GESTALT AWARENESS PROCESS IN ORGANIZATIONAL ASSESSMENT

BY

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WP 1142-80 September 1980

MASSACHUSETTS INSTITUTE OF TECHNOLOGY
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ORGANIC WASTE PRODUCTS IN ORGANOMETALLIC PREPARATION

R. M. T. T. R. T. R.

EXTRACTION TECHNIQUES IN CHEMICAL ENGINEERING

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DEPARTMENT OF CHEMICAL ENGINEERING

May 1965-66
The aim of this paper is to contribute to the growing body of work in the area of organizational diagnosis. The main thesis is that an understanding of Gestalt awareness process by the organization consultant changes the goals of assessment, enhances the richness of the data gathered in diagnostic work, and leads to intervention behaviors which allow for high consultant impact and acceptance. Gestalt awareness process, as developed out of Gestalt therapy, is discussed and related to current models for organizational diagnosis in a way to broaden rather than diminish the usefulness of other analytic methods. The result -- an integrative action model -- allows for use of the full self of the consultant in the assessment process.*

The leading practitioners of organization development place great emphasis upon proper diagnosis as the cornerstone of their approach, and have developed important models and methods for gathering data and thus determining points of organizational dysfunction, need for change, and appropriate entry points and strategies. Beckhard (2, 3), one of the first to see clearly the need for a change model resting solidly on diagnosis, has developed a very useful and durable scheme for looking at a system and doing effective change planning. Levinson (8) has developed a highly detailed outline for what he calls an "organization examination," one which minimizes significant consultant action or recommendation until an exhaustive data-gathering phase has been conducted.

In no little sense, diagnosis almost becomes the total intervention in this approach. Weisbord's "Six-Box Model" (17, 18) represents a short, perhaps

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*Since diagnosis implies illness and cause-effect relationships, and assessment is an estimate of the importance or value of things, I prefer the latter term to signify the "sizing up" of a system by a consultant but will continue to use diagnostic terminology as well. This is consistent with the fact that almost all practitioners use the term diagnosis.
more practical version of the Levinson-type model. Likewise, Nadler (10), Mahler (9) and others have emphasized data-based interventions and ways of putting diagnostic findings before the client as an important part of the consulting relationship. These procedures generally follow the research model of the pioneering work in the study of organizations by Likert and his associates at the Institute For Social Research (5).

To fully appreciate the perspective of these attempts to study organizations, it will be useful to look at the aim and definition of diagnosis. Levinson (8) says that the aim is to examine an organization in order to assess its well-being and to decide what if anything needs to be done to help. His model is clearly borrowed from a medical-psychiatric approach and rests upon the study of illness and dysfunction: "The most highly systematized examinational procedure for a living system is that used for the physical and psychiatric examination of the individual person ... the extrapolation seemed to me even more appropriate, for my whole effort to learn more about mental health in industry was from a clinical, specifically psychoanalytic, point of view." This model is consistent with the definition of diagnosis as a means by which to decide the nature of a diseased condition, and it is consistent with a deterministically-oriented scientific approach to the understanding, explaining and predicting of behavior. It is a search for the right thing to do, supported by the implication that cause and effect can be determined, and that other actions will be the wrong things to do if the diagnosis is correct. Furthermore, the traditional diagnostic model rises or falls on the expertise of the consultant; she/he must somehow assertively search out the important data and make the correct deductions (interpretations?) from the data gathered in the diagnostic work-up. This is, of course, the classical medical model, and is quite appropriate for what Schein has called the "purchase of expertise" and the "doctor-patient" consultation models (13, 14).
I refer to approaches which are based upon heavy gathering of so-called objective data and the building of deductions from this data as the "Sherlock Holmes Model."* As master detective, Sherlock Holmes epitomizes the analytic, scientific model that emerged at the end of the nineteenth century. Consider these quotations of Holmes from some of the A. Conan Doyle stories (/):

"The ideal reasoner...would, when he had been shown a single fact in all its bearings, deduce from it not only the chain of events which lead up to it, but also all the results which would follow from it. As Couvier could correctly describe a whole animal from the contemplation of a single bone, so the observer who has thoroughly understood one link in a series of incidents should be able to accurately state all the other ones, both before and after."

