that the expressive structures emerge on a developmental continuum, but we do not yet have evidence that this is the case. Research supporting the developmental hypothesis has been conducted on groups that a) are relatively closed systems in which membership is continuous over the life cycle of the group, and b) have members who are of relatively equal status. Unlike such groups, teams are characterized by turnover of membership, structural constraints on member's behavior and unequal statuses. These properties may result in different dynamics in teams. For example, these structural properties may result in teams having rather fixed cultures and structures throughout their histories, rather than evolving through a set of predictable stages. We know of no studies that rigorously test the developmental hypothesis on a sample of health care teams. This paper presents some observations that should facilitate such research.

The reader should also be aware that, although expressive behavior is part of team interaction, most of the interaction is task-oriented. In any given meeting, most of the communication will be the exchanges of information, deliberation over alternative courses of action, and decision-making relevant to meeting the needs of patients. We are focusing on that portion of non-instrumental, expressive interaction that seems to be indicative of the underlying emotional processes in teams. We are assuming task and expressive behaviors are interrelated; that is a) the organization and group processes during task episodes affect the expressive behavior of the team, and b) the emotional currents that surface during expressive episodes affect the behavior of members during task episodes. It may be that by relegating expressive behavior to relatively brief interludes or sideshows, the members free up energy to focus on the task (Jaques, 1955).

### Theory and Research on Group Development

In a review of over fifty early studies of group development, Tuckman (1965) reports that most researchers have found four stages of group development. A later review of twenty-two more recent studies supports his original conclusions (Tuckman and Jensen, 1977). Although the stages are presented as empirical generalizations without a strong theoretical grounding, his framework can be used heuristically to organize the discussion. The stages are a) Testing and Dependency, b) Conflict, c) Cohesion and Consensus, and d) Functional Role Relatedness.

#### Stage One: Testing and Dependency

In the initial stage of team development members are uncertain about what is to be gained by membership in the group and they are preoccupied with obtaining orientation and guidance. In this stage, dependency needs are high, and the members are likely to rely on a leader who provides structure and direction to their meetings and activities. Trust in other members is low, and members show caution in interacting with each other. Though they may carry out work together, they do not feel responsible for the group as a whole; rather, they allow or encourage a dominant leader to make critical decisions, with the rest of the members more or less reluctantly following along.

Informal Roles The salient informal roles we have observed in teams that fit this stage are those of the centralized leader and his or her Helpers. At times the leader may be a Tyrant (Redl, 1942) who runs the team in a highly structured manner, vaguely or overtly threatening retaliation to those who do not conform. In other teams, the leader may be a Superman or Wonderwoman who sets a pace of work output and competence that the members try to emulate. A leader may attempt to play Party Host or Hostess, cracking jokes, bringing refreshments, and attending to each member's needs. Finally, the leader may be a Reluctant Candidate, one who tries to escape responsibility for team decisions, but who is repeatedly coaxed into team meetings and into making decisions for the dependent group. The Helper is a member who interprets and defends the leader's behavior and makes concerted efforts to please him or her.

In one case that we observed, the head nurse played the role of Tyrant. In a less malign way her behavior resembled "Big Nurse," the character in Ken Kesey's (1962) novel. She would double-check the work of new residents to be sure they could be trusted with the patients. In meetings she would ask pointed questions to be sure they had read the charts carefully. In many ways she conveyed the message that she would tolerate no nonsense on her floor. More often the Tyrant is a physician. Although superficial observation may convey the impression that the Tyrant oppresses the team, other team members seem to encourage the Tyrant's behavior. In another team we observed, the physician made repeated attempts to break out of this role and behave more democratically, but the team's resistance and dependency encouraged him to dominate. Leaders confronted with this resistance sometimes try several strategies, alternating between Tyrant, Superman, or Party Host. But it is rare for the physician to play Party Host.

It is possible to describe these roles and the members' relationships to them using Bales's (1979) SYMLOG method. SYMLOG is a method that uses team members' ratings of each other's behavior to locate members in a three dimensional space. Summarizing scores from ratings on twenty-six items, members are located in the space based on their Prominence (Up-Down), Sociability (Positive-Negative), and Task versus Expressive orientation (Forward-Backward). The Tyrant would score in the Upward-Negative-Forward (UNF) quadrant, the Superman or Wonderwoman would be UPF, the Party Host would be UP, and the Reluctant Candidate would be DB and either Positive or Negative, depending on personal style. The leader's Helper would score in the DPF direction and would form a coalition with the leader. Illustrations 1 and 2 demonstrate this method.

