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The Organization as a Person: Analogues for Intervention

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ABSTRACT

Attempting to understand an organization as though it were a person can offer insights into how organizations grow, develop, prosper, falter, and regenerate or decline. Several analogues are offered to be used as an addition to a consultant's approach in determining what is right and wrong with an organization in planning an appropriate intervention, if needed. The author suggests that a clinical sociologist has a role in promoting the health of organizations and in preventing problems, as well as in intervening to solve problems.

Every organization, large or small, complex or simple, is "person-like"; it has a life history, life cycle, and personality. It experiences life events and crises, adapts to change and to stress, interacts and may merge with other organizations, and experiences various degrees of health throughout its life. Although an organization is a collection of individuals, each of whom possesses unique characteristics, it is more than a blending together of the personal attributes of its members. Each organization has developed its own vision, mission, and structure, which gives it a unique personality. An established organization tends to recruit and retain members who "fit in" with its vision, mission, and structure. In healthy, productive organizations, the organization's leaders and its members reinforce each other's beliefs and behavior in their mutual pursuit of the organization's goals and objectives. Members help maintain an organization's unique culture and quality of life

and influence its state of health.

Organizations vary in purpose, size, complexity, and in many other factors. It is the author's premise that attempting to understand an organization as if it were a person can offer insights into how organizations grow, develop, prosper, falter, and regenerate or decline.

Clinical sociologists are often asked to be consultants to organizations, usually when they are in trouble, and, usually from the perspective of the total organization, its sub-systems, or groups. Sociologists are not inclined to focus on either individuals or the characteristics attributed to individuals. However, while this paper is not an appeal to study individuals in an organization, the author suggests that the process of diagnosis, treatment, and rehabilitation of organizations could be strengthened if some analogies appropriate to persons are used in consulting with organizations. Several analogues are offered to assist clinical sociologists to assess more effectively the lives of organizations. They are offered, not as a template or only source of information for consulting with organizations, but as an additional layer of insight to enhance whatever approach a consultant may use to determine what is right and wrong with an organization and to plan an appropriate intervention, if needed.

1. *Organizations have boundaries.*

Wilber (1981) points out that boundaries are illusions, products not of reality, but of the way we map and edit reality. People are always trying to bound their lives, their experiences, and their realities. Therefore, every boundary line is a potential battle line. As Milgram (1970) points out, all of us have cognitive maps of our environment; how we cope depends a great deal on what we perceive to be our options. These options are determined, in large part, by the boundaries we perceive in governing our behavior. When boundaries become blurred, adaptation becomes difficult because choices or options are unclear.

The development of boundaries or territories is greatly influenced by the individual's or organization's social system and traditions. Some inherited traditions have lost their functions, but still have power to define territories such as gender, ethnic differences, social class, and economic advantage. Our boundary beliefs help to shape our values and the ways in which we view the world. Sometimes we become fixed in our paradigms and are unwilling to change. Sometimes boundaries we have learned are powerful enough to persist in defining our beliefs and behavior, e.g., beliefs that ethnic minorities do not do well in school or that girls cannot learn complicated mathematics.

Schaef and Fassel (1988) point out that organizations, like individuals can become addicted to power and control. Organizations that have become addicted to their paradigms no longer are responsive to the needs of the clients they propose to serve. Addictive organizations often become more rigid and defensive when criticized and fortify their boundaries. On the other hand, as

Hamel and Prahalad (1994) point out, many business and industrial organizations have redrawn boundaries and transformed themselves to remain competitive in a changing market.

Stacey (1992) discusses the need for a new mind-set in managing boundaries in the future organization. He notes that most leaders and managers in organizations seek cohesion, stability, and predictability. Stacey argues that there must be some degree of chaos in organizations to provide opportunities for creativity and innovation. Strategic thinking and continuous contention help to confront an open-ended and often unpredictable future in organizations. Leaders and managers are challenged, working in a dynamic systems model, to develop a new understanding of control and the appropriate uses of power. They must often manage boundary conditions in a way that pushes the organization into areas of disequilibrium in order to plan new strategic directions. Boundary management must be unstable enough to provoke new learning, but not so unstable that it destroys the organization.

As organizations change, their boundaries need to be re-negotiated. This does not happen easily or rapidly, as studies of mergers have indicated. An organization's responses and its members' reactions to suggestions of re-energizing will indicate its degree of receptivity to change and the permeability of its boundaries (Deal and Jenkins 1994). An organization with relatively impermeable boundaries tends to be rigid and overcontrolled, while an organization with extremely permeable boundaries is chaotic and disorganized. Alderfer (1976) refers to these two extremes as "overbounded" and "underbounded" systems and lists several characteristics that they share: 1) problems with authority; 2) performance limited by role definitions; 3) problems in managing human energy; 4) communication problems; and 5) confrontation with certain life span issues. Underbounded systems face issues of survival; overbounded systems lose their ability to adapt.