"Data, data, data, he cried impatiently. I can't make bricks without clay."

"It is of the first importance...not to allow your judgement to be biased by personal qualities. A client to me is a mere unit, a factor in a problem. The emotional qualities are antagonistic to clear reasoning."

"It is a capital mistake to theorize before you have all the data."

"I do not waste words or disclose my thoughts while a case is actually under consideration."

"I claim the right to work in my own way and give my results at my own time - complete, rather than in stages."

The Levinson-type diagnostic model is similar to the Sherlock Holmes approach; it is consultant as detective. If the consultant/detective gathers enough hard data through active observation and careful deduction, the solution to the problem/crime becomes evident. Whatever the method or questions used, most of the leading practitioners of organizational diagnosis work from this paradigm.

An an important contrasting model, I propose another approach, that exemplified by Detective Columbo, hero of the recent T.V. series. This model is also a metaphor for consultant as detective, but it is based on a different

*Marcello Truzzi's paper on "Sherlock Holmes As Applied Social Scientist" (16) helped me to see this analogy.
aspect of awareness. Unlike Holmes, who is well-organized, precise, knowing, superior in perception and logical reasoning, rational and deductively-oriented, Columbo is naive, rambling, slow-moving, seemingly unfocused in his perceptive-ness, and fuzzy, if not downright illogical. He is disheveled in appearance (rather than trim and neat like Holmes), does not appear to be working from a pre-determined, specific guideline of important variables to check, nor does he seem to know where he is going from one moment to the next. It appears that he does not know where he will put his foot next as he walks among the scene of the crime. While Holmes is never seen making a misstep — unless momentarily outwitted by a superior mind (Dr. Moriarty, for example) — Columbo seems to be faltering or bumbling most of the time.

Columbo may be said to act like a sponge, immersing himself in his milieu and waiting for important clues to be drawn to him, like iron filings being drawn to a magnet. Holmes resembles a finely trained hunting dog who attacks his settings, and he never rests until he has put the pieces together in his mind. Holmes uses his mind to "force" data to emerge and make sense; Columbo teaches or coaxes the people and environment involved to "give up" data as he makes contact with them. Holmes educates himself by being in control of his environment; Columbo allows himself to be educated. It is interesting to note that it is an infrequent occurrence when Holmes makes close, personal contact with the villain; Columbo's method rests largely upon repeated personal contacts. One of the trademarks of a Columbo case is the expressed irritation of the villain at being asked the same question many times, or at being asked by Columbo for permission to wander around settings he has already traversed more than once.

The reader who is knowledgeable in the philosophy of science will recognize that the Holmes approach is the application of nineteenth-century science as it combined technical discoveries with logical analysis.
The method of Columbo is the application of twentieth-century existentialism and its emphasis upon uncertainty, being, and here-and-now phenomenon.*

If we can appreciate the subtle utility of the Columbo approach -- he always gets his culprit -- we need to ask why this method has been under-utilized by organizational consultants up to this point. Why is it that sponge-like absorption is only given passing acknowledgement and is seen as a minor add-on. Levinson (8), for example, devotes only a few pages of a 500 page volume to a brief discussion of the usefulness of relatively/un-focused wandering around work settings; and of the consultant as "his most important instrument." He does not tell us how the consultant deals with his feelings and reactions, only that these are important in understanding observations of external events. In this connection, it is important to note that even anthropologically-oriented students of organizations use the method of participant-observation to describe and understand phenomena but not to intervene in order to enhance awareness or energy mobilization on the part of the subject system. Behind these orientations lies an assumption that time-honored research methodologies can be applied to dynamic change situations in a direct, almost literal way.

