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Taking Culture Seriously in OD

## **Taking Culture Seriously in Organization Development: A New Role for OD?**

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Culture as a concept impacts organization development (OD) in two fundamental ways. First, it is increasingly evident that the practice of OD has to learn to deal with the cultures and sub-cultures of client systems. Dealing with cultures and sub-cultures requires conceptual models and intervention skills that deal realistically with what culture is and how culture works. Second, OD as an occupational community has developed a culture and sub-cultures within itself and has to learn what the strengths and weaknesses are of those occupational cultures and sub-cultures. Of particular importance is the recognition that the sub-cultures within OD may be in conflict with each other and not be aware of this. In this paper I will present a working model of culture and then analyze each of the two issues.

### **What is Culture and How Does Culture Work?**

The simplest way of thinking about culture is to liken it to personality and character in the individual. As we grow up we learn certain ways of behaving, certain beliefs, and certain values which enable us to adapt to the external realities that face us and give us some sense of identity and integration. As a group, organization or community grows and succeeds, it undergoes the same kind of learning process. What are initially the beliefs and values of the group's founders and leaders gradually become shared and taken for granted if the group is successful in fulfilling its

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mission or primary task and if it learns how to manage itself internally. The group's culture is its accumulated learning, and, if the group builds up a history, the beliefs, values, and norms by which it has operated become taken for granted and can be thought of as shared assumptions that become tacit and non-negotiable.

If one wants to understand the particular content of a group's culture in this sense, one must look back at the beliefs and values of the founders of the group. If they had beliefs and values that were dysfunctional, then the group would never have survived in the first place. Thus, by definition, groups and organizations that survive have built up a culture based on what worked for them in the past, and it is the past history of success that makes cultural beliefs and values so strong.

When we take this model to the level of organizations the same logic applies but with additional elements. The young organization evolves shared beliefs, values, norms based on what its founders brought with them, the people they hired, and what worked in solving problems of survival, growth and internal integration. However, as organizations grow and age they also develop sub-units and the learning process described above occurs in these sub-units as well since they have different tasks and different issues of internal integration. An organization will, therefore, eventually develop both an overarching total culture and sub-cultures that will vary in strength and degree of congruence with the total culture.

The strength of a given culture or sub-culture will depend on several factors--the strength of convictions of the original founders and subsequent leaders, the degree of stability of membership and leadership over a period of time, and the number and intensity of learning crises that the group has survived. Stability of leadership and membership are the most critical in that high turnover,

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especially of leaders, would keep the organization from developing a shared sense of any one set of beliefs and values.

The content of a given culture is generally the result of the occupational culture of the founders and leaders of the group or organization. Since the mission or primary task of an organization is to create products or services that its societal context wants and needs, successful organizations usually reflect some congruence between the core technology involved in the creation of the products and services, and the occupational skills and attitudes of the founders and leaders. Thus a computer company tends to have been founded by electrical engineers, a chemical company tends to have been founded by chemists and chemical engineers, and a bank or financial institution tends to have been founded by people trained in the management of money. There will be many exceptions, of course, such as IBM, which was founded by a salesman, but ultimately there will be a congruence between the core technology and the core occupations of founders and leaders.

An occupational culture can be thought of as the shared, taken for granted beliefs, values and norms of an occupational community based on their formal training and practical experience in pursuing the occupation. In the major professions such as medicine or law these beliefs, values and norms are codified and formalized, including codes of ethics designed to protect the vulnerable client from professional exploitation. As new occupations such as the field of OD evolve, they seek to professionalize themselves by developing formal educational and training programs for future practitioners and by developing codes of practice and ethics designed to reassure clients and set standards. Professions attempt to enforce their basic norms and values through peer group control and formal licensing where that is required by the community.

The process by which this happens is the same as in the growth of group cultures. Founders and leaders such as Kurt Lewin, Lee Bradford, Rensis Likert, Ron and Gordon Lippitt, Eric Trist,

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A. K. Rice, Tommy Wilson, Harold Bridger, Elliot Jaques, Doug McGregor, Chris Argyris, Richard Beckhard, Herb Shepard, Warren Bennis, Bob Blake, and Bob Tannenbaum, just to name a few of the first generation leaders of OD, shared certain beliefs, values, assumptions, and practices that they taught to subsequent generations. However, as the long list of names indicates, the process of forming consensus around occupational norms takes longer and is more complex because the client systems respond differently to different practices that come from the same occupational community. And in that way an occupation evolves sub-groups and sub-cultures in the same way that a given organization does. For example, the Tavistock group built around A.K. Rice developed very different theories and assumptions about how to work with groups and organizations from the Lewinian group that developed around Bethel, and the Human Potential group that evolved in California around Bob Tannenbaum and John and Joyce Weir.

