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BACK TO THE FUTURE: RECAPTURING THE OD VISION

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Abstract: The purpose of this paper is to restate what I believe to have been the essence of the OD vision when, in the early 1950's, this concept was first developed. I believe that this vision has been altered, possibly corrupted, by a number of technological, economic, and cultural forces, and that it is time to restate what OD can and should stand for.

This paper was motivated by two forces. The invitation to contribute to this volume was the initial one; the arrival of a questionnaire from a colleague wishing to do research on OD is the real one. To be more specific, six months ago I received a questionnaire from a colleague who wished to evaluate various aspects of OD. It was designed to make my task fairly simple in that I had only to check which of a number of "techniques" I used in my work as a consultant, and to evaluate what I thought the effectiveness of each of these techniques was.
I was invited to participate in the research because of my many years of experience and my previous writing about OD. The cover letter said that the amalgamated results from a number of such experienced practitioners would tell us what OD these days consists of and how it is doing.

I found myself very impatient with this questionnaire but until the invitation to write this paper came, I did not really stop to analyze what my feelings were all about. What I then realized is that the source of my impatience and irritation was the very format of the questionnaire because it implied things about OD that I have never accepted and that reflect, in my view, a real corruption of what was originally a grand vision.

Specifically, the listing of approximately fifty different OD techniques such as "survey feedback," "managerial grid," "confrontation meeting," "sensing meeting," "team building," "process consultation," "organizational mirror," "open systems planning," "role analysis," "responsibility charting," and so on made me realize that I did not see OD as a set of techniques at all, but as a philosophy or attitude toward how one can best work with organizations.

By "philosophy" I mean a set of underlying assumptions about how things really work and how they ought to work. By an "attitude" I mean a predisposition to act in a certain way based on these assumptions. Such a philosophy or attitude toward working with human systems is explicitly articulated in my concept of "process consultation" (Schein, 1969, 1987a), and it is the attitude that makes specific techniques such as team building or
survey feedback effective, not the techniques themselves.

The focus on process rather than content reflects the assumption that how organizations work, how managers manage, how work is organized and carried out makes a crucial difference to the success of whatever it is that the organization or worker is doing. The great discovery underlying OD was that one could effectively intervene in work, group, and organizational processes without manipulating the content at all, and the group would become more effective.

The reason why this was so is that human systems develop not only their own beliefs, values, and ways of doing things that become entrenched and difficult to change, but that people have a need to solve their own problems. The great discovery of the early OD practitioners was that one of the best ways to intervene in human systems was to help them to help themselves, a concept that fitted well with other change theories, particularly those that emphasized "second order changes," "double loop learning," or "deutero-learning" (Bateson, 1972; Argyris & Schon, 1978).

In other words, the essence of OD was the underlying theory about the learning and change process, the philosophy and attitude that one had to figure out how to help the client system to help itself. The use of any given technique did not guarantee that it was being used with the right attitude or assumptions, hence the identification of OD with particular techniques implies from the outset a misunderstanding of what the "essence" of OD was, and, in my opinion should continue to be. This essence was
for many of us a new vision of how one could work with and improve human systems, but my fear is that such a vision and the attitude that it generated is being lost in the mass of technologies that today connote OD.

In the remainder of this paper I would like to 1) spell out some of my assumptions underlying this conclusion, 2) speculate on why the field of OD has drifted away from its original vision, and 3) propose how we might go about recapturing or even evolving this vision.

Reflections on the Past

My first exposure to OD occurred in the Bethel Human Relations Training Workshops in the mid to late 1950's. What I remember most clearly is that we were involved in "leadership training," by which we meant that the training group's ultimate purpose along with the lectures and large group exercises, was to teach leaders how to be better leaders, i.e. how to manage human systems more effectively.

The most dramatic learning for me was the discovery of group process, and the insight that such process could not only be analyzed and understood, but that one could intervene in process, and, thereby, make groups more effective. I also remember the painful side of this learning, that "intervention" did not mean "direction." In fact, what most of us who learned how to become "trainers" discovered is that the methods used by therapists, particularly those influenced by Rogerian non-directive methods, were far more effective as interventions than suggestions,
directions, and other forms of "active" leadership.

I remember vividly the universal question asked by every training group in the early stages of its life as a group: "Why don't you tell us what to do, Ed? You have run groups before and know what will work." I also remember that in most cases where I did make a suggestion or gave advice or directions that the group did not follow it. Our theory of how to intervene clearly needed to be modified, as therapists had already learned from their direct experience working with individuals or groups.

