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Perspectives in Organizational Development

David G. Bowers, Co-Investigator
Institute for Social Research
University of Michigan
Ann Arbor, Michigan

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13. ABSTRACT

A theoretical statement of problems in the organizational development area, ~~this~~ report reviews aspects of change practice with major theoretical implications and formulates a series of researchable questions. It also covers the potential relevance of certain parts of clinical practice and learning theory to the problem of organizational development.

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PERSPECTIVES IN ORGANIZATIONAL DEVELOPMENT

David G. Bowers

INTRODUCTION TO SOME BASIC ISSUES

There is a broad area of activity, concepts, and concern called "planned change." The phrase encompasses as large or as small a domain as its user idiosyncratically intends. For some it includes projects of individual enrichment, activities whose purpose is to broaden an interest area, remove negative, and enhance positive, emotion, or in some other way to make that individual person more socially competent.

For others it refers more centrally to programs, activities, and processes which are broadly societal in character. Examples would consist of projects to establish more effective communication among ethnic groups, movements to alter the decision-making or authority structure of an institution, and publicity or information programs to promote a particular viewpoint felt by its holders to be of great societal worth.

"Planned change" and analogous terms, therefore, can have as their referent something as broad as a demonstration or as specific as the viewing of a TV program. And there is some correctness to this wide an array: an individual is, after all, typically a member of many organizations or groups, and his own development contributes to those organizations or groups. In like fashion, communities, and perhaps society at large, are social systems, as are such smaller organizations as business firms, hospitals, schools, and agencies.

Any useful treatise, however, must make its referent clear. Accordingly, this paper will restrict the range of its concern to "organizational development," a term which seems increasingly to be used by those concerned with a specific sub-part of the whole array.

To specify more clearly what we mean by these terms, let us take each separately.

The term "organization" certainly implies some definite characteristics, especially including aim, intent or purpose, activity, membership, and some structure of distinguishable parts. We might say that it implies more specifically (a) interrelated groups with differentiated roles, (b) sharing some common objectives or purposes, (c) conducting some sorts of activities aimed at attaining those objectives or purposes, and (d) distinguishable from other persons or groups which do not share these objectives, roles, and activities (i.e., it implies organizational boundaries).

"Development" seems to imply the making of something gradually larger or stronger (i.e., to increase in potency in some way). "Organizational development," therefore, refers to the process of making <u>organizations</u> gradually larger or stronger. However, we have not used this term to refer to boundary expansion in any and all forms--helping organizations to acquire competitors, for example. Instead, it seems to refer very specifically to increasing the ability of an organization to do more effectively what it is in existence to do, that is, its work.

This appears to be a clear and worthwhile starting point. It classifies by this guideline several kinds of activities not included within the general category, "organizational development." Attempts to sway public opinion, for example, would not be considered organizational development. Community action programs, however worthwhile and no matter

how similar to it, are not organizational development. Personal therapies and marathon stranger encounter groups do not solely on their own merits qualify as forms of organizational development.

Basic Dimensions of Organizational Effectiveness: The Development Criteria

If the purpose of development effort is to enlarge the capacity of the organization to do its work, I would propose that the basic dimensionality of that work, and hence those things that represent the end-product of organizational development, is quite straightforward. There is, first of all, some measure of the volume of work done. We are not ordinarily concerned about straight volume, however; in this sense, sheer volume is a nonsensical criterion of organizational effectiveness. That Schwinn produces thousands of bicycles and Joe's Bike Shop dozens does not necessarily make the former thousands of times more effective than the latter. (Although it may in fact be so.) A large producer may be in the process of going bankrupt, while a small-time competitor makes a fortune. There are, of course, times (e.g., World War II) when volume alone is important. But in most instances, we prefer volume in relation to something else. For example, volume divided by number of employed persons would be a better indicator than volume alone. But that is still not acceptable, since we may imagine a manager who succeeds in producing as many units of product with more people who are less skilled and in toto less costly than his counterpart in the next department who is able to produce the same number of units with somewhat fewer people, all of them at a much higher skill level and a far greater total cost. A much better indicator is volume in relation to some expected level, standard, or capacity.

The cost of doing the work is another basic dimension of work. Cost alone is nonsensical, however. Cost is absolutely higher when more work is done, nil when no work is done at all. Here, as before, it is cost in relation to some level or standard that is important, ordinarily a volume standard.

Quality, another basic dimension of work, similarly stands not alone, but in relation to the others. We are not, in our efforts, interested in devising an organization capable of producing only one absolutely perfect unit, regardless of cost, but an organization capable of producing as many units as possible of the highest possible quality at the lowest possible cost.

Although different organizations may establish different cut-off points for acceptability on volume, costs, or quality, reflecting different patterns of internal needs and external requirements, it does seem at least possible that we might consider some standard array of effectiveness indicators to include:

1. Volume as a percent of capacity, or, alternatively, as a percent of schedule
2. Cost per product unit
3. (Quality x volume), divided by total cost

All other dimensions would then enter as criteria of organizational development efforts only for either of two reasons:

(1) They are precursors of one or more of these measures; for example, absenteeism is costly; dissatisfaction leads to costly turnover, etc., or

(2) We have erroneously declared our purpose to be development of a particular organization, when in fact it is not that, but

development of another organization, or not organizational development at all. (For example, we may have as our real aim reduction in social prejudice, or higher incomes for the poor, but try to reach that goal by development activities within a particular business organization.)

Those familiar with the field will note that this relegates to second-class status as criteria of organizational development in work organizations such "people" measures as "identify," "satisfaction," "morale," and "revitalization." These latter characteristics may perhaps be reflective of the effectiveness of that super-system known as "society." If they are, it is because we adhere to a set of humanistic values and define society's "work" at least in part in these terms. It is equally possible, however, that, even at this level, these effective criteria are of a second order of importance -- that "people" measures are important because unhappy, alienated, dissatisfied, and hostile or apathetic persons are a costly drag upon society's progress and achievement. It should at any rate be clear to the reader that this present treatise regards these criteria as at least subsidiary in importance in development efforts in work organizations. Please note that this does not say that these are unimportant; it simply says that they are penultimate, not ultimate, criteria. If the whole of society is a change agent's client, and its well-being is its measure of work done, so be it. The plea at this moment is that change agents (and researchers) be clear about the level of system that is the target of change and select criteria appropriate to that, not other, system levels.

One must at the same time acknowledge that organizational development, as frequently characterized, is basically an interpersonal educational strategy, aimed at changing the "people" aspects of organizational life,

rather than such "task" aspects as goals, formal structure, and technology. It seems appropriate in this light to state that, until it encompasses these latter domains and others, organizational development remains a somewhat parochial discipline. One can sense in the tone of words by one or another interpersonal practitioner, if not in their exact message, that they object to the notion of the organization as a rationally manageable, controllable entity. Yet it is precisely this aspect of an organization's nature that is involved when one talks about goals, objectives, formal structure, policies, and technology. Until this aversion to the rational characteristics of organizational development is overcome, the development process seems likely to remain less than eclectic.