Even the OD group working in Bethel, Maine eventually divided over the issue of whether to stay focused on leadership training and community building or become more individually oriented. Within 10 years of its founding in the early 1950's this group had divided into at least two factions--those wanting to continue to work with organizations and managers, and those who saw in sensitivity training the potential for "therapy for normals," and who allied themselves with the human potential movement. The field of OD today is, therefore, better thought of as a confederation of sub-cultures trying to become a single occupational community than a profession in the more traditional sense. It is missing a content core, which would be embodied in a formal training program and licensing process, and there is little consensus on what is an appropriate or inappropriate form of working with client systems. The same statement applies to the larger field of consultation, especially management consultation, where it is obvious that consulting companies

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and individual consultants are all over the map in what they advocate as the "correct" way to deal with clients and what the goals of consultation should be.

For example, in the field of management consultation there is no consensus on whether a single "recommendation" based on a "diagnosis" is the essence of good consultation or whether it is sufficient to have helped the client to figure things out for him or herself. In the field of OD there is no consensus on whether or not it is appropriate to help clients become more interpersonally "open" in work settings and whether or not one should help one group become more effective if it is clearly going to give it an advantage over another group.

In making an analysis and critique of OD practices as lacking cultural sophistication, I am, therefore, not indicting the whole field but am trying to set a standard that is undoubtedly already held by many OD practitioners. The critique is warranted nevertheless because published accounts of what OD practitioners advocate are still, in my view, both scientifically and practically out of line with what we have come to learn about the cultures of our client systems. Certain OD practices that I observe, hear about and read about show a complete lack of understanding of how culture works in the organizations in which these practices are pursued, and, furthermore, imply a complete lack of self-consciousness about the degree to which those practices reflect a sub-culture of a given set of OD practitioners rather than an accepted consensus in the larger OD community.

### **“Diagnostic and Data Gathering Activities:” Valid Practices or Occupational Sub-culture?**

This analysis and critique is directed primarily at those models of consultation that take it for granted that before one makes an intervention, one should have some kind of diagnosis of what is going on. That diagnosis is typically based on several things: 1) the consultant's insights based on prior education and experience, operating in the form of mental models which structure

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expectations, predispositions, stereotypes, and communication filters; 2) the consultant's personal style and preferences in the sense that those preferences will predispose the consultant to initially perceive the new situation in a way that is comfortable for the consultant; 3) the immediate "here and now" "on line" interpretation of spontaneous reactions by the client to whatever the consultant does and the consultant's reactions to what the client says and does; and 4) formal or informal activities by the consultant in the form of questions, surveys, observation periods designed to elicit "data" (most models talk about a stage of "data gathering") which is then interpreted by the consultant as a basis for deciding how to intervene.

It is my belief that factors 1 and 2, the consultant's theoretical biases and personal style are inevitable and ever present sources of whatever diagnostic insights (biases) the consultant possesses. It is also my belief, in this case based on my own experience, that the third factor, the immediate "on line" interpretation of here and now events as the consultant and client interact is the only valid basis for diagnostic insights. And, by implication, it is my belief, that factor 4, the active diagnostic activities that consultants engage in to "gather data" are, in fact, interventions in disguise which, if not treated as interventions, change the system in unknown ways and, thereby, invalidate whatever is found by the interviews, surveys, or observations in the first place. In other words, formal diagnostic processes launched by the consultant through surveys, assessment processes, tests, or interviews are neither scientifically valid nor good practice. Yet they are touted as integral to OD practice by many OD practitioners and appear as sections of most OD books. In other words, these diagnostic activities are part of the occupational sub-culture of some segments of OD without being recognized and acknowledged as such.