In my early consulting experiences the same kind of thing happened. I would be brought in to give advice and suggestions, only to find over and over again that the client did not really want that. If a group or larger system were involved, one could count on one part of the group to be dependent and wanting advice, while another part was counterdependent and would do everything in its power to subvert whatever suggestions were made, leading generally to a fruitless debate or conflict within the group. One also learned that if one allied oneself with the faction that was dependent, that wanted to take our advice, one would make matters worse because the client now was no longer the whole group or organization, but some faction within it.

We also learned how quickly groups and larger systems within organizations developed their own behavior patterns, norms, and basic underlying assumptions about themselves, about the world and about how to operate within it, what we called even then the group's "culture" (Schein, 1985). Thus training programs were deliberately placed in "cultural islands" in order to help
trainees to gain perspective on their back home culture. But, because people get very committed to their cultural assumptions, we realized that real changes in such assumptions required a high degree of motivation and involvement on the part of the trainees. One could not impose new assumptions on individuals or groups.

The accumulated learning from such experiences constitutes for me the essence of OD--that change in human systems will not come about without the active involvement of the members of the system who will undergo the change. The client system has to come to terms with its own culture and political processes, its ambivalence, the factions within it, and its conflicts and power struggles. The role of the OD consultant is to help make this happen, not to take sides or line up with those who are willing to take advice.

Lewin had articulated this well as "action research," the involvement of the subject in the research process itself (Lewin, 1948). The so-called "laboratory method of training" was based on the fundamental assumption that learning and change could only result from learner involvement (Bradford, et al, 1964; Schein & Bennis, 1965). The job of the trainer, teacher, leader was to create the conditions that would make such involvement optimally possible, and to act as a facilitator once the learning process was under way. This meant that one had to manage process, not content, and one had to learn how to be a catalyst in a field of forces that could not be predicted at the outset. Every group we ran was different and required different kinds of process innovations. In every group these innovations would result from
the joint efforts of the trainer/consultant and the group members.

We all had to learn what we meant by "process," how groups worked on things instead of the content of what they worked on. Two groups might be solving the same assigned problem, but one group would choose a chairman and adopt parliamentary procedures, while another group decided on a free-form brainstorming session. One group developed norms of politely giving every one a turn to talk, while another developed norms that legitimized interruptions and confrontive arguments among members. One group would meet until it was finished, while another set very clear time deadlines for each meeting. One group would develop a formal agenda and work its way through it, while another would bounce back and forth between periods of work and play.

The skill of the group trainer would be to "go with the flow," to observe processes carefully and to facilitatively intervene to make each group more effective in its own terms. We learned slowly that one could not impose "correct" processes on groups, but had to help each group to do its own best. If a group really needed to change its processes in a more fundamental way, the only way to accomplish that was to help the group to achieve this insight for itself. One could not force double-loop learning, one could only facilitate it.

Taking these insight into the organizational realm meant that 1) organizational processes had to be observed systematically, thus opening up new research areas, and 2) the assumption had to be made that every client system and situation
would be different and the crucial skill of the OD consultant would be his or her capacity to intervene innovatively and facilitatively around whatever issues might arise.

For many readers I will undoubtedly have stated the obvious, and many OD practitioners agree and believe themselves to be operating precisely from such assumptions. But, unfortunately, for many others what OD has become today is a "technology of change" that consists of the application of specific tools and programs, that is imposed from the top with the help of consultants, and that pays only lip service to client involvement.

For example, in conducting a survey-feedback intervention how many OD practitioners today will actually go through the process of developing the questionnaire with the help of participants? How many such practitioners would actually abandon doing the survey if they discovered in their early interviews that it might not be the right intervention after all? Having convinced the client that a survey would be useful, would not many of them find it easier to take a previously standardized one off the shelf and assume that with all the research behind it, it probably would cover the right issues for most clients?

How many consultants who are hired to do team building will do a thorough investigation of whether team building is, in fact, relevant or timely? I will never forget a fateful lunch I had some years ago with a plant manager and his OD specialist where our task was to do the detailed design of the previously decided upon off-site team building exercise that was to take place one month hence.
I asked the routine question of how many participants were expected to attend the meeting. The plant manager in order to make a count reviewed the candidates, and as he did so, he suddenly became aware of the fact that he did not really believe in the competence of two of the potential attendees. I encouraged him to think out the consequences, and he realized that to have a team building session at this time would be dangerous and inappropriate. We both agreed that focusing on helping these two to succeed or else replacing them was the correct OD intervention, and cancelled the team building meeting. My focus shifted to helping the plant manager figure out how to assess these two people fairly.