Change Agentry as an Art or a Science

Another point worth discussion is the emphasis currently placed upon diagnosis as a first step in organizational development. It is increasingly mentioned by writers in the field, but many apparently consider this largely in the framework of what might be termed "personal" (as opposed to "instrumented") diagnosis. This is related to a dilemma that seems to be posed by the role presently conceptualized for the change agent. His power base is what Katz and Kahn term "incremental influence" -- influence based upon referent power and expertise (1966, p. 302).

Yet some change agents frequently confuse the advisability of being democratic, participative, and not given to status pretentiousness with being permissive, non-directive, and non-committal. All too often the result for these persons is a somewhat passive-aggressive stance: interactions are carefully and unobtrusively manipulated in the direction desired by the change agent himself; individuals or their positions are attacked, not directly, but under the guise of "process comments."

Bowers and Norman (1969) have earlier stated that the development process is really composed of two sub-processes, diagnosis and therapy, each of which may be personal (that is, conducted by a live person) or instrumented. Each of the cells of this four-fold table identifies a particular style of change agentry. (See Figure 1)

In Artisanship, the change agent assumes both diagnostic and therapeutic functions to himself personally. Neither process is in any substantial way instrumented. Instead, he relies upon his own judgment and command of the field to (a) assess where the situation stands at any given moment, and (b) provide those events, inputs, or exercises necessary to further progress the development process.

At first glance, what is here termed Classical Consultation appears quite similar. As in the first style, the change agent personally diagnoses the client's situation, without using instrumentation to any substantial degree. He then may recommend a course of treatment, but he does not personally provide it. In the classic way, he studies the situation and makes a recommendation.

Directed Therapy provides an instrumented diagnosis, which leads the diagnostician (which is someone from the client system itself) to a recommendation for personalized service. It is, in the organizational development world, the equivalent of the "7 Danger Signals": "If any of the following appear, consult your local physician."

The Instrumented Package is what its name implies. Both the diagnosis and the therapy is obtained by instrumented, self-applied procedures. An analogy could be drawn in this case to the Canadian Air Force Exercise Manual.

More recent thought and experience suggest that still another role should be considered in a development operation. Besides the therapeutic

Figure 1

The Development Process as Two Sub-Processes

		Diagnostic Process	
		Personal	Instrumented
Therapeutic Process	Personal	Artisanship	Directed Therapy
	Instrumented	Classical Consultation	Instrumented Package

and diagnostic roles, already described, there should be added that of development design consultant, whose purpose is to receive information from the other two, merge it with information coming from research in this area, and to add meaning to the whole. In flow terms, the process would appear as it does in Figure 2.

It is at least interesting to conceptualize the ways in which these three roles converge and diverge at various points in the previous four-fold table. In that style of change agentry labeled "Artisanship," for example, only the Design Consultant role remains; the diagnostic and therapeutic processes are both of unknown inclusiveness and not at all instrumented. As such, they disappear from separate identity.

If both the Diagnostic and Therapeutic processes were absolutely all-inclusive and totally instrumented, then the third (Design Consultant) role would be unnecessary. This is the case in the "Instrumented Package," where that third role disappears.

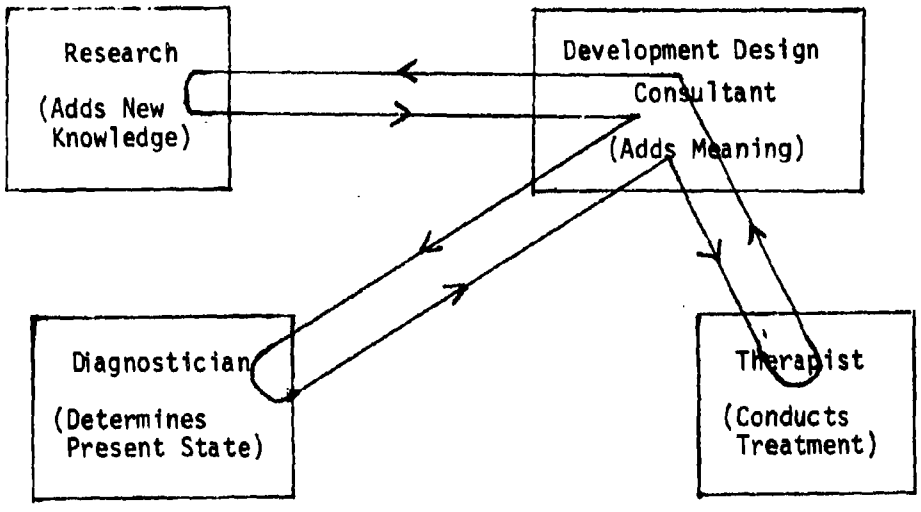
In "Directed Therapy," the Design Consultant and Therapist roles are personal and merged; the diagnostic function is instrumented and separate.

In Classical Consultation, the Design Consultant and Diagnostician roles are personal and merged; the Therapist function is instrumented and separate.

How should these functions relate to one another? One rule may be that the Design Consultant role can be safely combined with either function when that function is largely instrumented, but should be separated from either function when that function is personal. Although this may at first seem a somewhat startling statement, the reasons for it are not in the least mysterious. The Developmental Design Consultant is the critical junction point for the development system; this role combines information

Figure 2

Flow of Information Through the Change Role System



with interpretive skill to add meaning. When either the diagnostic or therapeutic function is performed by a single individual, without benefit of instrumentation, and is combined with the design consultant role, there occurs great risk of bias, that is, that there will result a diagnosis or a course of therapy which simply fulfills the design consultant's predilections, or a design merely consistent with what the consultant knows how to do best. In this sense, both Directed Therapy and Classical Consultation are particularly vulnerable combinations, since they merge Design Consultation with the personal, not the instrumented, functions.

Where the diagnostic function is highly instrumented, on the other hand, it can perhaps be safely combined with the Design Consultant role. Similarly, where the therapy process is highly instrumented, it can be combined with Design Consultation.

Central to a consideration of the science-vs-art issue is the point that some change agents enter a system with structure, data, and purpose, whereas others enter only as process observers serving those dealing with system content. The former have, at least in their heads, an action plan which they intend to follow (recognizing perhaps that it may have to be altered en route). The latter have no such specific plan; they have instead a set of personal and process guidelines, which they apply to situations as they unfold. One may, for example, hypothesize that pre-planners will be more inclined to create their "teachable moments," (those instances in which participants come face to face with evidence of the short-comings of present practices, or the possibility for improvement) whereas process handlers will work only with those that occur naturally. Pre-planners may also be ordinarily concerned with a longer time span of client relations than process-handlers, and pre-planners may make more use of cognitive inputs, whereas process handlers make more use of affective inputs.