The more culturally sophisticated person would know that when we engage in any kind of interaction with another person or group, whether in a consultant, friend, casual acquaintance or

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stranger role, we are in a dynamic mutual influence process which simultaneously reveals data to be interpreted and learned from, and changes as a result of the interaction. Even if we take a completely passive listener role such as the psychoanalyst sitting in a chair behind the patient on the couch, our silence is an intervention that influences the patient's thoughts, feelings, and behavior. When therapists talk of transference and counter-transference they are talking of the reactions both in the patient and in the therapist to their ongoing interaction.

For some reason in the OD field many practitioners have deluded themselves that they can engage in "data gathering" prior to intervention and have, thereby, created a monumental oxymoron. Let me exemplify. A CEO calls me to help him figure out what some of the cultural realities are in his organization and how to institute more of a "culture of teamwork." I express some interest since this is my field (I have already intervened by altering his expectations). He invites me to come to visit the organization and talk to some of his colleagues. Some OD theories and models would argue that I should accept this invitation and "gather data" in order to decide how to proceed, and whether or not to take on the project. The CEO might even propose and pay for a round of interviews of his immediate subordinates or a survey. It is my assertion that any of these diagnostic activities, even the informal "visit" would be totally inappropriate. Why?

First, I don't know what the CEO's motives are in bringing in a consultant? Second, I don't know what the CEO means by "culture" and what problems he intends to fix with a "culture of teamwork." Third, I don't know what problem is motivating the CEO to want to explore this area in the first place. And, fourth, I have no idea what the CEO has told the organization and, therefore, have no idea what the impact would be of my showing up there to "gather data." I know nothing of the culture of the organization, only what the CEO has told me. For all I know, in the history of the

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company whenever the CEO has hired a consultant it preceded a reorganization and layoffs. What then should I do?

I should intervene with the intention of having my intervention produce some data that might help me to figure out where to go next and how to build a relationship with this CEO that would be trusting enough for me to find out what is really going on. My intervention goal should be to simultaneously build a relationship and learn more ("gather data"), but note I start with intervention, not diagnosis. So I engage in more conversation with the CEO. I inquire what is motivating him. If I get interested by what he tells me, I allow that interest to show in communicating a willingness to help but, at the same time, I try to communicate to the CEO that I will work with him but will not take the monkey off his back. I will not visit him unless we can talk out what he has in mind, why a visit would be helpful, and how it would be arranged. All of the initial interventions are geared to building a trusting relationship with him, not for its own sake but in order to facilitate accurate communication between us. If it turns out that the project really involves a VP and her group, the CEO and I have to decide jointly how to involve her, how to present me to her, and how to build a sense of joint ownership of what we do next. These steps need not take a great deal of time, but the relationship building should be the focus of the initial interventions.

What I am arguing against in the strongest possible terms is consulting theories that start with some notion of up-front "contracting" followed by a period of "data gathering" or "scouting" in preparation for some kind of "intervention." Everything the consultant does is an intervention, hence the validity of a given "practice" has to be judged by what its consequences are as an intervention, not whether or not it produces "data." Intervention and data gathering become in organizational work one and the same process, two sides of the same coin, in that everything the

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consultant does have an impact on the client system and the observation of that impact reveals data about the client system. Where some OD practices have gone wrong is in assuming that some kind of data gathering precedes intervention and have failed to note that data gathering is an intervention.

### **Is Too Much OD Based On Individual Counseling Models?**

This critique is directed particularly at OD practitioners who are using individual assessment, 360 feedback, and coaching in organizational consulting projects and who try to fix organization level problems by interventions designed for individual counseling. I find it quite amazing and appalling that we design elaborate 360 feedback processes in order to give the client better data on him or herself and, in that process, gather data from superiors, peers, and subordinates without giving any consideration to the impact of this whole intervention on them. I am told that some of the most sophisticated coaching involves interviewing the client's role network without any thought given to the potential impact on the network.

Only experimental psychologists trained in pre-Milgram days would treat others as simply sources of data without analyzing what it means to them to be asked to give opinions about a colleague, or what might happen if they choose to compare notes and create consensus opinions where none existed before. Only organizationally naïve consultants would assume that you can create the conditions for the colleagues to give honest and useful feedback without understanding more about the politics and culture of the organization in which this is taking place.

