

THE CLINICAL PSYCHOLOGIST AS ORGANIZATIONAL DIAGNOSTICIAN

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In recent years there has been considerable concern with organizational change and organizational development. Much of this concern has stemmed from the group dynamics movement, and those who have practiced organizational development have been largely social psychologists, sociologists, and others in a variety of disciplines who have applied variations of group dynamics techniques. A number of clinical psychologists have also been involved in this new direction.

Like nondirective therapy, organizational development practices concentrate largely on having people express themselves to each other about their mutual working interests and problems, on working together on the resolution of common problems, and on having people weigh out loud and with each other their organizational aspirations and goals. Often problem-specific and frequently intuitive, these efforts are largely atheoretical. It is presumed that the same general methods will apply to all organizations.

The field is presently in a fluid state, marked primarily by ad hoc problem-solving efforts and by a heavy emphasis on expedient techniques, ranging from

games to confrontation, whose rationale frequently is poorly thought through and whose sometimes untoward consequences are either unrecognized or denied. However, as any skilled clinician knows, not all patients will prosper equally well with the same therapy, and there are severe limitations to that kind of clinical intervention which merely enables people to clarify their conscious feelings and to work on problems consciously perceived. For dealing with more complex problems at deeper levels, the clinician requires a comprehensive theory of personality and a range of therapies of choice.

Scientific View

Little of what is presently called organizational development involves anything like formal diagnosis. That is, while it is traditional for a responsible clinical psychologist to evaluate his client or patient both from the point of view of that person's problems and the capacity he has for dealing with them—and most psychologists would find it irresponsible to work with clients or patients otherwise—such processes are not within the purview of most people involved in organizational development. A psychologist cannot act responsibly in consultation, whether individual or organizational, unless he maintains a scientific point of view about what he does. This means that he must formulate a diagnosis

¹This article is taken from material prepared for presentation as part of the symposium, "Clinical Psychology in Industry: A Needed Revolution," at the meeting of the American Psychological Association, September 1972.

which is essentially a working hypothesis about what he is dealing with, and then he must formulate methods (whether they be treatment, intervention, training experiences, or other devices) which will be effective tests of the hypothesis he proposes or which will compel him to revise his hypothesis and change his methods accordingly.

A diagnosis, whether of an individual or an organization, requires a comprehensive examination of the client's system. That examination of the individual client will frequently involve measures of intelligence and intellective or cognitive functions, defensive and coping structures, modes of managing emotions, pinpointing focal conflicts, and understanding personal history as the context for character formation and styles of adaptation. The examination will frequently involve psychological testing and often consultation with a neurologist, pediatrician, or a psychiatrist. Indeed, some psychologists specialize in diagnosis alone, a process so helpful that in many of the best kinds of psychological and psychiatric clinics such diagnostic formulations guide the therapy regardless of who conducts it. Thus, a comprehensive examination, leading to a sensitive and sophisticated diagnostic statement, becomes the basis for predicting the best kind of therapeutic process, its likely course and outcome, and possible danger points. That process also permits the professional to review what goes on in his relationship with his client, to modify his behavior and activity in keeping with changes in his diagnostic hypotheses, and ultimately to compare his examinational findings at different points in time to measure progress.

It is quite unfortunate that this process seems not to be an intrinsic part of contemporary organizational develop-

ment. There are a number of reasons why this is so. There is no systematic body of professional knowledge about organizational development. Most books on the subject are piecemeal, made up of unintegrated papers. Most techniques are ad hoc, with limited rationale. Many, if not most, people who work with organization development have had limited training, some no more than having been in T-groups or, at best, having had T-group internship. Most have had no training in depth to understand the dynamics of individual personality, even those who have degrees in social psychology or sociology, let alone any sophisticated understanding of group processes. Many lean heavily on psychological cliches like "self-actualization" or "9-9, 5-5" or similar slogans derived from rubrics used in psychological research without refining these rubrics into syndromes or formulations that create the conditions for intervention. Finally, much of OD seems to hinge on one device, T-group or confrontation, which, because it is the single technique for all problems, necessarily becomes merely a gimmick. With respect to organizational development, we are at that point in time comparable to the use of leeches in medicine. Just as they served the purpose of drawing bad blood, so the single technique in OD seems to be justified in terms of serving the purpose of drawing out bad feelings or emotions.

Failure to Diagnose

This state of affairs inevitably leads to certain kinds of failures, disillusionments, destructive consequences, and other negative outcomes which ultimately cause the public—in this case, the companies or other institutions—to withdraw, as many have, from group dynamics and encoun-

ter techniques. Here are some examples where the failure to diagnose led to untoward consequences.

1. A rigid, authoritarian company president, who built his organization into international prominence, was disappointed that he could not seem to retain a corps of young managers who had top management executive potential. While he hired many, they left after two or three years with the organization, usually moving up into higher level roles in other companies. He himself attributed this loss to an inadequate management development program and sought the help of a social scientist well-versed in the concept of confrontation. Certain that the problem was the executive himself, and equally certain that the executive would profit by attack by his subordinates, the social scientist arranged an organizational development program whose first steps included just that kind of confrontation. In the course of the experience, the president became livid with frustrated rage, angry that his paternalism was unappreciated, and abandoned his efforts to develop the company further. In impulsive anger, he sold it, a fact which ultimately cost him dearly and enmeshed his management in the adaptive problems of a merger which made them merely an appendage of a larger organization.