Change Agent Relations to the Client System

There appears to be considerable confusion about the role that should be played by the client system's needs, as well as the simple fact of identifying those needs. For example, there is probably not very great agreement about these points:

(1) What comprises the needs of the client system -- the needs of participants as individual persons, or the objectives which success of the organization requires? Perhaps in large part the answer to this question depends upon whether one takes a "first-the-organization-and-by-that-the members" or a "first-the-members-and-by-that-the-organization" approach. Despite an array of contrary evidence, there remain individuals who attempt to develop an organization by changing all its members singly.

(2) What needs are recognized as appropriate to be dealt with, those which members feel and express, or those which really exist, even though not necessarily felt? Change agents may or may not attach greater importance to one of these than the other. There are really two issues here: (a) whether important needs can exist without a client's feeling them, and (b) if they can, whether it is important, prior to undertaking development activities, to bring those needs to the level of awareness.

(3) Should needs be met directly or indirectly? Some, perhaps most, change agents feel that a change agent who attempts directly to meet the clients' needs runs the risk of creating strong dependency

relations to himself. Others feel this to be a hazard and attempt to cope with it as best they can, accepting that they must meet needs directly despite this risk. Of course, involved in this is the whole problem of the change agent's building a role for himself which meets his own needs, and whether this interferes with the development process or increases his effectiveness. Perhaps more basically, one might ask whether this form of dependency is a dysfunctional consequence, or a natural part of the therapeutic process.

(4) What relationship should the change agent maintain to the top of the client system's power structure? Top managers are ordinarily entrenched, secure, and comfortable, whereas lower levels are hemmed in, restricted, and somewhat uncomfortable with things as they are. A program of planned development which deals with real problems is therefore often viewed by the latter favorably, by the former as a threat. A change agent's status, if he comes from outside the system, may well make it easier to deal with top management's resistance because he has some immunity to pressure. This is far from a certain state of affairs, however. An outside change agent may, in fact, be more, not less, vulnerable, simply because his livelihood is more immediately and directly dependent upon the maintenance of this present tie. The threat of contract cancellation may more than offset the threat that comes to an inside member from hierarchical status. In any event, whether the change agent handles his relationship to the top of the client system power structure accommodatively or counter-dependently, privately or publicly, is likely to affect how he is perceived by those lower in the client organization.

(5) What relationship should the change agent maintain to other members of the client system? This grows out of the previous question and consists simply of how much openness a close, private relationship to the top of the power structure permits. For example, to what extent is information from private sessions to be shared at other levels. Is information from private sessions with upper level persons to be shared with members from lower levels, or is information from private sessions with lower levels shared with their upper level superiors? Should a change agent work with individuals privately at all, and if, so, under what conditions? Although there might well be some feeling that working privately with individuals is, in the course of organizational development, hazardous and to be handled carefully, it might be permitted or required where:

(a) the problems are not organizational in origin, but individual-clinical (e.g., an intra-psychic T-group setting);

(b) private work with an individual is instrumentally necessary to moving the organization toward its stated objectives; or

(c) this is paired with a pre-arranged procedure of getting the information back to the group.

(6) Is the change agent's status that of a member of the client group or that of an outside expert, and is his posture active or passive? There seem to be three identifiable positions on these coordinates:

(a) Direct Intervenors

Change agents in this category feel that it's important to help the client system perceive problems that it doesn't know exist, or to perceive correctly problems that it is aware exist. They are constantly in a process of diagnosis

and action stimulation, in some instances trying to force the client system to draw upon them. Occasional use is made of confrontation with members. This view regards its polar opposite (Non-directive Responders) as likely, by their aloofness, to produce a "bug-on-a-pin" feeling among client system members. Its own heavy involvement in the action leads some of this group to feel a need for a more passive teammate who can maintain perspective.

(b) Indirect Structurers

Change agents in this category attempt active, indirect intervention. They often try to get the client group to assume responsibility for its own progress, but they build in safeguards against inappropriateness by structuring the situation to some degree. Sometimes the focus is upon creating a norm of third-partiness among all participants. Often the attempt is made to get members to recognize perceptual or behavioral discrepancies. This position views both Direct Intervenors and Non-Directive Responders as likely to generate a dependency relationship to the change agent.

(c) Non-Directive Responders

Change agents in this category avoid imposing themselves upon, or intruding upon, the client system. They let the system draw upon them at its own speed and in its own areas of felt need, perhaps selecting their situations carefully. As a result, the change agent's role is often unclear to the system at the outset, becoming clear only over a long period of time.

This view sees its polar opposite (Direct Interveners) as creating substantial dependency and exit problems.

(7) To what extent does the change agent, by what he does in the change setting, provide a model for the participants? An intensive affective reaction may serve, among other purposes, to legitimize expressions of that kind to the members. A counter-dependency pattern may serve as a model for participants to "take on the boss" and survive, where that seems to be a needed development. Insistence in advance that information from private sessions get back to the group may provide a model of openness.

Schein, in the introductory chapter to his recent book on organization development describes what he terms process consultation" and contrasts it with two other forms of consultation, which he labels the "Purchase Model" and the "Doctor-Patient Model." (1969, pp. 5-9)

The Purchase Model, in which a manager or client firm simply buys the services of a consultant to work on a problem of their choosing suffers several disadvantages. First, the manager or firm may have addressed the consultant to the wrong problems. Second, they may have hired the wrong consultant. Third, they may not have thought through the consequences of either the consultation or implementing its recommendations.

The Doctor-Patient Model suffers from two major disadvantages. First, there may be reluctance to reveal necessary information; second, there may be an unwillingness to believe the diagnosis or accept the prescription.

Process Consultation stresses consultant-client joint involvement in learning how to diagnose organizational problems and propose solutions. Rightness in a subject or problem area is felt to be less critical than teaching a process. The disadvantages of this model are perhaps less obvious

than are those of the other two models. In this writer's view, a sick client system that is unwilling to provide necessary information through anonymously instrumentation is scarcely likely to present it openly and voluntarily simply because of "good process." Sick organizations, like sick human beings, often are unable to face their shortcomings, pains and problems, or at least are unable until a competent therapist has, using a competent diagnosis, led them through to a point of some recovery. There is some likelihood -- in fact some probability -- that process consultation will often result in enthusiastic pursuit of the wrong treatment, a great acting-out of a rationalization. Evidence on this point is not likely to be forthcoming freely or soon. Client systems which are enjoying acting out a defense mechanism are likely to shower praise on the change agent who helped them do so, and the change agent himself is likely to mistake praise for a successful operation. In any event, neither is likely to want to devote much time or effort to probing for possible illusions in their joint undertaking. This suggests that a reevaluation of the comparative strengths and weaknesses of the Process Consultation and Doctor-Patient models may be in order. The latter is perhaps weak, but viable; the former may well suffer from a potentially fatal flaw.