A more sinister issue is the question of who is paying for the coaching, the organization or the individual, and what are the implications if the organization is paying. Is the coach supposed to influence the client toward organizationally valued behavior? Will the organization accept a

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coaching process that leads a valued executive to decide to leave the organization? Does the coach have to report to higher management if he discovers in the client some traits that clearly go against company values? Who owns the data from the 360 feedback process, and are the colleagues who provided the data warned about who will or will not see the data? My fear is that the answers to all of these questions are based on maximizing the supposedly scientific accuracy of the data for the individual client and what is good for the individual client, with virtually no consideration given to organizational implications and consequences.

The same issues apply, of course, to the ever-popular survey process. It has always amazed me that survey projects intended to improve morale and connectedness between management and employees tell the respondents up front that their answers will be held completely confidential and, to insure this, they will send their completed questionnaire to the outside survey organization. Isn't that sending the message that if you say something negative you will be punished? Isn't it de facto a confession of a terrible morale problem to have to make the upward feedback process completely safe? Isn't it implying up front that direct negative information within the system is not welcome?

The use of surveys and assessment tools, especially in the area of culture and climate has a second problem--the assumption that a lot of individual responses can be amalgamated into a picture of something that is organizational. Many OD practitioners, especially those coming from quantitative sociology or psychology, assume that one can build valid conclusions from adding up the responses of samples of employees. I think it is naïve to assume that if we guarantee confidentiality we will then get the "truth." The scared employee will still try to be positive, the angry employee will still exaggerate on the negative side, the alienated employee will be a non-respondent, and the survey analyst will use sophisticated statistical tests to prove that 40 percent of

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a group, that is itself a sample of 25 percent of the total population, reacting a certain way is or is not something that management should pay attention to.

After management and the survey analysts have reached certain conclusions they pay lip service to OD values by "cascading" the data back down the organization by requiring every supervisor to meet with his or her group and go over the data that have been provided to him or her from the master data base. It is even possible that under certain conditions and in certain cultures this process now starts some useful discussions at the employee level, but the message is very clear that it is management that is deciding what and how to discuss.

Would it not be better if supervisors got together with their employees in the first place, either in open discussion, or with survey data gathered from that group right after it has been gathered. If morale improvement, teamwork, problem solving are the goals, the method should reflect those goals and employees should be involved from the outset. The individual respondent method gives management a lot of numbers that they don't know what to do with and consultants a lot of money for providing potentially useless information. But that is not the worst of it. The survey stimulates thought, gets discussion going among employees, sets up expectations that management will listen and fix things. In the survey method that I am criticizing, management does not have to make any up front commitments so there is a great danger that morale will get worse while management tries to figure out what to do.

If we accepted the idea that group level problems should be solved by group level interventions we would not do surveys in the first place but "Confrontation Meetings" of the sort advocated 30 years ago by Beckhard, sensing meetings where senior executives meet with whole departments to listen how things are going, with designs that build from small group interaction to total organizational messages. If the group climate would not support that kind of meeting, then

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interventions should be designed to improve the climate, where the organization as client is viewed as a total system not as a set of numbers based on a sample of individual responses.

### Does OD Misapply Natural Science Models to Human Systems?

One set of criteria for deciding how to intervene at the outset derive from the assumption that consultants are "scientists" who have to gather valid information in order to make valid diagnoses in order to give valid advice. What is hidden in this generalization is that the word "scientist" has different meanings in different sub-cultures. If we adopt the natural science model we start with the assumption that it is essential to ask questions that minimize the respondent's bias, that give minimal cues as to the consultant's own opinion, and that can be asked in a standard format so that responses can be compared and amalgamated. But is this possible? Can one gather objective data in a human relationship? Or are cultural predispositions, prior expectations and preconceptions always operating and, therefore, always biasing not only what the respondent will tell you but also what you are capable of hearing. The most dangerous source of bias is lack of mutual involvement. If the consultant minimizes his/her own role as an intervener, if he or she thinks of him or herself just as an objective data gatherer, there is a good chance that the client will feel like a guinea pig or a subject of study and will give only the most minimal and self protective responses possible.

A further assumption of the natural science model is that respondent and data gatherer are independent entities such that "objective" data can be gathered. An alternative assumption that I believe fits work with human systems much better is that the consultant and client must form a relationship out of which comes new ideas and new data. But those data reflect the relationship, not the client as a unique and independent agent. In fact, most theories of therapy such as modern

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Psychoanalysis and Gestalt therapy assume that growth comes out of transference and counter-transference, not out of insight on the part of the patient.