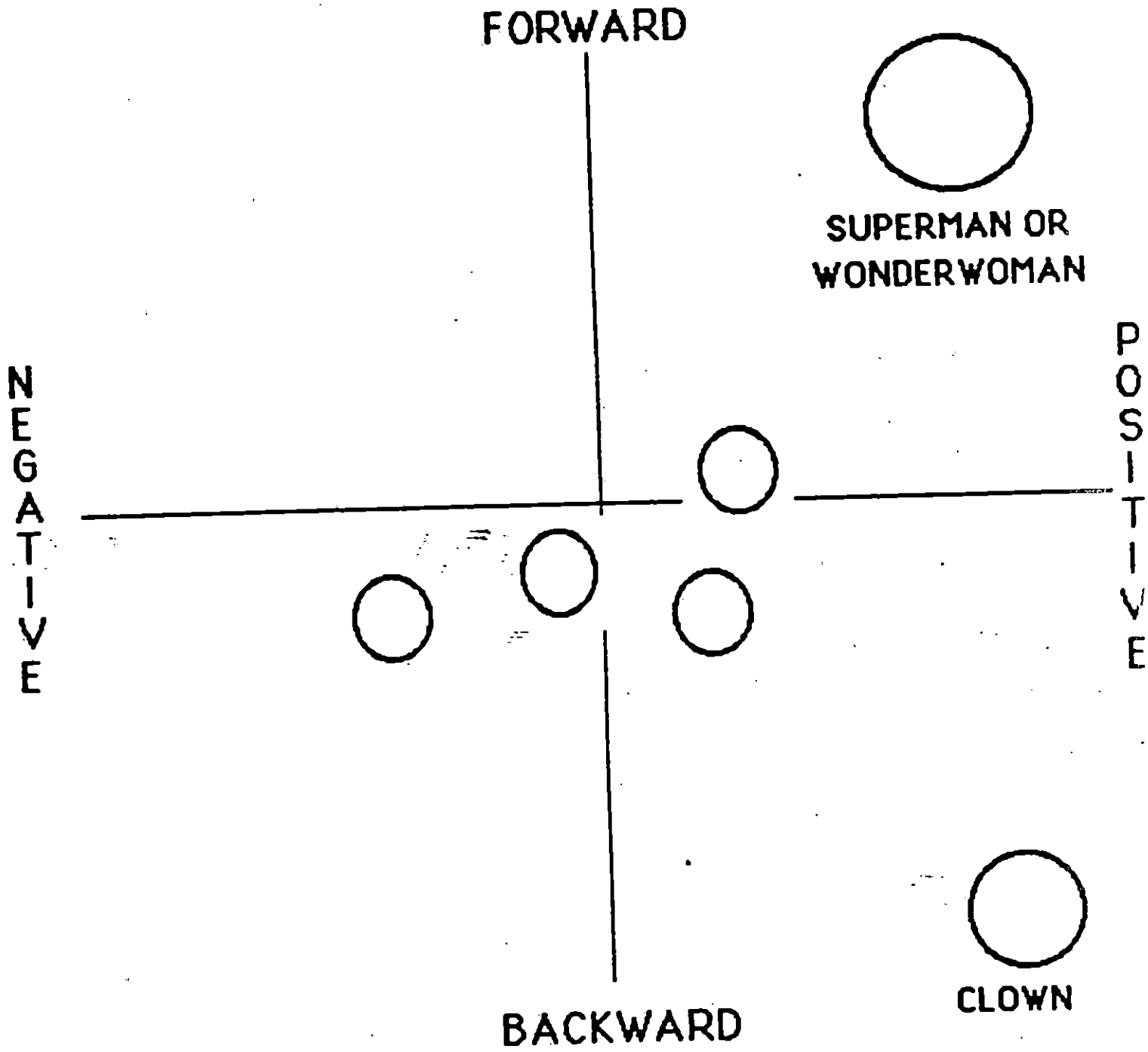
Regardless of the leader's style, a noticeable property of the team interaction in this stage is its focus on the leader. The team seems composed of separate members, each having a dyadic relationship with the leader. The dyadic quality is manifest in the verbal and nonverbal communication; when members speak they address the leader and only rarely turn to address the team as a whole or another member. In extreme cases, the leader will see the members as extensions of him or herself and might say something like, "These people are my eyes, and arms, and legs. I am able to accomplish so much more because I have them."

As members master the work routines of the team, they are likely to resist the leader's demands. However, the resistance is likely to be passive and unorganized. Individual members may skip meetings or arrive late. Participation in meetings may be lethargic. A member may even fall asleep in meetings. The resistance may be countered by threats on the part of a Tyrant or a more demanding pace set by the Superman or Wonderwoman. The Party Host may increase efforts to make the meetings more entertaining. The Reluctant Candidate may be one of those who tries to skip meetings. Members may alternate between complaining that the leader is too dominant and demanding that the leader make even trivial decisions. The ambivalence of the members is sometimes matched by that of the leader, who may express the wish that members would be more autonomous while refusing to delegate responsibilities.

When new members enter teams at this stage of development, they are usually not socialized into the group's norms and values. Since the culture emanates from the leader, the members do not feel responsible for it. When asked why certain procedures are followed, they might reply, "That's the way it has always been done," or "That's the way the leader wants it." When a new resident arrives, she or he might immediately be put on the spot by being asked to evaluate a patient without being oriented as to what to report. If they provide any socialization, members may inform new members about how to minimize involvement with the team, how to circumvent the leader's demands, what excuses are legitimate for skipping meetings, and so forth. In other words, they may socialize them into an underground culture of resistance.