Several assumptions need to be examined if one is to obtain the broader perspectives we advocate here for consultants:

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*One does not need to be intimately familiar with the philosophy of science to grasp the essence of the approach. I have given talks to students laying out the above contrasts and then asking them to assess a setting using this method, referring to it as the "sponge approach." One student, after doing a brief assessment using this method reported that he was asked what he was doing and he replied that he was "making like a sponge." Upon which the questioner said: "Oh, you are making like Detective Columbo." Likewise, in several instances where this terminology was not used, people have themselves told a colleague of mine that she was "acting just like Columbo" in her consulting manner.
1) The assumption that the diagnostician/assessor needs to gather a substantial amount of data in order to know what to do or recommend. This is supported by another assumption that too much uncontrolled contact with the client system will have a biasing effect and cloud judgement and relationship. However, from an intervention or change viewpoint one can argue that it is hard to exert disembodied influence; one must gain trust in order to have influence, and this is all but impossible to achieve without "mixing it up" with the system in some way. From the perspective of change, the goals of assessment/diagnosis must include determination of the system's readiness to engage with the consultant. In the long run, this goal may be more important to achieve than are a set of conclusions drawn from accretion of a lot of factual data.

2) The assumption that diagnosis is a separate, prior step to intervention. This thinking leads to an artificial breakdown of a very complex process that moves along while diagnosis is taking place. One can easily relate to the notion that as an intervention takes place new data is created which was not available during the pre-intervention diagnostic phase. I know of no consultant who has not been "surprised" by these occurrences, all of which imply that a preliminary diagnosis needs to be modified. This is nothing new to very experienced clinicians, many of whom have stopped using classical nosologies for disease identification because such labelling blocks them from fully seeing and tracking the dynamics of thesis clients. Indeed, no less a personage than Anna Freud once remarked that her diagnosis of a case was only completed at the point when therapy was terminated. From this point of view, one may well argue that diagnosis can follow intervention as well as the other way around.

3) The assumption that one's personal sensations, feelings and internal states are less useful, and possibly harmful to the diagnosis process, than are external observations and mental processing of such data. The case for self-awareness as a means by which to gauge one's external world or to base
actions has been made elsewhere at great length (11, 12, 19), and it need not be repeated here. Suffice it to say that if I wish to engage my client, as opposed to defining and understanding the system, one of the most useful sources of information available to me in selecting an action is to give significant weight to what is happening inside me as I make contact with the system. In consultation, more so than in research, the observer becomes part of the action being observed.

4) The assumption that the job of the consultant is to do the work of diagnosing the problem and recommending (and possible implementing) the appropriate solution. Schein (13) has articulated the approach stemming from this assumption as the "purchase of expertise model," and there is no doubt of it's usefulness and legitimacy. However, if we suppose another assumption, namely that the job of the consultant is to educate the client to do a better job of doing the work of diagnosis, solution determination and implementation, (a process consultation model), then we do not have to be "right" as much as we need to be catalytic to the system's healthy functioning. The aim of assessment, and of intervention, becomes one of teaching people how to give up data which, as Schein so aptly puts it, "is embedded in the system" (13). The Columbo approach assumes that the consultant does not at first know what data is critical, and does not care what data the system provides as long as the process of interacting with the system -- the intervention if you will -- gets out the data needed to unblock the system and mobilize its energy to define and solve its own problems.

This perspective is related to the work of Charles E. Lindblom and David Cohen (7) on professional social inquiry. They distinguish between analytical and interactive problem-solving, the latter referring to behavior to stimulate action so that an outcome occurs without requiring an analytical understanding or an analyzed solution. According to their argument, the alternatives employed in Interactive problem-solving are largely interactions
among people, while analytical modes are largely based on thought processes
of individuals. As with our thesis, the modes are seen as complementary
and not necessarily mutually exclusive endeavors. Lindbloom's classic paper,
"The Science of Muddling Through" (6) is also relevant here.

Additional support for our view is to be found in the 1940's research
into the awareness process of chess masters by the Dutch psychologist A. Van
deGroot. He found that the masters, as compared with novices, do not think
ahead in a detailed analytical way. Rather, they allow configurations to
enter into their awareness in the form of what D.R. Hofstadter calls "chunks" (4).
Masters and novices do not differ significantly in the number of possible moves
they review; what distinguishes them is that the masters have trained themselves
not to force data but to allow the next move to "pop out" at them.