From this point of view the entry of the consultant into the system is the first intervention and the system will never be the same. We have somehow overlooked in some of our OD sub-cultures that the Heisenberg Principle applies even in physics, so why would we assume that we can study systems without changing them by our studying them. I agree completely with Kurt Lewin's dictum that you don't really understand a system until you try to change it.

### **What Should OD's Stance be Vis-à-vis Sub-cultures? What is organizational 'health'?**

Having been critical of some OD practices, let me now shift to a more positive view. How should OD evolve as an occupation? What basic mental models should it operate from? If OD consultants care about the developmental part of that label, they need a concept of organizational health and they need to think of themselves as organizational therapists working with the entire organization as a system. Organizations are dynamic systems in a dynamic environment. My preferred model of health is therefore a systems model of the coping process. What does a system have to do to cope with a perpetually changing environment? There are five critical processes to be considered and each of them provides some mental models of what the consultant as organizational therapist should pay attention to strategically.

First, the system must be able to sense and detect changes in the environment. The organizational therapist can observe through his or her own interaction with members of the system whether or not the organization is in touch with and open to its relevant environments.

Second, the system must be able to get the relevant information to those sub-systems that can act on it, the executive sub-systems. The sales force or the purchasing department may detect

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all kinds of environmental trends but if senior executives devalue the opinions of those employees, they will not be able to assess and cope realistically. The organizational therapist can observe whether appropriate channels of communication exist, whether relevant information circulates, whether members of sub-systems are listening to each other.

Third, if the information requires changes in one or more sub-systems, if new products need to be developed, or manufacturing processes need to change, or if refinancing is needed, can the system change in the appropriate direction. Is there systemic flexibility? Can the system innovate? Many an organization knows exactly what it must do to survive, has sufficient insight, but is unable to make the necessary trade-offs to create real change, just as many individuals prefer to live with their neuroses because of secondary gain and the difficulties involved in relearning. The organizational therapist can help the client to design and facilitate major transformations.

Fourth, the system must have the capacity to export its new productions. This issue should focus the therapist on the whole sales and marketing function to observe whether changes made actually are effectively externalized.

Finally, the system must close the cycle by observing accurately whether its new products, processes, and services are achieving the desired effect, which is again an environmental sensing process. The organizational therapist should help the client system to develop the capacity to get feedback on its own interventions.

Of course, this is a perfectly good model of an individual human, seen in systemic terms. What makes it more complex in organizations is that the sub-systems develop their own cultures and often are in conflict or at least out of alignment with each other. All organizations are subject to schizophrenia or multiple personalities as they age and grow. The sub-cultures form around

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units that have enough independence to do their own learning and that exist in different environments, such as geographical units or functional units.

### **Three Critical Sub-cultures in All Organizations**

All organizations have what you might think of as three fundamental sub-cultures that derive from occupational communities that exist beyond the organization and that must be aligned if the organization is to be effective.

First, all organizations that have any kind of stability will develop an “operator culture,” the line organization that delivers the basic products and services. This would be production and sales in businesses, nursing and primary care in hospitals, the infantry in the Army and so on. These units are always built around people and teamwork. They are embedded in the organization, reflect the core technology of the organization, and the history of that organization.

Second, all organizations that exist in a dynamic environment have an “engineering or design culture,” the research & development function and/or the design engineering function. This culture is not embedded within the organization but in the larger occupational community that constitutes their profession. It is their job to design better products and processes which often means engineering the people out of the system through automation because it is people who, in their view, make mistakes and screw things up. These are the design engineers in business, the experimental surgeons in the hospital, and the weapons designers in the military. Their solutions are often expensive which reveals the third critical culture.

Third, the “executive culture,” the CEO, whose primary job is to keep the organization afloat financially. The CEO culture is also a culture that exists outside the organization in that the CEO is most responsive to the capital markets, to the investors, the Wall Street and the Analysts, to

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the Board of Directors, and, paradoxically to his or her peers. CEO's believe their jobs to be unique and feel they can only learn from other CEO's.

### **A New Role for OD Consultants?**

I have mentioned these three sub-cultures because I believe they redefine the job of organizational therapist and OD consultants in a fundamental way. Historically the OD function has grown out of the needs of the Operator Culture and we have had our biggest successes helping line organizations to become more effective. In that process we have also developed within OD a humanistic emphasis which indicts the Engineering and Executive Cultures as being insufficiently tuned in to the human problems of the organization. So much of OD practice is geared to humanizing the engineers and the executives, to make them realize how important the human factor is to the organization. In that process we are subtly aligning our values with those of the Operator Culture and are devaluing the culture of design and the culture of finance. Yet if we treat organizations as complex systems existing in complex social, political, and economic environments do we not have to take these other cultures seriously.