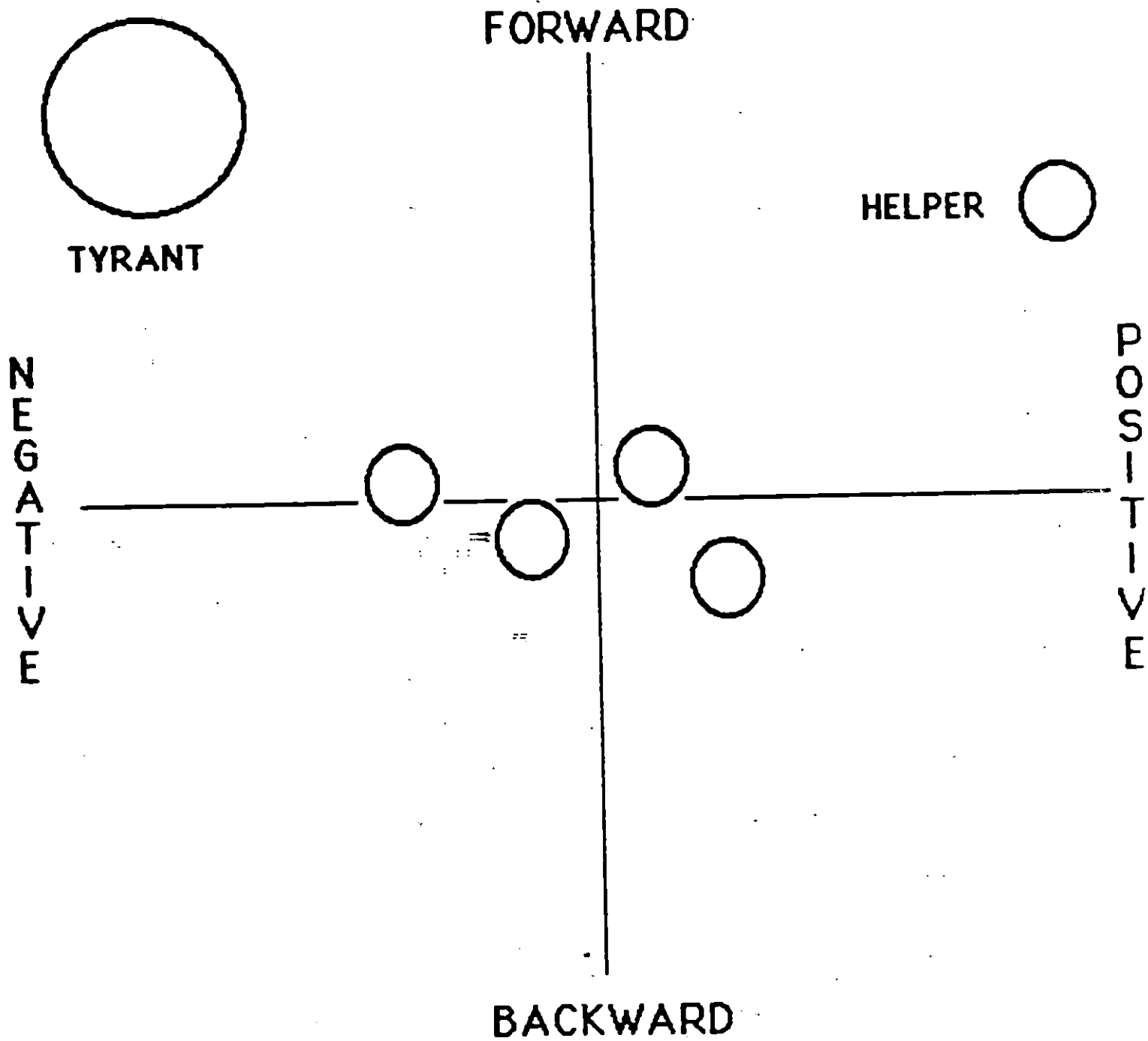
As the effectiveness of the team drops and the tension mounts, one member may be isolated as a Scapegoat. The dependency needs of this member may be

SYMLOG DIAGRAM OF  
CLOWN, SUPERMAN OR WONDERWOMAN,  
AND TEAM



(Prominence or UP-DOWN indicated by size of circle)

# SYMLOG DIAGRAM OF TYRANT, HELPER, AND TEAM



(Prominence or UP-DOWN indicated by size of circle)

exaggerated or this member's actions may be interpreted in a distorted way so as to make him or her appear incompetent. The suspicions and attacks may block communication to and undermine the morale of this member to the point where his or her effectiveness actually does decline. At times the negative feelings toward the leader may be displaced to the Helper, who is identified with the leader but seen as a safer target for attack.

Rituals Some leaders and their helpers, or another subgroup in the team, may resort to using coffee and baked goods to lure resisting members to meetings. A rule may be introduced to take turns bringing such refreshments. The scapegoat might institute the ritual in an attempt to reduce attacks. In several teams we have found that the nurses use refreshments to entice the physicians, the Reluctant Candidates, to meetings. However, in the team where the nurse played Tyrant, she forbade food at meetings, even though it was common in other team meetings in the hospital, because, as she said, "This is a business meeting." Once instituted, such rituals often add to the distractions and resistance in meetings. As members await their turns to speak, they may be distracted by the urge to eat a doughnut or brownie. A member with a mouthful cannot speak at appropriate times. A cup of coffee or a soft drink may be spilled on important papers.