A major issue presents itself in this discussion: organizational development as a science may well be running afoul of its heart. There is a widely shared belief and has been ever since Rogers, Lewin, and the first experiments in participation, that a non-directive posture by the consultant is "best." It may be well for us to remember that the non-directive approach to therapy has not been proved universally successful; a fair appraisal, in fact, would be that it works well with a very limited number of neurotic cases, but may be less applicable to others, especially to persons who are

of advanced age, of low intelligence, or excessively dependent (Pennington and Berg, pp. 548-549).

For all its shortcomings, the Doctor-Patient Model seems to this writer to be the best, most acceptable analogy. (And it is an analogy, as are the others!) An organization is, increasingly, a complicated, technologically sophisticated human form. We should no more trust diagnosis and treatment of its ailments to itself, using "good process" than we would trust our bodies to a living room full of unqualified neighbors (even if they have a home medical book and are interpersonally skilled).

I find myself agreeing wholeheartedly with Lawrence and Lorsch, whose book appears in the same series, who stress the importance of a technically competent diagnosis to the development process. That this is more than an academic issue is indicated by a reference by them to Greiner's survey of organization-change studies and the following comment:

> "In these (less successful) instances and others which we could cite from our own experience the desired changes in the organization did not occur, because the managers and/or the consultants were proceeding with a set of concepts which were inadequate to clarify the organization-development issues with which they were confronted." (1969, p. 92)

ROLE, PLACE, TIMING AND METHODS OF COGNITIVE INPUTS

On perhaps no issue is there a greater divergence of opinion and practice than the issue of when and in what manner cognitive inputs will be made. Several dimensions sort themselves out:

(a) Specificity vs. Generality

Some change agents feel that cognitive inputs must be highly specific and are appropriate only at points of crisis or conflict.

The latter are variously called "teachable moments" or "learning moments." Some change agents use their own affective expressions or behavior to create these crises or conflict moments. Other change agents attach less importance to critical moments and treat cognitive inputs primarily in conceptualization terms at some point or points in the process where they feel it to be useful.

(b) Periodicity vs. Irregularity

Some insist that conceptualization must occur at each stage of the process before the group proceeds to the next stage. Others provide it only at the above-mentioned "teachable moments." Still others often defer it until after the whole process, or some major segment. Finally, some provide it gradually and in diffused fashion over a long period of time, without great concern about teachable moments or stages of the process.

(c) Change Agent-Conducted vs. Participant-Conducted

Most change agents talk in terms of providing cognitive input themselves (or, perhaps, bringing in outside resources, as needed, to do so). Some, however, try to get the participant group to do the conceptualization themselves, posting on the wall, board, or chart generalizations that result. An appropriate question in this circumstance, of course, is what happens, or should happen, when such a conceptualization is patently erroneous?

(d) Situational Relevance

Some change agents express the feeling that the need for cognitive input varies from one training situation to another. For example, it may be felt that stranger T-Group labs,

particularly those with an intra-psychic bent, do not require cognitive input, whereas change agentry within organizations does.

(e) Levels Worked

Some change agents work at all three levels -- cognitive, affective, and behavioral. Some avoid working at one or another, based upon their individual comfort preferences, competences, and beliefs about effective practice. Some work at the behavioral and cognitive levels, to some extent avoiding the affective level as much as possible. Others work at the affective and behavioral levels, avoiding the cognitive except indirectly. Still others work at any and all levels, depending upon the perceived need pattern of the client system at the time.

(f) Order of Input: Initial (Cognitive Map) vs. Subsequent (Principle Integration from Experience)

Some feel that information, particularly information about structure or "content" (as opposed to present process), should enter only as a subsequent process calls for it. Others feel that the presentation of information is a channeling device to create an organizational attention to, or forum for, problem-solving. An appropriate question, of course, is whether the attentive forum built by structural information, centering as it does around organizational objectives, results in a set of outcomes different from those of members' satisfaction, actualization, development, and well-being.

The sequence preferred by a number of change agents appears to be (1) Affective; (2) Behavioral; (3) Cognitive. But there are also some sizeable number (probably a minority) which prefer

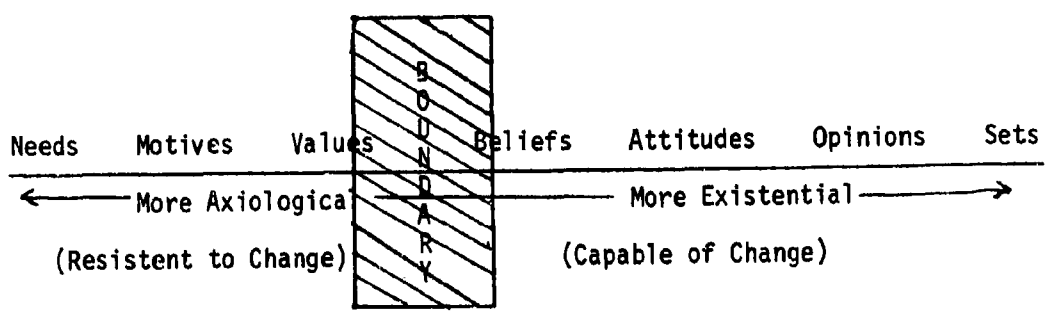
(1) Cognitive; (2) Affective; (3) Behavioral. The distinction here may be between the use of cognition or conceptualization for closure as opposed to its use for triggering movement.

CHANGING FEELINGS: APPROACHES IN THE AFFECT AREA

It is perhaps useful next to consider the possibility of change for different aspects or intensities within the general domain we label "affect." A number of terms are used, sometimes as if they were interchangeable: sets, beliefs, values, attitudes, motives, opinions, needs, etc. There is, however, a dimension that runs through all of these a dimension that is quite existential at one end (i.e., simple summary statements of existence or probable existence) to quite axiological at the other end (i.e., statements proclaiming the intrinsic worth of some entity). It might be proposed that the terms just listed be arrayed in terms of their appearance on this scale:

Figure 3

Scale of Affect Intensity



As the shaded area suggests, there is probably a boundary area somewhere in the vicinity of beliefs and values. Toward the axiological end of the scale from this boundary area, change is exceedingly difficult, probably impossible, to attain. Toward the existential end of the scale, however, change is possible, sometimes easy.

However, there is not only a question of the comparative feasibility of change at various points on this scale, but also a question of the comparative ethic of trying to induce it. It may, for example, not only be more difficult to change a man's motives or needs, but in some situations a distinct invasion-of-privacy to do so.

