Groupthink & Conformity

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We often only observe in retrospect, the damage that has been left in the wake of these shadow experiences. The destructive parallel processes include collective disturbance, traumatic reenactment, groupthink, conformity, the Abilene paradox – all are part of this shadowy world of group interactive dynamics, the “social defense mechanisms” that rarely get discussed in the social service and mental health world of today. That lack of discussion, of course, makes the influence of the unconscious conflicts at the individual and at the group level, much more powerful.

Groupthink

Organizations under stress may engage in a problematic emotional management process that interferes with the exercise of good cognitive skills, known as “groupthink”. The social psychologist, Janis looked at how groups make decisions, particularly under conditions of stress. He reviewed studies of infantry platoons, air crews, and disaster control teams and felt that this work confirmed what social psychologists had shown on experiments in normal college students, that stress produces a heightened need for affiliation, leading to increased dependency on one’s group.

The increase in group cohesiveness, though good for morale and stress tolerance, could produce a process he saw as a disease that could infect otherwise healthy groups rendering them inefficient, unproductive, with outcomes that could be disastrous. He observed that certain conditions give rise to a group phenomenon in which the members try so hard to agree with each other that they commit serious errors avoidable errors. An assumed consensus emerges while all members hurry to converge and ignore important divergences. Counterarguments are rationalized away and dissent is seen as unnecessary. As this convergence occurs, all group members share in the sense of invulnerability and strength conveyed by the group, while the decisions made are often actually disastrous. At least temporarily, the group experiences a reduction in anxiety, an increase in self-satisfaction, and a sense of assured purpose. But in the long run, this kind of thinking leads to decisions that spell disaster. Later, the individual members of the group find it difficult to accept that their individual wills were so affected by the group [1].
Problem-solving is also compromised because under these conditions group members are likely to turn to leaders who urge action and in this condition of tension virtually any action will do to alleviate the immediate need to respond. Extremist thinking tends to dominate discussion. Leaders may become increasingly autocratic and dogmatic, trying to appear calm and assured in front of their subordinates while narrowing their circle of input to a very small group of trusted associates. As the leader becomes more threatened, sensing the insecurity of his decisions and his position, these small groups of associates feel increasingly pressured to conform to whatever the leader wants. In this process, judgment and diversity of opinion are sacrificed in service of group cohesion and as this occurs, the quality of decision making becomes progressively compromised, an insidious process that has been termed “groupthink” [2].

In a crisis unit, or an acute care inpatient setting, groupthink is easily observable. Staff members are under stress to admit patients, diagnose them, stabilize them and get them out on the streets again. Under such conditions, the staff is likely to develop a high level of cohesiveness which helps them handle the stress more adequately, but the result may be that the group is so intent on supporting each other that the group members never engage in meaningful, task-related conflict surrounding the diagnosis or the treatment of the patients.

Unable to engage in complex decision making, group problem-solving is compromised making it more likely that the group will turn to – or continue to support - leaders who appear strong and decisive, and who urge repetitive but immediate action that temporarily relieves tension and may even bring a sense of exhilaration. Leaders may become increasingly autocratic, bullying, deceitful and dogmatic, trying to appear calm and assured in front of their followers while narrowing their circle of input to a very small group of trusted associates. As the leader becomes increasingly threatened, sensing the insecurity of his decisions and his position, these small groups of associates feel increasingly pressured to conform to whatever the leader wants and are more likely to engage in groupthink [2]. In this process, judgment and diversity of opinion are sacrificed in service of group cohesion and as this occurs, the quality of decision making becomes compromised, progressively and geometrically compounding existing problems.

Groups are especially prone to “groupthink” under conditions of stress and this type of group information processing can have devastating effects [1-3]. When this is happening members lose their ability to evaluate ideas critically because of perceived group pressure for conformity. Organizational members may develop illusions of group invulnerability and beliefs that everything the members of the group does is - and can only be - correct and will steadfastly disconfirm any evidence to the contrary, while pressuring any dissenting members to cease their dissent. When professionals acquire more complex responses so that they can sense and manage more complex environments, they do not become more complex all at once. Instead, they develop their complexity serially and gradually. Under
pressure, those responses acquired more recently and practiced less often, unravel sooner than those acquired earlier, which have become more habitual.

**Conformity**

Another significant group emotional management technique that is particularly important under conditions of chronic stress is conformity. Social psychologist, Solomon Ash, demonstrated that when pressure to conform is at work, a person changes his opinion not because he actually believes something different but because it’s less stressful to change his opinion than to challenge the group. In his experiments, subjects said what they really thought most of the time, but 70% of subjects changed their real opinions at least once and 33% went along with the group half the time [4].

If a psychiatric setting is dominated by norms that, for instance, assert that biological treatments are the only “real” medicine that a patient needs, or that the only way to deal with aggressive patients is to put them into four-point restraints, or that “bad” children just need more discipline, then many staff members will conform to these norms even if they do not agree because they are reluctant to challenge the group norms. If a patient becomes a problem and powerful members of the team are insisting that the patient be discharged, others may go along with this decision not because they agree clinically, but because they are conforming to the group expectations.

**Dissent as a Defense Against Groupthink**

Groupthink and pressures to conform are both serious dangers in all group processes, but particularly in groups under stress. One outcome of groupthink is the tendency for groups to pursue unduly risky courses of action, making decisions more extreme than the average members’ initial positions. Choice shifts like this appear to happen when people are exposed to persuasive arguments that support whatever it is they already favor [5]. Under stress, the pressures to reach agreement in a group setting are even more likely to enhance these group dynamic effects.

When a cohesive group overrides critical evaluation and makes a decision without seeking alternatives, arrives at a false consensus and regrets it, effort must go into repairing the damage. The Sanctuary Commitments offers an expectation that organizational members will develop the emotional and social intelligence to respond to and ultimately prevent much of the dysfunction that occurs on an unconscious level as a result of these kinds of group dynamics. These include a reasonably accurate self-evaluation, increased transparency, repairing broken lines of communication and welcoming conflict in service of creating a learning organization. Part of the learning in a learning organization is learning about what is “under the carpet” and revealing the
“skeletons in the closet” and then giving them proper burial. To do that it is necessary to find ways to discuss whatever is undiscussable.

To spot the possibility that a groupthink process is in play it is important to look at who or what is being silenced. The ability of a group to solicit and listen to the dissenting minority is the only real defense against groupthink. It is for this reason that encouraging dissent and supporting dissenting minorities is so vitally important to the well-being of a group. Every group needs to be able to count on someone who can see through the unconscious group processes that are unfolding automatically and be able to put the brakes on.

Healthy organizations know that it is vital for them to take advantage of the innovative and creative potential of groups, while at the same time building in protective mechanisms against the pressures of groupthink and conformity. Some groups appoint a “Devil’ Advocate” to serve the role of the dissenting voice but recent research indicates that authentic dissent is more likely to be more useful and that means it is extremely important to create an organizational culture that honors and listens to dissent [6]. The Commitment to Open Communication and the Commitment to Democracy become critical components of a healthy system.

References