Schneider (1991) points out several issues and paradoxes that need to be addressed when intervening to change boundaries:

- strong boundaries incur the risk of reduced integration, while strong pressures for integration threaten boundaries,
- for some organizational members, boundaries serve as a safety net and a way to define their importance in the organization; boundary change needs to address the needs of individuals and their adjustments to change,
- organizations are now being viewed as networks, rather than hierarchies; these networks can span space, cultures, and value systems, and consequently, a diverse membership,
- boundaries need to be managed but boundary managers need some degree of autonomy and control, as do individual members of organizations,

- boundaries are fixed only in people's minds; they are not permanent features of organizations, therefore boundary change requires changes in individual's perceptions.

Clinical sociologists who are consultants to organizations need to assess boundaries; how they are perceived and managed (Bruhn, Levine, and Levine 1993; Schneider 1991; Hirschhorn 1988). Perceptions of boundaries can be measured separately (Hartmann 1991), but a total assessment of the health of an organization requires an assessment, individually and collectively, of the analogues discussed here.

2. *Organizations have networks, linkages, and connections.*

Hamel and Prahalad (1994) have said, "strategic architecture does not last forever." Organizations of all kinds and sizes are affected by change, but none more so than business and industry. Hamel and Prahalad (1994) describe what Hewlett-Packard (HP) did to link their three autonomous sectors -- computer systems, computer products, and tests and measurement -- to better position themselves to address opportunities at the juncture of these three capabilities. Hewlett-Packard reconceived its sense of identity as $HP=MC^2$-- where M stands for measurement, and the two C's stand for computing and communication. The new goal of HP was to identify new opportunities that would draw on the full range of HP competencies. HP overhauled one of the company's oldest divisions, and renamed it. Contracts cut across the business unit boundaries that traditionally defined and limited HP's view of its opportunities. HP also formed a cross-sectoral telecommunications committee to work for and coordinate HP's "cut-across" opportunities to develop innovative new products for telecommunication clients.

Linkages and connections between companies and organizations now extend world-wide as intercorporate competition for competitive advantage becomes more keen. It is becoming more common, therefore, for an organizational consultant to address organizational problems and issues across several social systems.

It is tempting to believe that interventions can be targeted and their effects contained, but when organizations are tied to other organizations, they are confronted with change through network alliances which are very broad targets for interventions. Boundaries within and between organizations may become blurred, and therefore, the target for intervention may become blurred. However targeted an intervention may be, its effects cannot be completely contained. The greater the need to work across boundaries, for example in health care teams, the greater the need to manage both the boundaries and the team members (Bruhn, Levine, and Levine 1993). Managing boundaries is a dynamic process. Therefore, an intervention must be dynamic, repeated and reinforced. One challenge of intervention is that both the object of intervention and the intervenor are in constant flux.

Intervention can be severely limited or self-defeating if only one segment of a team, linkage, or connection is targeted. The nature of the relationship of a targeted organization to its partners may set up a situation where a larger network intervention would be best if change is to occur. Often, repeated iterations of an intervention are needed to make an impact in networked organizations. However, network interventions, because of their scope, can destabilize the entire network and often can have unplanned effects that cause new problems between organizations in the network. When interventions are repeated and reinforced, the challenge is to keep conditions as stable as they previously were; this is unrealistic if we view the world as being in constant flux. Trade-offs regarding scientific rigor sometimes have to be made by intervenors.

Clinical sociologists who are consultants to organizations need to assess the need for, and impact of, possible interventions in an organization with many geographic locations, some of which may be in areas where people are members of other cultures. Interventions in organizations spanning cultures and languages will require a level of preparation and follow-up heretofore rarely encountered, except perhaps in the military. Indeed, interventions in networked organizations are seldom single changes that can be easily monitored. The rapidity of change, and the need for some organizations to remain competitive, often requires that several interventions are created at the same time. Therefore, it is not easy to identify and assess the effects of interventions in networked organizations. The intervenor is often a team which must be vigilant to insure that the probable effects of change are planned, implemented and directed so that they are not counterproductive. As with change in the lives of individuals, all effects cannot be anticipated and controlled to insure a positive outcome.

3. *Organizations have life cycles.*

All organizations, like individuals, have a life cycle or are involved in a series of phases or stages of development from life to death. Not all organizations eventually die or cease to exist, many are merged or re-invented so they do not exist in their prior form. At any rate, it is important for an organizational consultant to know at what stage of the life cycle the organization is at the time of consultation. An organization that is struggling with its identity after only a year or two of existence will present a different challenge than an organization that is struggling to form a new identity after years of existence. Organizations, like individuals, have different life experiences, resources, support systems, etc., at different points in their history. Interventions must be attuned to the unique needs and circumstances that are present at different points in a life cycle. For example, an intervention to prohibit smoking in a newly formed organization will differ from an intervention to abolish smoking in a 50 year old organization.