Although it is unclear whether our placement of the term "motive" is consistent with his use of it, McClelland's program for "motive acquisition" is certainly an example to be considered. (1965) The sequence in McClelland's program appears to be from Cognition-plus-Behavior to Affect, since it considers early a variety of factors that are distinctly cognitive: (a) provide the participant with a number of reasons for his believing that he can, will, or should develop the motive; (b) help him to clarify the motive conceptually; (c) help him to perceive that the motive is consistent with the demands of reality and reason; (d) help him to link the motive to related actions in his everyday life; and (e) help him to see the motive as an improvement over prevailing cultural values. Other considerations are largely behavioral: (a) get him to commit himself to achieving concrete goals in life related to the motive; (b) have him keep a record of his progress toward achieving those goals; (c) provide interpersonal support to him; and (d) have him behave in a new reference group setting related to the motive. Given these conditions, it is felt, the individual will be more likely to develop the particular motive.

Sensitivity Training - An Affect-Based Method

An exceptionally clear picture of the T-Group method of change agentry can be obtained from Bradford, et al. (1964) and from Campbell and Dunnette (1968). These sources state that this type of training has four general purposes or intents:

(a) learning how to interpret affect (feelings and emotions) in oneself and others, by learning how one's own behavior looks to others, by becoming more aware of marginal cues, and by developing an empathic ability;

(b) development of concepts to link affect to behavior, through diagnostic skills, and through awareness of good and bad group processes;

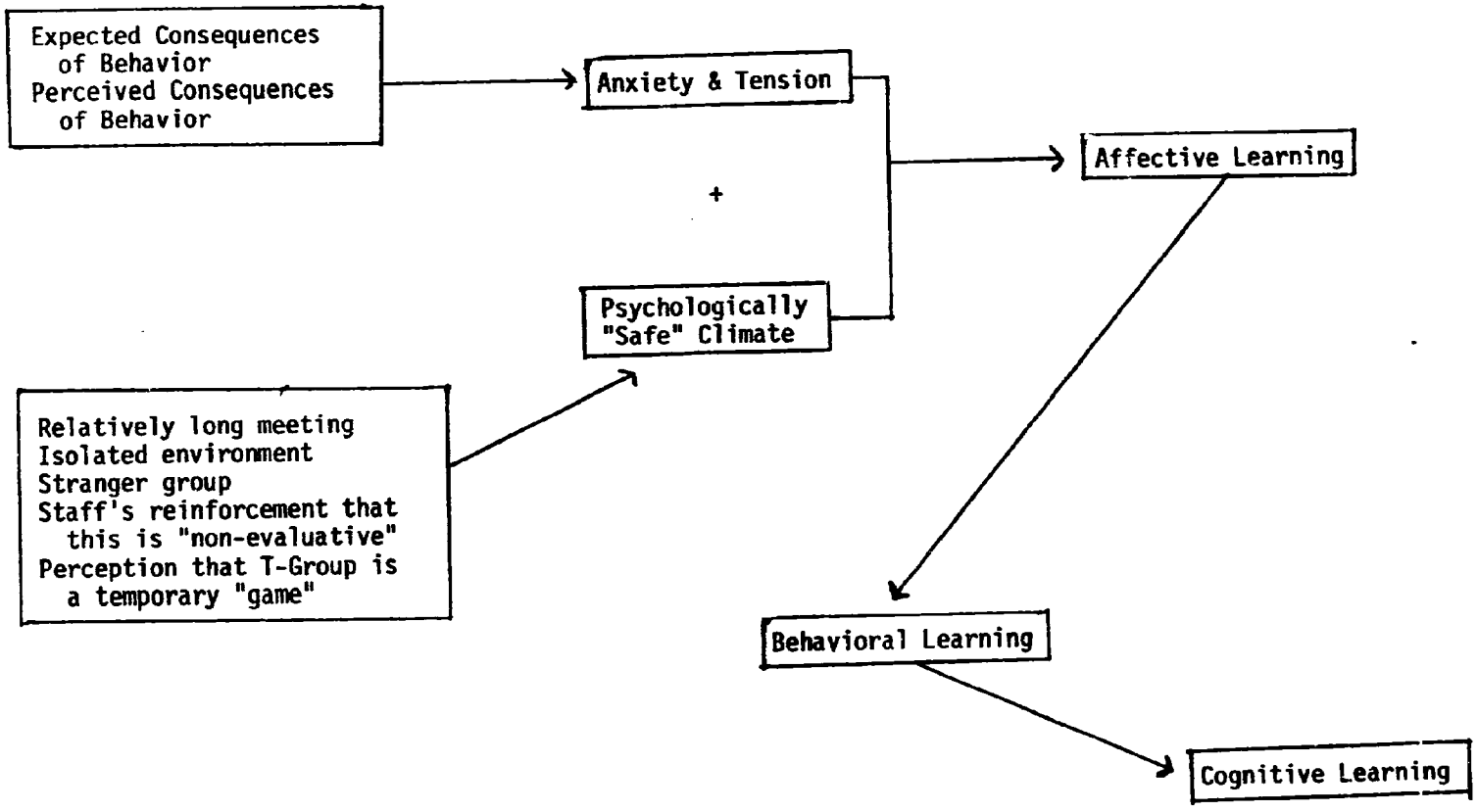
(c) clarification and development of democratic personal values and goals;

(d) interpersonal skill practice.

The sequence is much as it appears in Figure 4, from Affect to Behavior to Cognition. Success requires that there be established, relatively early in the sessions, a state of some anxiety or tension, arising from the difference between what participants expected their behaviors to produce and their perception of what those behaviors actually produced. The discrepancy is, of course, thought of as normally unidirectional -- his actual behavior is obviously deficient, not exceptionally good. When this tension or anxiety occurs in a psychologically "safe" climate, there ordinarily results affective learning, upon which basis an individual tries out and more effective behaviors (behavioral learning). From this he becomes aware of principles and concepts that govern social situations (cognitive learning). The safety of the climate

Figure 4

The T-Group Sequence



is in theory produced by having relatively a great deal of time together as a group, in an isolated environment, with the perception that the T-Group is a temporary "game" to be played with some abandon, with continual reinforcement by the staff that this is a non-evaluative activity, and with a participant group made up of strangers.

Schein and Bennis cite quite correctly one dilemma built into this design: these very characteristics which provide psychological safety also influence against transfer of learning to the back-home situation. (1965)

Perhaps some of the most trying outcomes, however, come about when one attempts to maximize transfer. This is more likely where participants represent family groups, not stranger groups. Quick weekend labs in a motel on the edge of town, rather than two-week sessions at a remote location, are increasingly the rule rather than the exception. Even if the trainers manage to provide reinforcement that this is a non-evaluative experience, some participants may find it difficult, and the trainer can hardly provide a corrective counterbalance without himself becoming evaluative of the evaluators, a dilemma that many trainers must find difficult to resolve on the spot. In this context, the session becomes anything but a temporary "game;" it becomes, instead, an activity played "for keeps."

