

My Turn

Taos Hospital board 'on the couch'

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As with many, I have regularly received high quality care from the talented and dedicated staff of Holy Cross Hospital. I am deeply appreciative of their consistently skilled efforts on my behalf, and of the extremely precious resource that our community hospital constitutes.

In marked contrast, I have been consistently dismayed by the hospital governing body's self-defeating ways. Why the surprise? Dysfunctional behavior is, after all, the very thing I devoted a career helping people to understand and change. The Holy Cross Hospital Board of Directors now presents a similar challenge.

Like individual patients, couples, and families I treated for over 40 years, it's not unusual to find organizations acting illogically and at odds with their stated goals and objectives. Hospital board management mishaps were highlighted in past The Taos News op-eds.

Prominent among the presenting symptoms of the board's apparent disorder are its long-standing, deeply ingrained impulse to seek control over the communications environment in which it functions; and its pervasive, unshakable adherence to a pledge of secrecy.

With few noteworthy exceptions, controlling impulses tend to be driven by fear or anxiety. Secrecy is often motivated by feelings of guilt or shame. What, we may ask, could possibly make the Holy Cross board so anxious or afraid? About what could it feel so guilty or ashamed? Ironically, the universal antidote for shame is the very action that would likely be anathema to the Holy Cross board: disclosure.

A couple of exceptions to the hypotheses thus far offered depict a darker possibility. In this troubling scenario, the secrecy and control that mark the board's standard operating procedure may not be reflexive attempts to mitigate unendurable distress. Instead, there may be no distress, except in those impeded by the board's control and secrecy. In this case, control and secrecy would be expressions of a deeply held sense of entitlement and indifference to the distress of others. The board does it because it can; or it may appear tactically appealing; or it is simply unconcerned with the disquiet that it may cause.

Here, the board's secrecy and control are not in the service of easing its discomfort. Rather, it feels no discomfort. This is a more destructive possibility, in which the board feels entitled to do as it pleases and is indifferent to the needs and feelings of those it touches. At the very least, we find self-absorbed absence of concern for others (Think narcissistic entitlement.). In the worst case, we are talking about exploitative or predatory disinterest in the needs and feelings

of others (Think antisocial character.).

The remaining available diagnostic explanation for the board's insistence that it is transparent and accountable may be too terrible to consider. Here, we have the disturbing possibility of a formal thought disorder, a break with reality and formation of a fixed, firm, irrational belief.

We repeatedly find the board mired in denial, one of the more primitive of psychological defenses available to human beings in their efforts to mitigate anxiety. The board routinely insists that what is apparent to others is not so. ("We do not operate in secret! We are a highly transparent organization!") And then, there are the ongoing rationalizations. The 70-year plus aggregate tenure of three board members is "explained" with a straight face as being in the service of "institutional memory." Pervasive organization secrecy is justified as legal, and therefore appropriate and desirable.

In psychodiagnostic summary, the Holy Cross board presents as a troubled organization that may be "sad" (e.g., frightened, anxious, guilty, ashamed), or "bad" (e.g., entitled, grandiose, exploitative, predatory), or "mad" (e.g., delusional). The board feels misunderstood and is dismayed that it is not trusted in the relationship it seeks with the Taos community. It repeatedly takes self-defeating, controlling, secretive actions, is bereft of insight, and either denies or rationalizes its role in its demise. Given the apparent lack of motivation for curative change, prognosis would be considered poor. Robert J. Silver, Ph.D., is a psychologist and the author of "Tributes & Tirades: Taos Life and American Politics," (Nighthawk Press, 2013). He may be contacted at robertsilverpsychology.com