Joking and Humor During this stage a team may use humor in a variety of ways to express and diffuse the tension that builds as a response to authority. In reviewing the videotapes of teams, we found that most of the humor consists of in-jokes that are not funny outside the context of the group's history and structure. However, much of the joking seems to center around the exercise of authority. Either a leader will joke to soften an order or a member will express dissatisfaction with the leader's decisions or orders in a humorous way. Another form of joking involves attacks on patients; members retell stories that disparage them, or exaggerate their behavior in absurd but humorous ways. A third type is black humor centering around a sense of futility in trying to obtain cooperation from bureaucrats or in trying to treat hopeless patients.

A team in-joke centering around authority may evolve into a group-wide fantasy. For example, one team in this stage developed the custom of addressing each as family members. The physician and the head nurse were called Mom and Pop, other members were brother and sister or "the kids." Although earlier in the team's history the labels might have been used with humorous affection, during our period of observation they were used sarcastically when tension emerged over the exercise of authority. For example, on one occasion the social worker was prepared to give his report, but the team was fragmented into dyads that were talking loudly and ignoring him. He looked to the physician to call the meeting to order, but the physician was engaged in one of the dyads. Finally, the LPN, who was expected to moderate the meeting, timidly announced that it was time to start. The team became silent, and the social worker turned to the LPN and said with mock earnestness, "Thanks Sis," as if she had rescued him from a pack of bullies.



A common type of humor in this stage is the use of gibes or "put-downs" - quick, barbed comments that deflate or tease one of the team members. For example, an occupational therapist had been agitating for more autonomy. She wanted authorization to visit patients' homes when they were discharged so she could examine the environment and set up equipment. The team physician had ignored her when she raised the issue. Later in the meeting, in a discussion of a patient who was being discharged to a son's home 300 miles from the hospital, the physician turned to the occupational therapist and asked with a straight face, "Do you want to go to the home, Rosé?" In another team the nurse was giving a report on a difficult patient. She said the patient "did not bathe, was unshaven, slovenly, and a cause of despair to his wife." The physician then remarked, "Sounds like John (the team social worker) on weekends." One type of humor in this stage is likely to be expressed by a leader anxious about his or her authority. Quips that exaggerate the leader's authority may be used to soften orders to comply. For example, "All right you slaves, get to your oars," or "Let's get moving here or I'll crack my whip!" A final example that illustrates the tensions around authority occurred in a team meeting where a nurse was reporting an incident in which she had to intervene with an outside physician to prevent him from writing an order counter to the team care plan for a patient. She reported that she emphasized to the outside physician that, "Dr. Marshall (the team physician who was present at the meeting) wouldn't like that." Dr. Marshall then responded, "Aha! Taking my name in vain, eh?" Then, looking at the nurse's hand and pretending to mock her anxiety at being caught in this sin, the physician continued, "...as the pen trembles in her hand..." The team rarely laughs hard at these quips, but they accept them as attempts at humor.

### Stage Two: Conflict

The second stage of group development is characterized by polarization and conflict. At times the conflict takes the form of a battle for position in the pecking order. Persons within the same discipline may compete for dominance. At other times it takes the form of a crusade for respect for one's discipline. Eventually, the conflict is likely to become polarized between those who support and those who oppose the leader.

Informal Roles During this stage a new set of informal roles is likely to emerge to deal with the tension. Members who are anxious about expressing their discontent may encourage one member, the Hatchetman, to be spokesperson for shared anger. Behind the scenes, several members may express dissatisfaction with the leader or other members. In public meetings, these members are reticent about expressing their feelings. The Hatchetman sometimes acts as a lawyer for other group members, not speaking for him or herself, but rather anticipating the needs of other members and arguing their "cases" to the team leader. In other words, the Hatchetman becomes a conduit for negative feelings in the group. In the SYMLOG space he or she scores UN. Bennis and Shephard (1956) refer to this specialist as a counterdependent member, one who denies dependency needs and seems to compulsively oppose authority. Although personality factors may play a part in determining a

person's willingness to play this role, it is usually the case that the member is coached and encouraged by other members. Using Well's (1982) Kleinian perspective, other team members seem to relate to this person by means of projective identification, that is, they encourage the person to give voice to suppressed or repressed feelings.

A second role that is likely to be salient at this time is the team Nice Guy or socio-emotional leader. This member shows warmth and understanding to all sides in a controversy; he or she spends much time serving as a sympathetic ear to discontented members, listening to their complaints and trying to sooth their hurt feelings. At times the Nice Guy may try to mediate between conflicting parties. This member scores far out in the Positive direction in the SYMLOG space.

A third role that may become more salient at this time is the Clown, a well-liked member who is expected to play a humorous or joking role in team meetings. This role may have appeared earlier, but as the conflict increases, the role becomes more important. As tensions mount in the meetings, the Clown may attempt to dispell it with a well-timed joke or witticism. This member is likely to be one of the more sensitive members of the team, able to read the team's mood and, like a court jester, able to make jokes without reaching the limits of offensiveness. This kind of interpersonal skill is difficult to acquire. Lacking such a member, some teams are humorless and their meetings become dreaded occasions. The Clown would score in the UBP quadrant in the SYMLOG space.