Another problem comes from the kinds of discrepant behaviors which provide the precipitating tension. It is sometimes unclear, especially in a stranger group, how central these behaviors are to the identity of the particular participant. Too often the interpersonal behaviors enacted in the T-Group, and the discrepancies which give them their power, are not simple divergences, but rather massive assaults upon a participant's identity. If, in addition, this is coupled with a climate that is less than safe, the result is not "affective learning," at least not of the kind intended.

The Team Development Lab attempts to solve this problem -- apparently rather successfully -- by downplaying the amount of anxiety generated and felt to be necessary, and by encouraging task-relevant as well as purely interpersonal behaviors. It trades, in effect, intensity for transferability to the home setting.

However one views the likelihood of success of the T-Group in generating affective forms of learning, there remains a question about the necessity of this form of learning in any or all situations. Stated most bluntly, is it really necessary to produce behavioral and cognitive learning through an affective filter? Must the latter always precede the former?

Affect as a Clinical Problem: The Organization as a "Disturbed" Entity

In the discussion which follows, it seems advisable to provide forewarning on several points:

(1) Reasoning by uncontrolled analogy is always dangerous; we must be judicious in the conclusions we draw from individual to organizational therapeutic practice.

(2) Normality and disturbance comprise a continuum, not a simple set of convenient categories.

(3) Regardless of what we conclude by analogy, it may be more difficult to diagnose organizational disturbances in any typical clinical manner because of the awkwardness of employing conventional clinical data collection systems.

With all of this in mind, it seems still worthwhile to speculate a bit about the role and meaning of psychological disturbance as an organizational characteristic. Can we extrapolate from this body of

knowledge to the practice of organizational development, beyond the obvious point of knowing a little better those ways in which we may identify a disturbed individual in a client organization and perhaps refer him for treatment? In other words, do the precepts, tenets, and practices of clinical psychology tell us anything beyond the limits of that disciplines' intended applicability, the individual human being?

It may be that they do. Reciting the list of "normal" characteristics seems to suggest that organizations, like individuals, can be classified as sometimes disturbed. For example, to what extent are the problems that we encounter these days in organizations and groups situational, temporary, and otherwise those of "normality?" Are organizations and groups:

(a) well integrated
(b) accepting of reality
(c) reasonably happy
(d) social
(e) adaptable

and do they

(f) have a reasonable level of aspiration
(g) feel responsible for themselves?

The answer often, unfortunately, is "no." They are often poorly integrated, responding to imaginary threats and hazards, not to reality, unhappy, not very social, and not very adaptable. They often have unreasonable aspiration levels, and frequently much of the organization feels not the slightest responsibility for its welfare or survival. As in the case of the individual person, past events may have so traumatized certain key role occupants in the organization that the organization is still, years afterward, "fixated" in inappropriate or inefficient behaviors and role structures. In some instances, it is true, this fixation remains because the same key people still occupy important, influential roles; but in other instances it is because the original disturbance has been internalized by subsequent office holders as part of the culture. Furthermore, it is worthwhile noting that organizations have defense mechanisms: labor relations formalisms, fiscal and accounting proceduralisms, public relations, human relations, community service, and a variety of other staff activities often become dysfunctional, sacrosanct ends in themselves.

All of this suggests that we very probably often encounter disturbed organizations. In all likelihood, however, we have no ready way of knowing whether they are sufficiently disturbed that there is little hope of reconstructive therapy (and, hence, that we must settle for "making the patient comfortable.") Nevertheless, persistence is perhaps one of the most reliable gross cues to the existence of disturbance in an organization. If a change agent enters such a system as a person of some credibility, points out the lack of necessity for a particular disturbed practice at this juncture, and still gets great resistance, not only from those whose positions and organizational power would be reduced, but by most others as well, then the evidence strongly suggests disturbance.

It is important to distinguish between organizations where members have internalized in their behavior and their utterances a disturbed value system

and those where they have developed merely an ability to read accurately cues from a disturbed framework.

The pervasive disturbed normative pattern could perhaps best be described as a "Neurotic Handbook," whose contents are in part written, in part unwritten. In whichever form, this handbook contains the acknowledged normative system of a disturbed organization, a system which constrains the membership to behave in accordance with the approved neuroses. We might illustrate the content of such a handbook by citing the tendency, observable in many organizations, for labor relations matters to be directed in detail from far up in the hierarchy. In such organizations, first-line supervision is sometimes even forbidden to handle grievances, in an insistence upon centralized direction of these matters that betrays an inflexible defensiveness. In such a setting, the occasional person who does not so behave is defined as deviant!

It remains an excellent question whether the organizational member himself becomes disturbed by adherence to the neurotic norms of the handbook, or whether he merely <u>appears</u> to be disturbed because he adapts his overt behavior rationally to a disturbed setting. It would appear, however, that living for a protracted period in a disturbed setting, particularly if this were to form a large part of the individual's whole life experience, would be likely to render the member himself disturbed. To the extent that he is able to compartmentalize this experience, however, and maintain outside "normal"involvements and identifications (family, church, lodge, neighborhood, or the like), he can perhaps remain non-disturbed.

In this connection, it is perhaps useful to note that organizations, like persons, are ordinarily open, rather than closed, systems. A disturbed individual is more nearly closed than a normal one. In individual clinical practice, perhaps that condition closest to a fully closed state is catatonia, where almost

all inputs come from within the individual. Although diagnosis of the structure and etiology of the disturbance requires an analysis of relationships and behaviors within the organization, the import of the above discussion would appear to be that the existence of a disturbance must be determined by organization-environment dysfunctionality.

In any event, a disturbed structure in an organization, like that in an individual, seems likely to persist until change events intrude to alter it, that is, therapy. As in individual clinical psychology, therapeutic organizational efforts based upon clinical concepts should take account of the comparative views of personality theorists such as Freud and Mowrer. Freud felt that the content of the Id (basic drives toward gratification) becomes repressed; therapy then consists of analytically going back, surfacing the repressed content, and working it through in a psychologically "safe" setting. Mowrer, on the other hand, feels that it is the superego (roughly analogous to the "conscience"), not the Id, that becomes repressed, underdeveloped, or "stunted." Therapy consists of going back and "resocializing" the individual.

Treating the disturbed organization in clinical terms would appear to require at the very least that we distinguish between these two theoretical orientations. Illustrations of either viewpoint come to mind. We can imagine a rigid, absolutely moralistic organization, with much of its behavior really representing a response to repressed demands for corporate gains. Such corporations often make a big play in their own and the public's eyes for acclaim for their "public service." These organizations go to great lengths to advertise their "public-mindedness."