In developing the Columbo Model in contrast to the Holmes Model I do not
propose that the medical/scientific paradigm of nineteenth-century rationalism
is a bad one, nor that it should be dropped. It would be silly to attempt
entry into a complex work system without looking at the kinds of processes
and structures that experience tells us are integral aspects of sound functioning.
What I do believe is that one-sided use of the Holmes Model supports a consultant
role which is more like that of the disengaged scientist than the producer-of-
change-through-engagement. The value of the medical model has been great, to
the point where it has unwittingly limited the vision of practitioners of
organization diagnosis and intervention. It is limiting to service-oriented,
action research consultants in several ways:

1) over-emphasis upon what happened in the past and on cause-effect
relationships versus what is happening here and now (deterministic orientation
versus existential orientation),

2) over-emphasis upon a rational, analytic mode which restricts the
awareness of the observer by directing the process to limited or biased channels
(a point to be elaborated on below),
3) over-emphasis upon intellectual understanding of the problem before allowing movement into action, restricting the interventionist to a partially disengaged position vis-a-vis the client, and unnecessarily reinforcing consultant marginality,

4) up to now, this approach has supported data-gathering by surveys and interviews, and has minimized use of participant observation and unobtrusive measures and as are employed by the ethnomethodologically-oriented,

5) despite statements by proponents of this model that they are looking for strengths as well as weaknesses in the system they are studying, the model tends unduly to focus on illness rather than on health of the system.

**Integrating the Holmes and Columbo Models**

The Gestalt approach to awareness and contact -- generally referred to as the cycle of experience -- acknowledges use of both the Holmes and Columbo Models. These are simply called active, directed awareness (Holmes), and undirected, open awareness (Columbo). The Gestalt-oriented consultant is trained to use both of these modes, which are described in Figure 1. Neither of these awareness enhancing approaches is to be preferred over the other; good practice dictates moving back and forth between focus and sponge, keeping one's boundaries as open as possible to receive any and all data from self and other. Doing so seems best supported if one assumes that the goal of assessment is not to define the problem in order to make a solving intervention but, rather, that it is to find those places/points/issues/themes that catch your interest and energy, and to see what places/points/issues/themes mobilize the interest and energy of the client system. Intervention then becomes a process of "working" these awarenesses on both sides.

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*Insert Figure 1 About Here*
Figure 1 Gestalt Awareness Process

ACTIVE, DIRECTED AWARENESS

Going to the world

Forcing something to emerge

Use a structure/framework to guide what you wish to see, hear, etc.

Focused questioning; strive for a narrow, sharp field of vision

Attend to things in terms of knowledge of how they work, what is present and missing in a normative sense

Searching use of sensory modalities

Work supported by content values and conceptual biases

OPEN, UNDIRECTED AWARENESS

Letting the world come to you

Waiting for something to emerge

Investigate without being organized or "prejudiced" in any way as to what you wish to see, hear, etc.

Widest peripheral vision: little foreground and everything of equal importance

Naïve about how things work; hope to find something new about how things work

Receptive use of sensory modalities

Values are process-oriented, tend to be content-free
The Gestalt-oriented assessor of systems sees the functions of assessment as follows:

1. To develop figural elements; to look for something(s) in which you and the client have some interest: What do I "care about?" What do they "care about?"

2. To become grounded personally; to reduce one's own inevitable confusion, uncertainty, anxiety, etc., when entering any new system.

3. To begin to teach the system how to give you data; to set a non-judgmental model for rewarding any data people are willing to articulate and make public.

4. To estimate the client's present level of awareness of its process for dealing with the problem(s) at hand.

5. Selectively, to share data as a means of establishing good contact with the client system; to make your presence felt.

6. To test the potential for a useful working relationship by attempting to complete a small piece of work as part of the assessment.