In reviewing this later, both the plant manager and I thought that my routine question turned out to be a critical "intervention" in that it focused squarely on an issue that had not been sufficiently thought through by the client. I have had this type of experience over and over again, that routine questions asked in complete innocence trigger thoughts and ideas in the client that take us into brand new and highly productive areas. In my view the OD philosophy requires that the consultant be sensitive to such new areas and pursue them as needed, even if that means giving up agreed upon programs or activities.

My vision of OD that grew out of experiences such as this was articulated as "process consultation," the effort to help a client system to become aware of its own processes and to become skilled enough to intervene in those processes so that its own immediate effectiveness increased, but, even more importantly, its
ability to continue to solve its problems in the future increased.

The OD vision must include, in my view, a commitment to passing on one's skills in observing and intervening in process. An organization must be able to continue to help itself, not just to be able to benefit from an outside OD consultant's help. This implies that the intervention skills must increasingly be learned by the management itself so that the development of the organization becomes increasingly a normal process of leadership and management implemented inside the organization by managers and internal consultants (Schein, 1987a; Beer & Walton, 1987).

In order to provide such help the OD consultant must accept the client system wherever he or she finds it to be, must become enough involved in what is going on to be able to perceive what kind of intervention will be catalytic and facilitative, and above all, must learn not to trust any given technology as providing a ready made answer to any given problem. It is the commitment to managing unpredictable contingencies that is ultimately the essence of the attitude, and it is the acceptance of the theoretical assumption that all human systems are at some level unique and unpredictable that is the essence of the philosophical underpinning of OD.

Forces Undermining the Vision

I believe that there are four sets of forces that make it difficult to sustain the attitude and to maintain the philosophical assumption articulated above:

1) Economic Forces. Consultants who have to make a
living from OD work must develop products that sell. OD practitioners who want to make a living in this new speciality have to have something to put into their brochures that distinguishes them from other professionals. Attitudes and philosophies are not as easily describable and salable as questionnaires, organized approaches to meetings, and pre-designed programs.

Clients who want to achieve changes also are subject to economic forces in that they want the "most change for the buck," and therefore collude with the sales conscious consultant in looking for that technique which will promise the most for the least money.

2) Technological Forces. OD practitioners have invented some very powerful tools that do create client involvement, insight, and skill learning. As with any new technology, the temptation to use such tools across the board is overwhelming. Once the T-group as a method of learning had been invented, we applied it all over the place, including inside organizations where its use as an intervention was highly questionable, to give but one historical example. Today we see a similar indiscriminate use of survey-feedback and team building technologies, and in the area of organizational culture we see evolving new technologies for "quick and dirty" diagnoses of complex cultural issues even from practitioners who claim to eschew "quick fixes" (Kilmann, 1984).

3) Cultural Forces. Clients (in the U.S. in particular) are product and activity focused. They want to know what will be done to whom, and they are suspicious of silent consultants who mostly sit around and do very little, even though they will
acknowledge that the few interventions that the consultant made were well timed and effective. Our culture values activity and productivity, putting the attitude and philosophy of OD into a clearly counter-cultural position. In order to feel more at one culturally with their clients, many OD practitioners try to be active and try to prove how productive their technologies will be.

4) Research Forces. Once OD programs began to be utilized, academic researchers moved in rapidly to determine whether or not the claims for improvement from T-groups and other OD technologies could be sustained with hard data. But the culture of research dictates that one must measure things, and, in order to measure them reliably, those things must be discrete entities that can be compared and contrasted. So we began to see research projects that compared the relative effectiveness of different OD techniques, never questioning whether any of these techniques were, in fact, being applied in terms of the OD philosophy and attitude.

The most absurd version of this corruption occurred when in a number of studies things like survey/research, team building, and process consultation were compared with each other, as if these were separable and discrete activities. As I argued before, the process consultation philosophy underlies many other techniques so the research was measuring totally incomparable things.

Furthermore, the notion that OD projects could be characterized by the primary use of one technique flies in the face of most of my experience. If I think of companies I have
worked with, over a period of time I will have used a whole variety of "techniques" in response to what was going on, and it would be impossible to describe the relationship in terms of any one of these techniques as being "primary."

The same research/measurement phenomenon has occurred in the field of therapy and education, where our obsession with different techniques has obscured the more important result that successful outcomes have more to do with general variables such as teacher or therapist attitude and client or student motivation (Frank, 1974). Attitudes and motivation are, of course, harder to measure than ratings of whether or not a given OD project involved primarily team building or survey research, but such measurement difficulties should not stand in the way of doing research appropriate to the phenomenon under consideration.