The current heated discussion about environmental pollution, on the other hand, seems to suggest the likelihood of the existence of what might be called the "Mowrer pattern." A shortness of corporate conscience, a stunting of social responsibility, seem all too feasible.

Basic clinical texts distinguish between therapeutic forms which are "supportive" and those which are "reconstructive." The former seek either to remove the "cause" of the anxiety or to increase the client's tolerance for that anxiety. The latter have as their aim the reorganization of the client's personality structure.

Three aspects of personality need to be considered: the economic aspect (amount of energy invested), the dynamic aspect (direction and pattern of energy interaction, and, by this token, the structure of needs and defense mechanisms), and the topographical aspect (attitudes, structured at deep and unconscious levels). A quotation from Pennington and Berg is pertinent:

> "From this viewpoint, supportive procedures are those which change the economic picture by making available more energy for the patient's defensive maneuvers to the point where they can once again work, or which alter the dynamic interaction by substituting one defense for another. These procedures would not change the basic topography. On the other hand, it is apparent that the reconstructive therapies aim at a more permanent and comprehensive revision involving not only the economic and dynamic, but also topographical changes." (1954, p. 492)

Where a disturbed organization has produced for the most part merely rational response to irrational cues, not internalization of disturbed values, supportive therapy seems to be called for. (This would not apply to perpetuation through selection of the already disturbed.) If, on the other hand, the problem is one of internalization, the change agent may have to go back and recreate and work through the traumatic event in a "safe" setting. Perhaps sociodrama would be appropriate, or some form of "controlled" confrontation.

In such a process, we would do well to recall that the disconfirmation of expectancy literature would lead us to expect that, where an individual feels he is unable to behave differently, and is confronted with disconfirmation of expectancy, it is the source of the disconfirmation (the confronter) that will be rejected. In organizations, therefore, it may be necessary to use enough

supportive therapy to produce a feeling that change is possible, before reconstructive therapy can be used.

It should also be kept in mind that the comparative usefulness of supportive and reconstructive therapies is on a scale of graduated seriousness of the disturbance:

Seriousness of the Disturbance

	Superficial, & Situationally Induced	Serious But Not Totally Bleak	Hopeless
Best Therapy Form	Supportive Therapy	Reconstructive Therapy	Supportive Therapy

BEHAVIOR AS THE TARGET

Learning Theory: Another Potential Contributor to Our Understanding of Organizational Development

Learning theory is perhaps the one area most consistently neglected in treatises on organizational development. However, even if we set aside complex cognitive learning, simple affective experience as "gut" learning, and other ideas or concepts less central to a behavioristic experimentalism, there remains an area of potential relevance.

The conditioning therapies are examples of the direct application of learning theory to problems of change and development. Many different terms are used, such as "negative practice," "discrimination training," "desensitization," "stimulus flooding," and the like. All, however, refer to attempts at systematically altering the reinforced response pattern of an individual. As such, conditioning, or "behavior," therapy is unabashedly directive in both its method and its purpose, a directiveness which begins with the therapist's explicitly stating the goals of the therapeutic process.

This therapy is of two forms. One form consists of those activities concerned with eliminating dysfunctional behavior or distressful emotional states and centers about the manipulation of eliciting stimuli and autonomic responses. The second form consists of those concerned with cultivating, by shaping, behaviors formerly absent from the individual's repertoire. The first often involves the substitution of responses incompatible with those which are dysfunctional. Fearsome situations may be approximated as visualized scenes, for example, and responses of relaxation (rather than tension) purposely induced.

In the second, or shaping, form the therapist begins with a mass of responses already available to the individual and subsequently reinforces successively closer approximations to the one desired. In so doing, he is careful to reinforce the behavior immediately, and to reinforce approximations neither too many nor too few times, else they become too deeply ingrained, or perhaps lost. Complex behavior is, in this form, trained "backward." This makes each response both a cue for the one which follows and a secondary reinforcer for the response which precedes it.

Although the conditioning therapies are often criticized by the more personality-based clinical disciplines as superficial and merely palliative, enthusiasts claim substantial successes that are almost always long-lasting.

It is perhaps in the area of skill development that learning theory has its most obvious application to organizational life, however. By skills are meant rapid, efficient, and useful acquired behaviors; specifically excluded by this definition are at least two things that are sometimes in organizational development mis-named as "skills":

(1) Affective reactions of catharsis, confrontation, self-awareness and the like, which are ordinarily spontaneous, "one-time" reactions, not routinized behavior forms;

(2) Information acquisition, or cognition, which is not in itself behavioral.

Let us consider, for example, a skill in the area of supportive behavior -- the ability to provide effectively to another person recognition for a job well done. It is possible to imagine two supervisors, equally aware of its importance in the general scheme of things and to any specific person, but differing in their behavioral ability to do so.

One of them has learned how to do this, probably over a long period of time in which he has experienced many reinforced trials of doing so. The other has not learned this, but is instead socially awkward -- all "social thumbs." Despite the best of intentions, he flushes red at each attempt on his part to provide recognition, stares at the ceiling or the floor, shifts nervously from one foot to the other, finally mumbles an inaudible "finejobyadidjoe," and rushes for the door to exit a most painful scene.

No amount of increased motivation, no "leveling" of feelings, no lecture will give this man the skill he needs. Only reinforced, guided practice will do so. Someone must so structure the setting that his behavior will be shaped in the direction of acquiring this skill -- with his knowledge, agreement, and collaboration, of course.

Imitation: Another Potentially Relevant Body of Knowledge

A specific sub-category of learning theory is sufficiently distinctive to be considered separately. It is most often known as "imitation," somewhat less frequently referred to as "modeling." For a detailed, and excellent, treatment of the topic, the interested reader is referred to a review by Flanders (1968).

Research and thinking in this area began in a serious way with Miller and Dollard (1941). Flanders, however, quite correctly gives credit to Mowrer (1960) for triggering in Bandura (1968) and others interest in this field by his statement, "Given the right circumstances, behavior can be facilitated, extinguished, or inhibited without occurring."

In its classical and simplest form, O (the Observer) sees M (the Model) perform some act for which he (M) is rewarded. (O may or may not be rewarded.)

The propensity of O to behave in the same way is measured both before and after the trial. Typically, O's tendency to imitate M will increase as a function of having had this experience.

The early work of Miller and Dollard, previously cited, held that the observed behavior and reinforcement of M were, for O, simply cues which led to imitation only as O was subsequently reinforced for doing likewise. In other words, they enabled O to discriminate and imitate.