It is often assumed that organizations want to grow larger, become more competitive and powerful, and embrace change in order to do so. An organization may have made a decision, knowingly or unknowingly, not to grow larger. Or, the organization may have become overwhelmed by its problems and solutions and become stagnant. Intervention is not always welcome, and it cannot always be assumed that an organization needs or wants to progress, i.e., become more "mature," in its life cycle. A "young" advocacy organization, for example, may resist efforts by members and outsiders to temper its activities as it ages. Intervention triggers change and disrupts the natural progression of a life cycle; therefore, change may be resisted. It may be sufficient to reinforce choices and point out the consequent limitations of those choices instead of proposing an intervention. Unlike that of individuals, the cause of an organization's eventual demise is not its age; an organization expires when it no longer meets the needs of its members because its leaders made poor choices and/or were unable to plan for and implement the appropriate intervention to move the organization along its life cycle.

Greiner (1972) maintains that organizations move through five phases of evolution or development, each of which ends with a management crisis. Each phase is both an effect of the previous phase and a cause for the next phase. The principle implication of each phase is that management actions are narrowly prescribed if growth is to occur. For example, an organization experiencing an identity crisis in Phase 2 cannot return to Phase 1 for a solution, rather it must adopt a new management style in order to move ahead.

The first or birth phase in an organization's development is creativity. The first critical developmental choice is the selection of a strong leader who is acceptable to the members and who can pull the organization together.

The second phase is direction. A crisis is imminent if there is no move to delegate and permit members to make decisions. Many organizations flounder at this stage between centralization and responsible delegation.

The third phase is delegation. The delegation phase proves useful in heightening members' motivation. However, leaders who sense that they have given up some control may attempt to regain total control rather than exercise it through coordination.

The fourth phase is coordination. Coordination is important, especially in organizations with limited resources. It is important that procedures do not take precedence over problem-solving; otherwise, innovation will be dampened and a "watchdog" atmosphere will prevail in the organization.

The final phase is collaboration. This phase emphasizes greater spontaneity in management through teams and flexible approaches. Phase five enables organizational members to grow and to rest, reflect, and revitalize themselves.

As Greiner (1972) points out, the component parts of every organization

are at a different stage of development. The task is to be aware of these stages so the wrong solution to problems is not imposed. Greiner also points out that solutions breed new problems and that an awareness of this could determine whether or not an organization chooses to grow. Interventions should not only address problems at one stage of development, but anticipate issues and problems for future stages of development.

Quinn and Cameron (1983) believe that organizations become either more or less effective as they progress through their life cycles. For example, societal and legal pressures forced international men's civic clubs e.g., Rotary, to admit women, but in some countries e.g., Mexico, women have had to form separate clubs within the same international organization. The receptivity to the admission of women, for example to Rotary Clubs, varies greatly by the "age" of the club and its members and its geographic and cultural location. External pressures can assist in moving organizations developmentally in their life cycle.

Tichy (1980) prefers to think of organizations as continually coping with three types of uncertainty rather than the more predictable stages of development, e.g., infancy, adolescence, adulthood, etc. Tichy states that organizations continually cope with three types of uncertainty: technical, political, and cultural. These uncertainties emerge with differing predominance and in no particular order in an organization's life. Because organizations are dynamic, none of these uncertainties are fully resolved nor is a balance achieved among them, but the ability to predict uncertainty and to guide it, is essential in keeping an organization vibrant and growing.

The key element linking developmental thinking and the view of uncertainties espoused by Tichy, is change, and the ability of organizations to anticipate, plan, and adapt to change. The ability to adapt is enhanced by experience, hence it might be assumed that older, more experienced organizations might be more receptive to change. This is not so, and herein lies the challenge to the skills and insights of the intervenor. While parallel indicators assist an organizational consultant to determine what stage of the life cycle an organization is in, it is important that such a categorization not predetermine the type and method of intervention that is planned.

4. *Organizations have a self-concept.*

Self-concept is the way we see ourselves. Self-concept embraces values, beliefs, competencies, and goals. Organizations attempt to maintain their self-concept by engaging in behaviors that are consistent with their perceived values, beliefs, competencies, and goals. Self-concept encompasses assumptions about strengths and weaknesses, possibilities for growth, and explicit patterns of behavior and experiences.

A self-concept is open to influence by the views others have derived on the basis of direct or vicarious experiences. On the other hand, individuals

and organizations project the attributes and qualities they want others to see and experience. Self-concept and identity are interrelated. We project what we think of ourselves by what we do and say. So it is with organizations. An organization may have problems and may have little power, influence, and creditability in a community because of the low self-concept projected by its members or the weak presentation of its mission.