This lines of thinking leads to a radically different way of thinking about organizational therapy and OD. Instead of helping the operators and trying to get the engineers and the executives to pay more attention to the human factors, why not help the engineers to be better designers and help the CEO's be better money managers. Instead of pitting the operator culture against the other two which our value premises often lead us to do, why not define our job as getting these three cultures into communication with each other so that everyone recognizes that all three are needed and must be aligned with each other. We sometimes tend to forget that society advances through

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design improvements and that without good fiscal management organizations and the jobs they provide disappear.

If we took this approach we would have to learn how to deal sympathetically with cultures that have different values and assumptions. We would have to learn what it is that CEOs and senior executives really do, what makes them more or less effective in their own jobs. We would have to learn what designers do and what the value of new designs is even if it makes some human groups obsolete. We would have to examine whether or not our own values as practitioners are valid in a broader context. For example, openness and teamwork are routinely touted in OD work, yet organizational politics and inter-group dynamics might make openness dangerous and teamwork might not be the best way to maximize design creativity.

### **Conclusions**

In conclusion, to take culture seriously we must start with understanding the occupational culture in which we are embedded and what it is that we take for granted. Having understood that, we can then examine the cultures and sub-cultures of our client systems and decide whether or not there is enough value congruence to proceed with the project. If we think beyond the individual to the broader system, if we begin to think of ourselves as organizational therapists, we will recognize the complexity of the cultural landscape and have to accept that some sub-cultures may have values and assumptions different from our own yet have to be seen as part of the client system. To work with those sub-systems that we recognize as having a different culture we may have to team up with insiders who understand that sub-culture rather than trying to work alone.

In any case, we have to recognize that everything we do is an intervention and that we have to have criteria in our head for what is an appropriate intervention in any given situation. For me

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that criterion is to work with whoever is my immediate contact in such a way that a relationship builds between me and that individual. That relationship is necessary for me to find out what is really going on and for us jointly to decide what is the next appropriate intervention. So I work with each part of the client system individually, but always with the larger organization in mind. I have to have the skills to build relationships with individuals but my mental models must be organizational, systemic and cultural.

We can best help the client by broadening his or her cultural understanding and jointly examine culture as it becomes relevant to whatever problem the client wishes to solve. We can help clients to appreciate that any given culture or sub-culture is primarily an asset, being based on past learning. If some part of a given culture prove to be dysfunctional we can help the client to appreciate the difficulties of changing culture. Our growing awareness of organizational cultures and sub-cultures will insure that all our interventions are jointly owned with the client so that whatever further actions are taken are feasible within the existing culture and take advantage of its strength. If we encounter elements of the culture that are hindrances, then we will work realistically with our client to launch the much more difficult and time consuming process of changing that element, always being mindful of using other elements of the culture as sources of strength for the change program.

The effective OD practitioner/Organizational therapist of the future will have the psychological skills to build relationships, the sociological skills to appreciate complex systems and the interplay of sub-systems and the anthropological skills of working with culture.

### **Research Capsule**

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The ideas around which this essay is built derive from my own experience and from what I have learned from many mentors who have influenced me through their writing and their personal teaching. In particular I have to mention Douglas McGregor, Richard Beckhard and David Rioch as early mentors, the ideas of Kurt Lewin, and working with Chris Argyris, Herb Shepard and Warren Bennis on how groups work, and the direct influence of my colleague John Van Maanen on how culture, particularly occupational culture, plays out in organizations. The appreciation of organizations as complex systems comes from my direct contact with the Tavistock Institute, particularly Eric Trist, Harold Bridger, Elliott Jaques and the ideas of Tommy Wilson, A. K. Rice and Fred Emery. The subtleties of interpersonal dynamics in inter-cultural settings are best understood in terms of the work of Erving Goffman and Edward Hall.

Instead of putting individual references in the text I provide below a set of references that underlies these ideas. My own direct experience as a consultant with a variety of organizations in the U.S. and overseas is well described in my books of Process Consultation and on Organizational Culture.

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