At the theoretical level another force has been the assumption coming from a number of change theories that one must make structural and behavioral interventions first, if one is to ultimately influence attitudes, values, and assumptions (Festinger, 1957; Haley, 1984). If one works from this assumption it is natural to look for incisive and clever ways to manipulate behavior change, particularly if with this assumption goes the further one that such change will be "quicker" than the often drawn out therapeutic process of building awareness and working issues through.*

*I am indebted to my colleague Ed Nevis for this observation.
To the extent that the above forces have been working over the past several decades, we have corrupted and subverted the original OD vision, and, worse, possibly adopted technologies that are in fact less effective but easier to sell. This situation might be alright if we did not then label those technologies as being OD. But more and more I see us using the OD label in a broad manner that suggests inclusion of everything from surveys to sensitivity training to behavior modification, with hardly a nod to the problem of developing the right attitude to facilitate client involvement, action research, and genuine contingency thinking around intervention.

Evolving the Vision: Fusion with the Clinical Perspective

The ultimate answer both to recapturing the vision and to evolving it lies in fusing the assumptions and attitudes of OD with the assumptions and attitudes of clinical work, particularly that portion of clinical work that deals with individual and group therapy (Schein, 1987b).

Therapists have learned from decades of research that the attitudes and situational contingencies surrounding the therapeutic situation (e.g. how motivated the client is, how much trust or faith the client has in the therapist or the therapeutic process) are more predictive of outcomes than the particular techniques employed, and that with each client situation one must be prepared to adapt one's techniques to what one finds (Frank, 1974).
The OD consultant should take essentially the same perspective when he or she engages some segment of an organization and develops gradually a diagnostic sense of what may be going on, using exploratory rather than confrontive interventions (Schein, 1987a). In using the concept of "consultant" here, I am not limiting the discussion to the traditional outside consultant who can take a genuinely neutral stance toward any given problem. Increasingly I have found that part of any manager's job is to learn how to be a consultant to his or her own work group, to learn to take a neutral stance toward how the subordinates are conceptualizing the problem, and ultimately to take the attitude that the most effective way to manage is to "help the subordinate to succeed" (Schein, 1987a).

Another area of potential fusion between OD and clinical philosophies lies in the use of conceptual models that involve us in thinking about pathology and health. Both clinicians and OD consultants must be concerned with what is health, and must be prepared to locate and enhance that part of a given system that is healthy and capable of learning. And, paradoxically, one will not know what the healthy parts are before one has attempted some interventions and observed the response. The ability to then shift gears and go in a different direction becomes an essential skill of both the good therapist and the OD practitioner. Here again the line manager in the organization becomes the ultimate purveyor of such skills and thus the true developer of organizations.

OD practitioners should also learn from their clinical
colleagues to do the equivalent of "pathology conferences," systematic analyses of projects that are not working or that have gone wrong with neutral colleagues who can provide perspective. During projects OD practitioners should use training consultants or shadow consultants to maintain a critical audience for what they are doing. Such activities would not only enhance the theories that underlie our notions of planned organizational change, but would force us to keep re-articulating our philosophies and to test our attitudes.

The equivalent activities for line managers practicing OD would be to develop helping relationships with their peers and bosses who could function as resources and "trainers" or shadow consultants vis-a-vis any given project that the manager is performing. One of my most successful interventions in organizations is to get groups of managers at the same level to get together to share problems they are having in supervising or managing their groups, and to develop an attitude that they can help each other with such problems.

Our models of organizational health must become broader and more comprehensive (Bennis, 1962, 1987). We cannot limit our thinking to narrow notions of power equalization, participation, openness, trust, full communication, teamwork, and all the other "motherhood" concepts that have come to pervade our field. As we have become more cross-cultural we have learned that many of these concepts are considered to be narrow American values, not general guides to organizational health.

In this regard one of the weaknesses of research on OD
is that we do not yet have a clear enough concept of what we expect OD to accomplish. What do we mean when we say that organizational effectiveness has improved? When research on T-groups was first begun we ran into the paradox that training seemed to reduce self-insight, just the opposite of what had been predicted. The answer, of course, was that during training people came to realize how little they had understood themselves prior to training, so a comparison of before and after self-ratings of self-insight produced a lower score after training because people had a more accurate assessment of how little they knew about themselves.