A long-standing ethnic organization in a capital city had a succession of directors. Each director had his/her own program priorities and with few staff or resources, little was accomplished. Nonetheless, the organization had an elaborate annual banquet for leading citizens who endorsed the vision, mission, and accomplishments of the organization. Individuals and other organizations who paid membership dues saw no major progress resulting from their financial contributions. The annual banquet was attended largely by members of one ethnic group and attendance from the larger community declined. The poor self-concept of the organization was confirmed and reinforced by inattendance to its internal problems, loss of donors, and decreasing attendance at the annual meeting.

Interventions of any type will directly involve an organization's self-concept. No one likes to admit to a low self-concept. Schaef and Fassel (1988) point out that addictive organizations, like addictive individuals, want to control the way in which they are seen by others. This is usually accomplished by impression management through a host of processes involving denial and dishonesty, isolation, self-centeredness, judgmentalism, perfectionism, setting up sides, manipulation, and so forth. Organizations, like individuals with low self-concepts, hurt internally. The consultant clinical sociologist needs carefully to explore the many facets of self-concept before suggesting an intervention.

5. *Organizations have unique histories and languages.*

Lyth (1991) points out that organizations have an unusual capacity for sustaining their characteristics over long periods of time. Organizations tend to perpetuate their successes, and sometimes their failures. Traditions are more important in some organizations than others. There usually are formal and informal ways of socializing new members into an organization, as well as established ways to acknowledge the longevity and service of long-time members. Indeed, it is relatively easy to learn the explicit customs and traditions of an organization; often it is the less explicit ways of thinking and behaving that provide clues to some of the organization's current problems, especially resistance to change.

Schein (1992) notes that it is important to examine the "language" of an organization in its total context. He points out that although we often may assume that we have learned the language of another country, its true meaning is embedded in context. Schein refers to Hall's (1977) discourse on the

importance of personal space and people's perception of it in understanding the "language" of an organization. Hall notes that what people do and say is part of a communication system, not all of which is observable or explicit. People's "language" (or use of space) is an elaboration of their culture, what Hall calls "infraculture." It is important for intervenors to gain insight into an organization's infraculture in assessing that organization's health, and any need for culturally appropriate interventions.

6. *Organizations have a health status.*

Organizations, like individuals, fall sick in various ways, to various degrees, and at various times during their life cycles. Some bouts of unhealthiness in individuals do not need intervention by others, while other situations may require hospitalization and rehabilitation. So it is with organizations.

Organizations strive to maintain a balance between deficits and excesses, between stability and disruption, and between positive and negative forces. Imbalance in an organization can make it dysfunctional. The struggle for equilibrium is continuous in the life of a vibrant, growing and productive organization. An organization does not reach or maintain equilibrium for long. Like rubber bands that are expanded and contracted, organizations change as forces within and without act upon them.

Determining the state of an organization's health is an interpretive, subjective process that requires an examination of several dimensions, including values, managerial culture, heroes, myths, taboos, rituals, and cultural symbols (Bowditch and Buono 1994). There are no quantitative scales or indices to measure the health of organizations, but Harrison (1994) has offered models and suggested methods for diagnosing the health of organizations. Several authors have pointed out factors contributing to an organization's health. Lyth (1991) stated that productivity and morale are obvious, simple measures of health. Bruhn (1994) stressed the importance of trust, delegation, and empowerment as essential to organizational health. Schaef and Fassel (1988) pointed out that organizations themselves can become an addictive substance, promoting and rewarding workaholism.

Kets de Vries and Miller (1984) describe five types of dysfunctional organizations. Although dysfunctional organizations can be successful by maintaining their equilibrium and even seeking leaders to help perpetuate their organizational culture, they are not healthy. Interventions to alter dysfunction in these organizations may be variously received depending on the organization's leadership, but almost all of the types of dysfunctional organizations described here would resist intervention and impede its success in some way. *Paranoid organizations* have a good knowledge of threats and opportunities inside and outside themselves, but they are characterized by a lack of trust, insecurity, and centralization of power. *Compulsive*

organizations are characterized by elaborate planning and routine. Formal controls on information and activities ensure that the organization is operating properly. Operations are standardized, there are formal policies, and the organization is very hierarchical. The *dramatic organization* is hyperactive, impulsive, bold, and risk taking. Decision-making is often unreflective and based on intuition rather than data. The *depressive organization*, at the other extreme of the dramatic organization, is inactive, extremely conservative, and lacks confidence. Most depressive organizations are stable and resist change. They are very bureaucratic, yet often have leadership vacuums and an internal focus. They are characterized by low morale, a sense of purposelessness, and a lack of meaningful change. The *schizoid organization*, like the depressive one, is characterized by a leadership vacuum. Its top executive discourages interaction because of a fear of involvement. Power is dispersed to the second level of the organization where there is little collaboration or communication.