Careful analysis of episodes where the Clown generates laughter in a team indicates that another member may initiate a comic line, but the Clown quickly picks up on the imagery, amplifies it, and generates laughter. If the Clown misses a situation with comic possibilities, other members may turn to him or her, wink, or give some other signal that a performance is expected. For example, in one team a nurse was reporting on a patient who had been constipated, but had lost twelve pounds over the last month. The physician smiled mischievously at the social worker who played the Clown role. The social worker then said in a measured tone, "A twelve pound bowel movement." The episode illustrates how other team members sometimes collude to draw this member into the role.

In every case we have observed thus far, it is a male member who plays the Clown. It is not clear why this is the case. It may be because men are usually a minority in teams, and the latent sexual dynamics trigger clownish behavior in certain males. Or it may be that anxieties about being in authority or being subject to authority triggers this response in some males. Of course, it is also possible for a female member to play this role, but it seems to be rare for this to occur.

A third role that sometimes becomes more salient in this stage is the Scapegoat, usually a less active member who is seen as incompetent and the source of the team's instrumental and interpersonal problems. As this stage

progresses, the scapegoat is likely to become increasingly isolated and may be subject to attack by the Hatcherman. Other members who share the Hatcherman's feelings allow him or her to do what is seen as dirty work.

Rituals Many observers have discussed the revolt that is likely to appear during this stage, a highly charged event in which all or most of the group members mobilize in a confrontation with the leader (Mills, 1964; Slater, 1967; Mann, 1967; Farrell, 1976). Emotion is likely to be high during this period, and relatively minor decisions may take on symbolic meaning that makes them seem momentous. The symbolic issue is likely to center around the group wresting more authority from the leader. Some theorists (e.g., Slater, 1967) have claimed the revolt resembles the old Frazierian rituals, where the group members attack and kill the leader and take on his functions. Eating and drinking rituals during this stage may take on a communion-like quality, expressing members solidarity and complicity in the attack on the leader. Regardless of whether we accept this interpretation, the revolt is indicative of growing group cohesion and readiness to leave behind the dependency of the earlier stage.

In one case we observed the team had the custom of holding morning report in the large office where all team members except the physician leader had their desks. The physician would come into the room and sit in the center, so that he was ringed by the team members who sat at their desks. He felt he was "in the pit." He ordered a conference table to be placed in the center of the room and asked the members to sit around the table. With that arrangement, instead of being in the pit, he was at the head of the table. At the meetings the physician attempted to be democratic and even attempted to use humor to keep the meetings interesting, but the members exuded a sense of being conscripted. The table collected reports, records, and papers, and the members felt it crowded their office. Perhaps it represented the intrusiveness they felt from the physician.

The impending arrival of an additional member precipitated a crisis, as members reached the consensus that they had to remove the table to make room for another desk. The Hatcherman demanded that the physician make a decision about where to locate the table, obviously conveying the other members' wish that the decision be to move it out of their room. It was argued that the physician should move out of his small comfortable office, turn it over to the secretary, and he and the table should be placed into a moderate size office where supplies were kept. The physician delayed. As the time for the arrival of the new member approached, the Hatcherman confronted the leader about a decision. The exchange became heated. Questions were raised about whether they were a team or a dictatorship. Other members quietly supported the Hatcherman, but the physician refused to make a decision under pressure. Finally, after delaying for a day, he agreed to comply with the team's wishes. The result was that the team meetings were held in the physician's office. If the reader will excuse the pun, they "turned the tables" on him. In a confused way, the episode dramatized the team's urges to gain authority in variety of domains.

Joking and Humor Jokes may take on a more barbed quality at this time. For example, in one group where a nurse practitioner named Jean played the role of Hatchetman, a nurse was describing an elderly couple in which, as she said, "The husband has the eyes and ear, and the wife has the brains." The physician, who had been playing a dominant leader role and was repeatedly attacked by the Hatchetman, turned to her and said, "Your kind of woman, huh, Jean?"

### Stage Three: Cohesion and Consensus

Studies of group development find that the Conflict stage is often followed by a stage of heightened solidarity. The progression is not inevitable, and the dynamics leading to movement into this phase are not yet clearly understood. In fact, some groups regress back to the dependency stage. In teams, the practice of rotating physicians sometimes makes it difficult to move beyond the early stages. Nevertheless, many groups weather the storms of the Conflict stage and arrive at a stage of positive feelings.