The same kind of thing can happen when organizations are studied before and after OD interventions. It should also be pointed out that measures of effectiveness have to be judged against a trend, not in terms of a steady state. It has been my experience with some client organizations that they were on a steep downward trend with respect to some critical effectiveness variables, and what the OD interventions did was to slow down the decline. But the before and after measures would still show a decline from initial to final state.

Implications for OD consulting

If we pursue this vision, by which I mean that we take the assumptions underlying process consultation seriously and adopt the attitude I am advocating, what does this mean for our approach to actual OD projects? For example, does this mean that we abandon learning all of the many techniques that have become
associated with OD? Not at all. Instead, I am advocating a concept of organization development that involves the consultant or manager in a more organic set of processes that can be characterized by a number of interrelated features:

1) A full understanding of how each of the OD techniques would be applied if one took seriously the underlying assumption that one can only help the client to help him or herself, and the assumption that every case is unique and requires its own particular pattern of interventions.

   For example, if we used the technique of survey-feedback, we would have to know how to develop, conduct, and feedback the results of a survey by means that are typically quite different from the frequently advocated top-down cascading approach. From an OD perspective one would work bottom up sharing with each level the data relevant to that level and getting that level to decide what should be passed upward to the next level!!!

2) The development of the ability to work in "real time" or "on line" without preconceptions of what elements of a change strategy would be most relevant as the project progressed.

   The ability to observe the moment to moment interaction between the client and the consultant becomes a central skill, comparable to the analysis of transference and countertransference in psycho-analysis. This would imply as well the willingness to terminate at any time if the client did not feel ready to move forward. Contracts and agreements to pursue a whole series of steps would be avoided, so that each step could be evolved both by the consultant and the client of the moment. The OD consultant
should always be sure that the client is owning responsibility for the interventions that are being made, which means that the client has to be involved on line as well.

3) A commitment to contingent planning, implying a willingness to adjust to new data, a readiness to interpret client responses to interventions as further diagnostic indicators of what may be going on, a readiness to provide a number of options at every step of the process, and a suspension of judgment of what is the best way for the client to operate.

This suspension of judgment implies that the OD consultant is committed to a set of values about process and helping, but is not committed to operational values for organizations such as power equalization or openness. In planning a major change program one could lay out goals, a strategy, and a variety of options, but one should only plan the first step or two in detail, and that first step might be something minimal like a meeting with key members of the client system. At that meeting next steps could be discussed and committed to.

4) A commitment to dynamic organizational theories that lead one to constructive concepts of organizational health and the fostering of self-correcting and self-managing processes (Schein, 1980, 1985; Bennis, 1962, 1987). Theories such as those of Argyris & Schon (1978) which emphasize double-loop learning, theories of organizational change that take culture seriously, and theories of learning and adaptation that take into account what has been learned anthropologically about change will serve us better than some of the traditional organization theories in use
today.

Concluding Comment

In conclusion, as an OD consultant, I do not really know what I am going to do or what I should do until I am actually in the situation. I should share this insight with my contact client and encourage initial contacts that are only minimally structured. I offer to attend some meetings or continue to meet with the contact client to talk out what is needed. As I get a sense of the client organization's history, culture, and future aspirations it becomes much clearer what kinds of interventions might ultimately produce optimal results. If a client is not willing to engage at that level, the prognosis for the success of the project is low anyway.

Ultimately OD should be organizational therapy and the training of the OD practitioner should include enough clinical training to insure that he or she will understand the tensions and anxieties that accompany changes in human systems. Treating OD as a technology that can be implemented by anyone who becomes competent to handle a few of the tools but who does not understand the philosophy or the helping attitude, is not only likely to be a waste of time but downright dangerous.

This assertion is paradoxical because I have also said that ultimately the practitioner of OD will have to be the line manager inside the organization. To be consistent, I would have to argue that line managers need more clinical training, and that is precisely the argument I wish to make. What line managers
learn from consultants is to take a clinical perspective, and good line managers follow this up by learning more about the psychological dynamics of superior-subordinate relationships and group action. There is nothing more valuable for a line manager to learn than the psychology, sociology, and anthropology of interpersonal dynamics, and there is no more important skill for a manager to acquire than the clinical skill of handling people and groups.

If line managers, inside consultants, and outside consultants can recapture the OD vision and implement it, our organizations will have a chance to maximize their effectiveness over the long haul in this increasingly competitive world. Let us put OD back on the firm footing where it belongs and stop playing superficial games with organizations who have much too much at stake to be treated superficially or to be subjected to the latest technological fad.

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