Kets de Vries (1995) points out that many problems in organizations are insidious and not susceptible to quick-fix interventions. Leaders are often the reason for nonproductivity or instability in organizations. Leaders may be selected to confirm and maintain an unhealthy culture, or may find that they are unable to institute changes to make the culture healthier. Intervenors, therefore, must consider what is "normal" for an organization. It may be impossible to intervene in some organizations, either because they are too sick or because they are too healthy. Healthy organizations may resent intervention to fix a problem that members feel they can solve themselves. Sick organizations may not recognize the need for help or may have given up and become reconciled to their situation. Indeed, organizations have their own "survival threshold" or tolerance level for craziness. When leaders are reluctant to ask for help because they fear a loss of control or damaged ego, members usually find ways to make their environment more tolerable.

Ouchi (1980) says that to a lesser or greater extent, all organizations are in a state of at least partial failure. Organizations fail under a variety of circumstances: when members are placed in a dependent state that denies them the possibility of success, when there is a lack of trust among members, when positions in the organization are overly specialized and impersonal, or when there is an obsession with control. On the other hand, organizations seem to be healthier when their members are able to release energy and creativity, when members can pursue internal objectives and maintain some degree of independence, and when members are trusted.

According to Adizes (1979), when organizations reach their "prime or peak stage," there may be no need for treatment or intervention. However, the challenge to remain prime requires measures to prevent decline. There is a continual need for planning, changing aspirations, and strengthening teamwork in organizations so they do not become complacent with their

achievements and satisfactions. Leaders in an organization need to keep in touch with the spirit and the soul of their organization so that the organization and leader stay "in tune" with each other (Bolman and Deal 1995). Sometimes, the appropriate intervention for an organization is the selection of a new leader, or new linkages to renew its spirit and revive its soul.

Organizations have processes to assist them in surviving negative insults. Handy (1993) points out that organizations are comprised of people, and it is people that provide resiliency to organizations. If it is not only to survive change but to thrive on it, an organization must institute programs that anticipate change. The fact that an organization has reached its prime does not make it immune from change: indeed, it will have to work hard to remain in its prime state. Programs for maintaining an organization's good health might include educating people, keeping them informed about planned change, retraining, crisis management, support groups, and permitting people to participate in decision-making (Rosen 1991).

Sick organizations, like sick individuals, may not perceive themselves as needing help. Uninvited intervention is doomed to fail and often exacerbates illness. Intervention in sick organizations, when invited, usually needs to be preceded by a thorough "history and physical" to decide whether the illness is acute or chronic and its prognosis, with or without intervention. Organizational health is never static; some illnesses may resolve themselves with time, while others may lead to an organization's decline and death.

7. *Organizations have social defenses.*

Hirschhorn (1988) states that social defenses protect people from anxiety. Every organization creates certain social defenses that fit its particular history and the personality of its leaders. Bureaucracy, ritualization, depersonalizing work relationships, encouraging and rewarding workaholism, and using procedures and paper controls as a substitute for trust can be social defenses (Hirschhorn 1988; Diamond 1991). While structure can help reduce anxiety, it can also increase anxiety among organizational members who value autonomy, flexibility, innovation, and creativity. Hence, either extreme of "structuredness" can produce various degrees of anxiety in some organizational members.

Diamond (1991) points out that group membership has its values and dilemmas; an individual gives up a certain amount of independence and identity for membership and affiliation in an organization. Like individuals, organizations can become regressive and defensive if their goals and objectives are thwarted. Casting external blame, practicing denial, disclaiming responsibility, and defensively overstructuring themselves are ways organizations cope with threats to their integrity.

Intervention, which further threatens an organization or the groups within it, may be met with emotionally unhealthy responses. Thus, it is important to

involve organizational members in all phases of a planned intervention including soliciting their input into whether or not an intervention is needed, and if so, exploring with them what type, their involvement in implementing it, and possible effects of the intervention.

8. *Organizations experience crises.*

Many organizational crises are the result of mismanaged change (Rosen 1991) or actions taken on the basis of faulty perceptions (Schein 1992). Internal crises can reveal a lot about an organization's culture and leadership. Crises that are external to the organization, depending upon their nature and how they are managed, can precipitate internal crises. On the other hand, threats may help to unite organizations.

When outside intervention is sought for an organizational crisis, it would appear that the leadership is unable to effectively handle the disruption, the crisis is large scale, the members are inexperienced in coping with crises, the infrastructure is incapable of coping with the crisis, or the crisis has gone on for so long and morale is so low that outside help is needed. The organizational consultant must be particularly sensitive to historical and life cycle issues in assessing organizational crises. Crises are part of every organization's past and present; how an organization survived previous crises often provides valuable clues for resolving the present one. Resolving a crisis will not insure that the organization will stabilize or learn how to resolve future crises. Some organizations thrive on living from crisis to crisis and do not need intervention or may need outside intervention only with particular types of crises.