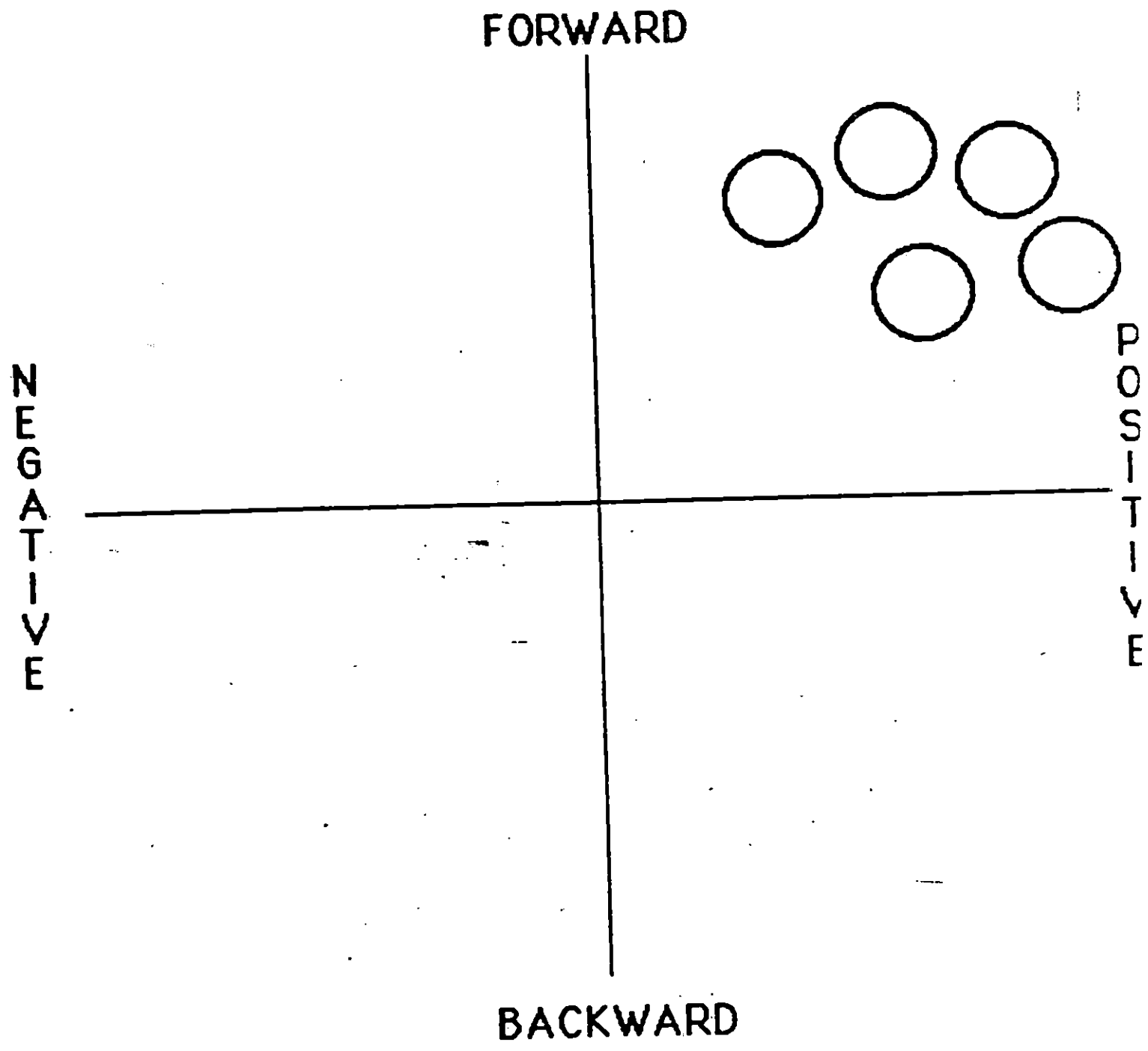
As members develop increasing trust in each other, increasing confidence in their ability to master work demands, and increasing courage to speak out about their dissatisfactions, they begin to construct a team structure and culture that makes sense to them. Through more open discussion of past conflicts and failures, they begin to reach some consensus on instrumental, political, and process roles. Norms about when to meet, how to structure meetings, how to deal with other units in the hospital, and so on are reexamined. As members become more open with one another and as they socialize outside of the team context, they find areas of common values that broaden and deepen their sense of identification with one another. The broadened identification and the negotiated consensus about team structure leads the members to see the group as "our" team rather than the leader's team. Rather than the leader dominating the team autocratically, both the leader and the members are constrained by a set of consensually derived norms and roles, a constitution for the microcosm. As the rules and rationales for the rules become more explicit, members find it easier to initiate new members into the team.

Informal Roles The salient roles in this stage are likely to be those enacted by a Coalition of Colleagues, members who have come to respect each other's competence and who play a central part in articulating team values and norms. Their authority in team meetings is based, not on their external status, but on their demonstration of competence during past crisis episodes in the group's history. The former team leader is likely to be a member of this coalition, but instead of the leader dominating the team and instead of the members turning to the leader for the final say in decision-making, decisions are arrived at by consensus or deferral to the member with the relevant expertise. This coalition would score in close proximity to one another in the Upward-Positive-Forward quadrant as seen in Illustration 3.

Rituals A marker event at this point is a party that is sponsored, not by a subgroup, but by the whole group as an expression of their solidarity.

Illustration 3

**SYMLOG DIAGRAM OF  
COALITION OF COLLEAGUES**



( Prominence or UP-DOWN indicated by size of circle)

Members may decide to eat together not to entice members to meetings, but simply to enjoy each other's company, to celebrate a significant event in a member's life, or to celebrate an event significant in the team's history. In one case we observed, the good feeling of this period spread out from the team, and they threw a party for all the teams in the hospital. It is not unusual for a team in this stage to express its consolidation by means of a nickname for the whole group or through some other symbol that captures the identity of the group.

Joking and Humor At times the symbolic image of the group-as-whole takes on a humorous quality. For example, one team created their own meaning for the acronym that identified their group. Officially, they were known as the ITTG team, meaning "Interdisciplinary Team Training in Geriatrics." Unofficially, because of their enjoyment of team lunches to which members brought diverse ethnic dishes, they claimed that ITTG stood for "International Taste Testing Gourmets."