Bandura's work, also cited, takes a different viewpoint. He describes what is called "vicarious reinforcement," that is, exposing O to the process of M's receiving a reward after and contingent upon a certain response by M. In the view of Bandura and his colleagues, vicarious reinforcement provides O with (a) information about likely reward contingencies, (b) knowledge about cues that signal the situation, and (c) displays of incentives with activating characteristics. (1965)

Flanders concludes that at least the following hypotheses are strongly supported by the experimental literature of this field: (a) vicarious reward increases imitation of M by O; (b) the greater the percentage of M's responses that are rewarded, the more O will tend to imitate him; (c) even non-reinforcement training conditions (where neither M nor O are rewarded contingently) produce at least some imitative behavior. Thus, observational learning procedures (that is, training under either nonreinforcement or vicarious reinforcement) are effective in producing imitation, especially where long delays must occur before O is likely to be able to perform a rewardable response, as, for example, in novel acts (acts previously unlikely for the individual to perform).

Other variables than reinforcement condition are found to affect imitation, however. Thus, consistency of the pattern of responses produces

more imitation than inconsistency -- an O observing a consistent pattern is more likely to add that behavior to his repertoire. Behavioral catagion is also important -- the simple fact of exposure to an M who violates a rule increases the tendency for O to do likewise. O's are also more likely to imitate the behavior of M's who control resources valuable to those O's. O's more readily imitate M's of higher status. On the other hand, considerable research indicates that there is little difference in tendency to imitate attributable to whether the performance of M is live, filmed, or cartooned. (However, some evidence suggests that the effects of live M performances may be more long-lasting.)

Some personal characteristics of O are also important. Initial motivation state seems to affect the likelihood of subsequent imitation, as does authoritarianism: high authoritarian O's are more likely to imitate an M than are low authoritarian O's. Low dependent persons show more task-related, and less incidental, imitation than high dependent.

In his review and integration of the findings in this field, Flanders considers two constructs to be quite important: knowledge and acceptance. Of these two, the latter is the more complex, since it implies the former, whereas knowledge does not necessarily imply acceptance. He states further:

> "Variables such as verbalization may affect acceptance only by increasing knowledge. Variables such as vicarious reinforcement may primarily affect acceptance. Finally, the class of all variables affecting acceptance might be roughly characterized by conveying information about appropriateness of the modeled act. Hence it would be possible that manipulations other than direct or vicarious reinforcement affecting acceptance...might be construed as affecting the appropriateness of the modeled act." (1968, p. 331.)

How relevant is all this to organizational development? Perhaps quite relevant. Regardless of their innovative or conventional character, their

cognitive or affective thrust, many development or training programs make extensive use of training films, the "fishbowl" technique of observing role plays, and the like. The question, of course, is whether more systematic use might not be made of such techniques, given the above-cited knowledge about their likely impact.

It is also likely that imitative processes informally affect an organizational development effort far more than we at present realize. High-status persons who, by their behavior, demonstrate their support for a development program (or their disapproval of it) are likely to cultivate a similar behavior among those of lower status. Similarly, a high status person of known behaviors and views, whose status is removed, is likely to influence the behavior of lower status persons away from his own style. Successions, promotions, demotions, and terminations are therefore likely to have substantial impacts of an imitative sort upon organizational development efforts, regardless of their direct impingement.

Finally, the change agent himself, by the role which is designed for him, by his status, and by other relevant characteristics becomes a potential model for his client system observers. Within those limits, to the extent that he is counter-dependent and challenging of authority, members of the client system are likely to become somewhat more so. On the other hand, if he is acquiescent, overattentive and fawning toward high status individuals, he is likely to induce the same authoritarian followership among his observers.

TOWARD FURTHER RESEARCH: A LISTING OF TESTABLE QUESTIONS

The purpose of the preceding pages has been to pull together, within the confines of one paper, a number of findings, speculations, and observations about organizational development. As the final step in this integrative effort, it seems appropriate to state, in the form of general research questions, those points discussed in the earlier sections. Although it has been apparent throughout that the writer has, at least on some of the questions, a decided outcome preference, the questions are stated as they are below in the hope that they will stimulate sound research to provide real, rather than speculative, answers. These, then, are the testable propositions:

1. Where a development program violates the "relevancy rule" (the rule that organizational development programs should have as their criterion changes in organizational effectiveness), efforts should prove to be confused, ambiguous, and ultimately less effective than where development objectives are clearly understood and the appropriate client system clearly identified.
2. Where personalized diagnostic or therapeutic roles are combined with the design consultation role, the product of that personalized role will come to be a reflection more of the role incumbent's personal feelings, beliefs, and values than of the client system's needs, requirements, and situational reality.
3. A development program handled on a pre-planning basis will accomplish more coherent, positive changes in organizational effectiveness in a shorter time period than will a program conducted by process-handling.

4. Those change programs which focus their attention upon changing social entities (even if by purposefully altering the behavior of individual members) will be more successful than those which attempt to cultivate "good people."
5. Change programs which meet the real needs of the client system will be more effective where client system members are aware of these needs than where they are not; but either of these two situations will be more productive of successful development than the situation in which felt, but unreal, needs are foci of attention.
6. The optimal posture for a change agent to take regarding the top of the client system's power structure is one which complements it. Where that power structure pinnacle is directive and autocratic, he should be moderately counter-dependent; where it is weak-willed, indecisive, or "laissez-faire" in character, he should serve to augment its influence.
7. The level at which the change agent works (individual, group, or organizational) should match the level of the problem dealt with: inter-personal problems should be handled with those persons or in those groups concerned. Individual problems should ordinarily be handled on a one-to-one basis. Organizational problems should be handled in accordance with the structural and functional requirements of the organization.
8. The change agent's "style" (status and posture) should be determined by the degree of irrationality and resistance to change in the client system. Where the client system is quite irrational, rigid, and resistant, or where it is lacking in structure, purpose, energy and force, the change agent's style should be

that of the Direct Intervenor. Where the client system is moderately resistant and defensive, his style should be that of the Non-Directive Responder. Where the client system is open to change, rational, and reasonably flexible (but lacking in the necessary information, skills, or resources), his style should be that of an Indirect Structuror.

9. Impingement upon affective, behavioral, and cognitive modes should be sequenced according to the extent to which these modes are constraining to the client system, persons, and groups involved. The most constraining mode should be impinged first, the least constraining last.

10. T-group training will be most effective as an organizational development tool at intermediate levels of safety and transferability.

11. Organizational development programs will be more successful where they avoid attempting to change positions at the more axiological end of the affect dimension.

12. Organizations, like individuals, may be psychologically disturbed. The existence of a disturbance is inferred from the organization-environment fit. Where this disturbance is superficial and situationally induced or, alternatively, where it is so serious as to be hopeless, supportive therapy is in order. Where the disturbance is serious, but not totally bleak, reconstructive therapy is in order.

13. Behavioral skills may be gained by reinforced practice. Their acquisition is therefore a problem to be handled in learning

theory terms. As a subset of the learning paradigm, behavioral skills may also in part be acquired through imitative procedures which make use of vicarious (as well as direct) reinforcement. Behaviors supportive of the change program may also be inhibited by imitative processes.

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