Increasingly, academic organizations are utilizing the expertise of behavioral scientists within their ranks to mediate conflicts in departments. Most institutional equity, affirmative action, and human resource officers serve as mediators of personnel grievances in large organizations. The size and resources of an organization will influence whether the assistance of an outsider is feasible. Organizations need to develop a variety of personal and professional growth programs to prevent crises. If an organization is proactive, it is likely it has the knowledge and resources to intervene to solve its problems without outside intervention.

9. *Organizations resist change.*

Organizations, like individuals, differ in their attitudes and behavior toward change. Judson (1991) points out that to develop appropriate plans for minimizing resistance to change, leaders and managers must be able to anticipate the reactions of those about to be affected by the change. Furthermore, to implement change, leaders and managers must understand which factors they can influence most and where and how to direct their efforts. Judson describes how to use a checklist and balance sheet to estimate and plan how to minimize resistant feelings or attitudes.

Many forces influence resistance to change, but two aspects of resistance can be managed: 1) the extent to which people are apprehensive about the change; and 2) the way in which the change is introduced and implemented. Resistance is usually a symptom of a basic problem underlying the particular situation. Resistance by an individual reflects a complexity of factors, such as the influence of family and friends, previous experience, distrust, etc. Similarly, resistance in an organization can be caused or intensified by experiences which may not directly be attributed to the nature of the current change confronting individual members. For planned change to be successful, resistance must be minimized and acceptance maximized; a window of optimal timing for the occurrence of an intervention must be created.

The way in which an intervention is introduced and implemented also is manageable. It may be thought the proposed change, if introduced quickly and in a matter-of-fact fashion (e.g., by memo), will be less painful. However, nothing substitutes for the dignity and humanity of frequent face-to-face contact with the organization members who will be affected by an intervention. Members who become partners in making change happen usually will try to make it effective and will advocate the change among their peers.

10. *Organizations have optimal opportunities for intervention.*

Figure 1 depicts the dynamic relationships between the forces of resistance and the acceptance of change among select members of an organization and its total membership. The cyclical relationship between the forces of resistance and acceptance is in continual motion among all the members of an organization faced with change due to intervention. Times or periods of balance or readiness to accept change in this cycle can be referred to as "windows of optimal intervention." These time periods are similar to what Lewin (1958) referred to as "unfreezing." He believed that once behavior (or resistance) had been unfrozen, new learning could occur. It is natural for organizations and their members to resist change and for organizations to go through a phase of disequilibrium while "unfreezing" their resistive behavior. In individual psychotherapy, it is often said that one has to get sicker in order to get better. The skill of the therapist or, in this case, the organizational consultant in managing the process of change usually influences the length of the period of disequilibrium or unfreezing. Organizational consultants, who are under contract, sometimes leave their clients before an intervention is underway or completed. Therefore, the leadership of the organization must guide and monitor intervention and change. It is important that interventions be followed once they are implemented, as interventions often create new disruptions or problems; hence, the cycle of change in organizations is never inactive. Windows of optimal intervention exist in life cycles of individuals and organizations;

although there are many such windows throughout a life cycle, the perceived opportunity must be in synchrony with a readiness to change on the part of the organizational leaders and members. Sometimes a window of optimal intervention will need to be created or encouraged, or the dysychrony between leaders and members resolved.