In this stage, jokes are likely to include the whole team, and perhaps emphasize the boundaries between the team members and outsiders. For example, in one such case, the team coordinator came to a team meeting with a visiting team coordinator from another hospital. They came after the meeting began and started to leave before the meeting ended. As they approached the door, the physician said, "Wait a minute. Before you leave aren't you going to introduce the guest?" The coordinator introduced the guest, then asked that the team members introduce themselves and give their positions. They started around the room, each member speaking rapidly and in a monotone as group members often do when asked to perform this ritual. When it came to the physician's turn, he gave the social worker's name, Robert Jones, and claimed to be the social worker. Robert, who came next in the circle, without missing a beat, then gave the physician's name and claimed to be the physician. The team members all laughed at their cleverness, accentuating their togetherness and their distance from the two coordinators. Perhaps on another level, the joke dramatized the member's growing sense of equality of status and interchangeability of roles.

Other types of jokes that are likely to appear at this time are self disparaging jokes and jokes that disparage the whole team. In other words, the members show their ability to laugh at themselves. One example of this type of joke centered around a patient who had difficulty walking. The nurse reported that the patient could not even cross the street. Later, as the team was putting together the care plan, the moderator asked what the team's goal was for the patient. The team Clown answered with a straight face, "To get the patient across the street."

In another instance a team was dealing with a patient with paranoid tendencies as well as medical problems. Large doses of thorazine kept his behavior problems under control, but left him unable to function. In her report, the nurse said, "He was found asleep with his head in the water fountain." The team decided they needed to improve his functioning by carefully reducing his thorazine and watching his behavior. In discussing

this difficult situation, the physician said, "We'll just get him to the point where he can do some things for himself, and it'll be just our luck that he'll turn around and throttle someone."

#### Stage Four: Functional Role Relatedness

In this stage members have successfully negotiated their own culture and structure. Rather than rigidly adhering to bureaucratically assigned roles, they sometimes, where it is appropriate, divide up the work on the basis of observed member competence. Each member is seen as having a core area of professional competence that only he or she can exercise, but some peripheral responsibilities may be delegated to a member who has skill in that area. For example, a social worker may take over some administrative duties for the physician or the head nurse. A nurse may provide some of the therapeutic support usually provided by the social worker. Different members take on the leadership as their competence becomes relevant. All members feel more at ease in addressing the group, and participation is more equally distributed. Dissatisfactions and conflicts are aired as they arise, and they are resolved through negotiation, compromise, reference to group norms and values, and past precedents in the team's history. The team is likely to maintain a more even emotional keel through episodes of hard work punctuated by social events where they enjoy each other's company.

Informal Roles Though the Coalition of Colleagues is salient during this stage, the Clown may still play the part on occasion. But he is likely to feel less pressure to perform for the group's benefit, and other members may even feel more free to play this role at times. If the roles of Hatchetman, Scapegoat, or Nice Guy reappear, the team is likely to quickly recognize the dynamics and call a halt to them. The Hatchetman will be asked to let dissatisfied members speak for themselves. Tensions displaced onto the Scapegoat will be traced to their original source. Those that might have been absorbed by the Nice Guy will be confronted in administrative meetings.

Rituals During this stage the team may institute a meeting for monitoring their own processes and performance. Although such meetings may have been held in the past, members are not likely to have found them to be worthwhile. They were likely to have been occasions where problems were denied, conflicts avoided, or the Hatchetman was encouraged to express discontent. Now, the meetings are likely to be occasions where members speak for themselves, real problems are addressed before they lead to explosive confrontations, and solutions are thought through together.

Rather than being imposed by the leader or a subgroup and rather than being observed ritualistically because of public holidays, parties are likely to emerge out of deeply felt sentiments in the team. They may mark a major life transition for one of the members - the birth of a child, a retirement, or a promotion of a member. Or, they may occur at a point that has become traditional for the team because of their own history.

Joking and Humor Jokes continue in the flavor of those that characterize the previous stage. They are less likely to be "put-downs" of other members or of patients. They are more likely to be in-group jokes, deeply rooted in the group's history, so that only a member of the team is likely to fully understand their significance. At social occasions funny stories may be retold, taking on the character of legends that convey the team's values and the kind of effort required of new members. However, during this stage, dealings with non-team members becomes more cordial, and when in-jokes occur, members will often take the time to explain them to outsiders.

Unlike humor in earlier stages of development, humor in this stage seems to be less divisive or distracting. Joking seems to be more in the service of the team as a whole and members are less likely to lose their task-oriented train of thought during a joke. One member is less likely to feel attacked by the joke of another. The imagery in the joke captures feelings shared more widely in the team and expresses the feelings in such a way as to enhance team solidarity and facilitate the team's work.

#### Discussion and Summary: Adaptive and Defensive Aspects of Expressive Structure in Teams

In this section, we discuss the constructive and destructive effects on teams of informal roles, rituals, and styles of humor. Although these expressive structures may absorb members' energies and distract from work at times, they also enable members to keep dangerous negative affect in check during the early stages of team development.