This model embraces the focused diagnostic techniques of the Holmesian practitioner and adds some important pieces: engagement with the system of study is both more open and more contactful, and it places a heavy weight upon the consultants, sensations, emotions and other awarenesses. It requires a well-developed ability to attend to and observe oneself as well as the client system. In addition, it requires the willingness and ability to be personally "up front" with one's observations, to treat data as a basis of hypothesis formation, rather than for confident conclusions, and to view assessment as taking place continuously as consultant and system interact. This consultant style is highly involving and oriented toward mobilization of energy in the client (remember that Columbo always stimulates, arouses or motivates his "client" in some way or another). It is an integrative action model in which consultant and client work together to change something. It goes one step
beyond a classical process consultation model in that use of the full self
and active presence of the consultant is a key component.

Figure 2 presents the Gestalt orientation toward organizational assess-
ment. It is a perspective for the service-oriented, action-research practi-
tioner which embodies the modes of the medically-oriented diagnostician,
the process consultant, and the ethnographer's participant-observation. It
adds to the framework of these approaches a significant emphasis upon open
awareness and uses as a measuring instrument self-awareness as well as aware-
ness of the other, thus enlarging the domain of assessment.

Implications

The perspective presented here suggests an important shift in the practice
of organizational consulting. To begin with, the objectives of the entry and
contracting stages change. Working from the Holmesian approach, the consultant
negotiates for an opportunity to make a study of the situation and to report
back findings and recommendations for action steps. From the perspective of
the Columbo model, the negotiation is for an opportunity to interact with the
client system, as though to say: "Let's see what happens when we live together
for a while." This does not rule out data-gathering of a focused nature but
it does significantly slow down movement to establish the consultant as an
impersonal provider of analysis and the client as an object of study. It gives
the system more opportunity to be seen, heard and appreciated for what it is
and, by feeding back small observations of system and of self as the interaction
develops, the client feels taken seriously immediately. There is less need to
feel dependent on some later pronouncement of the consultant before anything
can happen. The result is a highly contactful interaction between consultant
and client early in a relationship. The consultant is more concerned with
testing for awareness and energy potentials in the system than in making a
Figure 2. Gestalt Perspective For Organizational Assessment

<table>
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<th>Type of Awareness Desired</th>
<th>Modes of Observation</th>
<th>Consultant Behaviors</th>
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<tr>
<td>Active, Directed</td>
<td>Interviews</td>
<td>Attend to what you</td>
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<td>(Focused &amp; Bounded)</td>
<td>Questionnaires</td>
<td>&quot;care about&quot;</td>
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<td>Open, Undirected</td>
<td>Arranged Situations</td>
<td>Listen to what the</td>
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<td>etc.)</td>
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<td>Re Client System</td>
<td>Participant Observation</td>
<td>Selectively share your</td>
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correct diagnosis of a problem, and this cannot easily be done behind the screen of a lengthy questioning procedure.

Achieving the kind of relationship proposed by this approach will not be easy; the client may be hurting badly and may believe that the consultant is an expert who can quickly come up with the right "medicine." However, we need to realize that, every time we agree to a contract emphasizing short, quick data collection followed by an intervention based on this data, we are reinforcing the medical model and minimizing our opportunities to collect the kind of data that can only emerge through less-focused interaction or participant-observation.

The consultant who wishes to improve skills in assessment and high impact intervention needs to become well-grounded in the method of open awareness as well as in conceptual frameworks of how organizations function. Tichy and Nisberg (15) have written at length on how bias leads to a change agent asking certain questions and not others, resulting in an imbalanced picture of an organization. This bias stems from relatively tightly bounded choices by the interventionist as to the change model preferred and is a reflection of the values, needs, orientation of the consultant. We do have a great tendency in the Western world to choose quickly what to attend to, and to make premature organization of the field of study. I know of no other way to correct for these biasing tendencies than to train ourselves to be as open, non-judgemental and receptive as we can become to what is out there in the world of the system with which we are engaging. This is a difficult learning endeavor for the highly experienced practitioner -- it is very hard not to "know" what you want to look at when you have seen many, many situations over time -- but that is what Gestalt methodology attempts to make possible by enlarging the scope of organizational assessment.
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