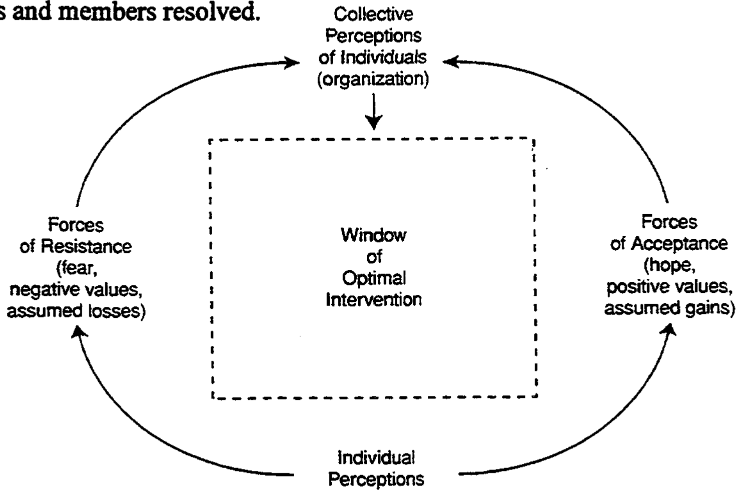

Figure 1. Window of Optimal Intervention to Effect Organizational Change

There are a variety of opportunities for change in organizations. Some are part of the life of organizations, e.g., new budget cycles, downsizing (rightsizing), new leadership, strategic planning cycles, turnover or retirements of employees; some are imposed by external events, e.g., new, competing organizations, catastrophes, hostile takeovers, mergers. Windows of opportunity for change may be avoided by organizational leaders who feel threatened by change. Leaders often like "measured or controlled change" in which they can determine or limit the extent and outcome of change. However, leaders can become blind to a readiness for change in their own organization, i.e., members may be more ready for change than the leadership. Often, members of an organization precipitate the call for a consultant. Organizational consultants often point out to leaders and members what they already know; however, outside consultants have the advantage of creating confrontation in an atmosphere of problem-solving. Crises are windows of opportunities for change, that is why crises in organizations should not be denied, avoided or minimized, but viewed as opportunities to enhance and revitalize the total organization.

Judson (1991) points out there is no standard approach for making organizational changes. Each organization and each window of optimal intervention is unique. General steps to help leaders and consultants carry out

an intervention or change should include: 1) analyzing and planning the change, especially determining who is accountable and responsible for seeing the change through; 2) communicating with organization members about the change(s); 3) gaining acceptance of the required change(s); 4) varying the period of transition from the present to the new situation; and 5) once the transition is completed, providing for a period of consolidation and follow-up.

Organizations, like persons, react differently to change, but rarely is there no resistance to change, even when members acknowledge its need. Members of an organization tend to expect that only others in the organization will experience change, somehow they will escape its effects. Support, encouragement, and assurances are needed from organizational leaders before, during, and following interventions. Reactions to interventions by organization members will change as the process proceeds and after it is completed. It is important for consultants to follow their clients for a period of time after they have left the organization, so that they may assess the long-term effects of the changes caused by interventions.

Operationalizing the Analogies

How can the analogues presented here be used in the diagnosis, treatment, and rehabilitation of organizations that ask for help? It can be assumed that the ultimate goal of the consultant is to assist organizations in understanding, and possibly changing patterns of behavior that the organization has labeled problematic and thereby improve the functioning of the organization.

The first step in the client-consultant relationship is to establish the nature of the problem, that is, develop a diagnosis. The analogue "organizations have life cycles" can be key in this process. (See Table 1 for an example of how this analogue can be operationalized.) Similar to the experience in families, organizations move through time vertically and horizontally (Brown 1991). Symptoms often represent life cycle transitions or disruptions, i.e., change in leadership, turnover in members, pressures or competition from other organizations. The analogue "organizations have boundaries" is also key to the diagnostic stage as boundary issues between organization members relates to the organization's ability to perform and complete life cycle tasks. Changes in membership in the organization can disrupt both relationships and boundaries. A third analogy "organizations have networks, linkages and connections" is important in the diagnostic phase. Organizational problems may be precipitated by external forces, perceived or real, impinging on the organization. The extent, nature, and history of the networks and linkages of an organization can reveal much about its degree of isolation/involvement and past behavior with respect to compatible and competing organizations. A fourth analogy is, "organizations have a health status." This relates to how the organization has functioned in the past compared to the present. What are the

strengths and weaknesses of the organization as perceived by the major constituencies? Using information from the above four analogues it is possible to establish a working diagnosis of the organization. Of course, these qualitative data will supplement other data that might be obtained through records, clients, instruments, and direct interviews.

TABLE 1
OPERATIONALIZING THE LIFE CYCLE ANALOGY: AN EXAMPLE

Diagnosis:

1. What is the chronological age of the organization?
2. What are the perceptions of the current developmental stage of the organization by leaders, members, and outsiders who have links with the organization?
3. What do organizational leaders see as the next stage or phase of development for the organization and the issues to be dealt with? Is there consensus?
4. What do leaders, members, and outsiders see as problems of the organization with respect to its current functioning and progress?
5. What are the current tasks before the organization? e.g., developing a firm identity, demands and expectations of the organization exceed its capacity to meet these demands and expectations, organization needs a new mission, etc.
6. Do the issues related to the organization's developmental stages or phases give clues to the major problems of the organization at this point in time? e.g., members leaving because the organization has lost its focus or purpose, turnover in leadership has created a directionless organization, the organization has stopped growing in membership, or has become too large with too many agendas.
7. How does the developmental stage of the organization relate to its organizational structure, the decision-making and power structure, and role relationships? e.g., are members empowered? who makes decisions?

Intervention:

1. What type and method of intervention would be appropriate and possibly effective at this stage of the organization's life cycle?
2. What are the expected outcomes (effects) of the intervention (positive and negative)?
3. Who should be involved in the intervention?
4. What are the plans for follow-up?
5. How will the intervention affect the progression of the organization along its life cycle? Will learning occur with respect to future problem-solving?