In stage one, members are confronted by an undefined situation. New supervisors, new work demands, and new peers sometimes lead to anxieties about evaluation and competence. The ambiguity sometimes leads to members "filling in the blanks" about each other with transference, projection, and fantasies (Slater, 1967; Farrell, 1979; Dunphey, 1972; Bales, 1970). In the face of the uncertainty, many members are reluctant to speak out. The anxieties are kept in check through the dependent relationship to the leader. By deferring to the leader, members avoid full responsibility for decisions about work and about the structure of the team. They sacrifice autonomy for the sake of security. Though dissatisfaction may be high, the discomforts of anomie are reduced by doing things the leader's way. The ritual of bringing refreshments to the meetings, and the practice of telling disparaging jokes about patients, outsiders, or even fellow team members may distract the team at times, but they also help to hold the team together when resistance and distrust threaten to pull it apart.

In the Conflict stage, dissatisfaction with the centralized leadership threatens to get out of control. By encouraging one member, the Hatchetman, to express the discontent, other members avoid the danger of retaliation from the leader. Negative feelings displaced onto the Helper, the Scapegoat, or a patient are less dangerous from those directed at the leader. The Clown expresses tension in a way that does not lead to retaliation. The Nice Guy



absorbs discontent backstage. Because each of these roles allows for indirect expression of shared negative feelings in relatively safe ways, we refer to them as collective defense mechanisms. To a certain extent, they keep disruptive feelings within bounds that enable the work of the team to get done. However, the underlying strains are not confronted and resolved. Furthermore, each of these roles absorbs the energies of members, energies that might otherwise be directed toward the instrumental goals of the team.

Movement out of the Conflict stage into the stage of Cohesion and Consensus is sometimes punctuated by a symbolic confrontation with the leader. To an outsider, the issue that precipitates the confrontation may seem trivial and peripheral to the team's functioning; to an insider, it is an all or nothing issue. It seems that all the negative feelings that have been stored up get focused onto one key issue. Perhaps, by focusing on an issue peripheral to the group's task, members avoid the danger of jeopardizing their work. If the episode is managed carefully, it can lead to movement into a stage where members experience greater solidarity and a wider spread of responsibility for the team's functioning.

One of the marker events of the Cohesion stage is a party or social event that includes the whole team and expresses the emerging "we" feeling. Rather than seeing themselves as members of the leader's team, they see the team as belonging to them. The social event, in part, celebrates this sense of solidarity. Humor and joking reflect the increasing ability of team members to laugh at themselves. Rather than ridicule patients, outsiders, or other team members, members tell jokes that invite the whole team to laugh about their own behavior.

In the Cohesion stage, and in the next stage, Functional Role Relatedness, a Coalition of Colleagues negotiates and maintains a culture in which each member takes on leadership functions as their expertise becomes relevant. Tensions are expressed as they arise, and the whole team takes on responsibility for resolving them. Rather than being imposed by the leader or a subgroup, social rituals emerge spontaneously and express widely shared feelings in the team.

### Conclusions

In our research we have found only one team that seems to have reached the more advanced stage spontaneously. Some others have been able to reach them after consultation. The informal roles, rituals, and humor of most of the teams we have observed resemble those characteristic of early stages of group development. There are several properties of teams that seem to generate strains in intermember relations and make full group development difficult. These properties include a) the heterogeneity of team composition, b) the amount of role conflict and role overload experienced by members of teams, c) the constraints placed on members by the formal organization of the hospital, and d) the members lack of knowledge about group processes.

The literature on group development is based on studies of groups that have stability in membership and relative homogeneity in members' statuses and values. In teams, diversity in group composition, instability in membership, and complexity in the team authority structure makes it difficult to build trust and reach consensus on basic goals, division of labor, and rules of operation. Value conflicts because of discipline differences or differences in social class, race, or gender may make consensus difficult. The authority that some members have over others may inhibit authentic communication, or may result in disastrous escalation and retaliation when discontent surfaces. For example, when the Hatcherman role emerges, rather than recognizing it as a role that expresses shared feelings in the team, a Tyrant may isolate the Hatcherman and see that he or she gets dismissed from the team. Likewise, the team Scapegoat may be dismissed before the team is able to recognize and change the dynamics behind the role. Demands and constraints from the organizational environment may limit team development. For example, the rule that residents must rotate through teams after brief periods may undermine the resolution of problems with their authority. Without adequate knowledge of theory and research on groups, team members are unable to diagnose problematic group processes and unable to institute constructive changes.

Some of these sources of strain are beyond members' control and can not be eliminated. Others can be reduced, either through spontaneous group developmental processes or through intervention by consultants.

In a previous paper (1985) we reported the results of such a consultation procedure Focused Team Analysis and Training (FTAT). The procedure is designed to enhance a team's consciousness of their own functioning, and enhance their abilities to confront unresolved strains. By guiding them through episodes in which they clarified instrumental, political, and process role ambiguities, we enabled them to negotiate a shared culture and structure and move toward functional role relatedness. Using videotapes and quantitative measures to assess the team's functioning before, immediately after, and six months after the consultation, we found improvements in the team's cohesiveness, organization, and task functioning. In a more recent consultation with a second team, we found that, once again, FTAT improved the team's functioning. The implications are that strains inherent in teams can be reduced, and teams can be guided toward more effective functioning through consultation procedures based on group development theory.

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