Rehabilitation:

1. Has there been organizational learning with respect to anticipating and preventing problems? Have organizational members more insight into how to cope with the same and related problems?
2. Have leaders and members learned about the positive and negative factors that relate to its growth and development?
3. What are the leaders' and members' plans to promote healthy growth and development?
4. Have communication patterns in the organization changed? Attitudes toward change? Aspirations for the organization?
5. What is the prognosis for the organization?

The second step is the treatment or intervention phase, if indeed, intervention is warranted. To assist in determining a context for the intervention, the analogue "organizations have a self-concept" is relevant. It is important to ascertain the image of the organization and where members and leaders see their strengths and weaknesses. In this respect, it is important to ascertain a "readiness" to change and expectations from an intervention. Another analogy that can be helpful at this stage is "organizations have unique histories and languages." It is important to find out the previous experience of the organization with change and interventions and determine the extent of support for the current consultant's assistance. Another useful analogy is "organizations have social defenses." It is important to know who asked for help, what has been the previous history of the organization in asking for outside help, and which constituents of the organization are opposed and which are supportive of outside intervention. The organization's social defenses will be key in determining what, how, and when interventions could or should be implemented and sources of support and resistance for them. The analogy "organizations resist change" can stimulate questions that will reveal the possibilities of success or failure of any intervention.

The third step is rehabilitation. Organizations asking for help expect some improvement in their situation. This may or may not be possible. Indeed, as the analogy "organizations experience crises" may reveal, the current problems may be due to a crisis in organizational leadership. How the organization has coped with leaders, their selection, turnover, and styles will help to determine what can be done to resolve current problems. The current crisis may not be leadership, but a failure to develop a current vision, mission, or set of goals. Or the crisis may be an accumulation of past unsolved problems. Another analogy that will be useful here is "organizations have optimal opportunities for intervention." As Figure 1 illustrates the time must be right for the organization to act on its own behalf to solve its problems. As Brown (1991) points out, an optimal opportunity arises when the client accepts responsibility and accountability for actions. This responsibility and accountability on the part of leaders and members of the organization must extend beyond the current problems.

Treatment or intervention is a process. There is always a question of how much information should be gathered in a consultantship. The issue perhaps should be not how much, but how the information that is gathered is weaved. As Brown (1991) notes, an intervenor is a "weaver of tapestry." The ten analogues presented here represent a sampling of what can be learned about organizations by using the individual as a format.

The Clinical Sociologist and Organizational Health

The emphasis of this paper has been on the use of analogues to gain

additional insight into the diagnosis, treatment and rehabilitation of organizations, and the type and timing of appropriate interventions to create positive change in organizations. Most organizations do not become sick enough to warrant the services of a consultant. Most organizations are relatively healthy and have processes in place to prevent sickness and if it does occur, can maintain their equilibrium. Clinical sociologists have a role in the prevention of sickness in organizations. They have some knowledge of what keeps organizations healthy. The values at the heart of a healthy organization enable it to continuously grow, evolve, and renew itself, reinforcing what is productive and sloughing off the unhealthy (Rosen 1991).

Healthy organizations have a strong commitment to the self-knowledge and development of its members, a firm belief in decency, a respect for individual differences, a spirit of partnership, a high priority for health and well-being, an appreciation for flexibility and resilience, and a clear mission and plan of action (Rosen 1991). Healthy persons have been described as self-actualizing, rational thinkers, capable of effective communication, creativity, living in the here and now, the ability to live in dialogue with others, and to satisfy their needs as they grow (Jourard 1974). There are parallels between what keeps individuals and organizations healthy.

When organizations, like individuals, become unhealthy and need study and intervention by outsiders, the nature of the diagnostic processes for individuals and organizations involves both qualitative and quantitative data, yet ultimately the consultant must interpret these data in order to arrive at an intervention. This is where the value of the proposed analogues comes in. Interventions are impositions and disturbances introduced into a dynamic system. Therefore, information about the processes of the system at a given point in time, e.g., life cycle, boundaries, self-concept, can influence whether an intervention is appropriate and suggest its effect. As Levinson (1991) suggests, it is important to understand how an organization functions cohesively and effectively as well as when it is disjointed, where it fails, where it errs and where it dissipates energy. Kets de Vries (1991) makes a cogent summary statement, "In studying organizations we can interpret their 'texts'. The 'text' is what gives clues to what life in that organization is all about." The analogues offered here provide avenues for "textual analysis" in deciding upon the need for, type, method, and timing of an organizational intervention.

We learn about organizations by gaining a better understanding of their members and we learn about individuals through the organizations to which they belong. It seems appropriate, therefore, that what organizations and individuals share should be used to help us better understand their analogues.

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