2. A major division of a large corporation undertook, with the help of a prominent and responsible consultant, an OD program intended to "open things up" to foster group cooperation. Shortly after this developmental effort, the division head was removed from his position when it was discovered that he had manipulated and exploited his subordinates, that he had sponsored orgies at sales meetings in violation of company ethics, and in various other psychopathic ways had acted irresponsibly

and manipulatively. The consultant, however well-qualified in working with groups, knew nothing about individual psychology and, as a result, his efforts to "open people up" served only to make people potentially more vulnerable to exploitation. Under such circumstances that group of managers would have been much better off to have learned ways of becoming more highly guarded and protected.

3. A major consulting organization undertook to advise on the drastic reorganization of a client firm. The consequence of this drastic reorganization was that many people who had previously held power were successfully deprived of their power, although they retained their positions. The firm traditionally had insisted on and rewarded compliance so these men did not openly complain, but there was widespread depression and anger among them for which the consulting firm assumed no responsibility. In fact, it is doubtful whether their developmental efforts included any recognition of the psychological consequences of what they did.

4. As part of a developmental effort in a company, thought to be a wise course to "open people up," a trainer undertook encounter experiences which involved having the executives touch each other and engage in activities which brought them physically closer to each other. Two executives, whose latent homosexual impulses (unconscious and well-controlled) could not tolerate such closeness, had psychotic breaks and had to be hospitalized.

These are examples of destructive consequences of organizational consultation without diagnosis. I could offer many more examples, but these will suffice.

Formal Diagnosis

In order for a consultant to avoid these kinds of consequences, he must have a systematic knowledge of individual motivation as well as organizational motivation and small group theory and be able to evolve modes of intervention based on diagnoses which include that multiple level understanding. Now, by way of contrast, let me indicate what a formal diagnostic process should provide.

As is now known, the U.S. State Department has been subject to widespread criticism, several outside commissions, sensitivity training, and a variety of other interventions, to little or no avail. The problems of its bureaucracy remained and still had to be dealt with. Diagnosis of that system indicated that an organizational structure was unlikely to be changed by pressure from the outside alone, pressure from the inside alone, or pressure from leadership alone. It could not significantly be altered by T-group methods, as had already been demonstrated, or by leadership. If the basic problems were structural, that is, bureaucratic, then change could occur only by altering the whole structure and by evolving mechanisms for keeping it open. This conception led to the establishment of 13 simultaneously operating task forces of 20 some people each. Thus, some 250 people were turned loose in a self-critical appraisal of their own structure. They produced from this a 600-page volume and have since had a series of follow-up outcome statements on their recommendations. There was minimal work by the consultant, which consisted largely in his instructing the task force leaders, supporting organizational leadership, and helping the task force leaders and the organizational leadership anticipate the kinds of hostility they were going to encounter.

A president with a good managerial history was brought in to head a scientific company whose keymen neither understood nor wanted to be subject to professional management. When they threatened to resign, and some did, urgent consultation was requested. Diagnosis of this situation took into account organizational history and scientific values, desertion by the company's founders, exploitation by a previous president, cohesion of the in-group, and the need to retain adaptive profitability. On the basis of a comprehensive assessment, it was decided to hear the men out in individual interviews, then summarize those interviews and present them to the interviewees and the president together. This procedure offered them problems and issues to deal with, but without subjecting the group to the possible exploitation of the president, which they feared, and not running the risk of their destroying him under confrontation attack. The consultant became, in effect, an intermediary. On the one hand, his job was to help the president understand the nature of the complaints and the kinds of people he was dealing with, as well as certain basic psychological principles; on the other, his task was to help the group recognize their need for a professional manager and to offer them more constructive ways of giving him support and guidance. After the initial contacts of three three-day sessions, the consultant maintained a distance from the group so that he would not be seen as "running the company." Many of the key managers individually took part in executive seminars to learn more about the psychology of management, and he was available to all of them as individuals by phone or occasional personal contact. This enabled the president and his key figures to develop a working relationship

in which all could count on the distant but supportive influence of the consultant and the new and consistent pattern of leadership the president established.

Once general comfort was attained with this relationship, and the men could come to trust the president, in part because the consultant drew off some of their hostility toward himself, they then decided that it would be wise to get together as a whole group at monthly intervals to open up avenues of communication which they knew needed opening but which would have been destructively explosive had they been opened before. The group continues to function effectively together now more closely than ever. However, this process of carefully differentiated steps has taken a three-year period.

Following the devastating effect of the reorganization of the company mentioned above, and a subsequent year of turmoil, a consultant was asked to undo the situation. Initial interviews with the executives indicated the severity of the depression each was experiencing and provided information on the turmoil in the rest of the organization. Building upon a clinical understanding of depression following the experience of loss, an appreciation of the sense of responsibility the managers in the organization felt, the sensitivity of the new leadership, and important changes in external forces which the organization now confronted, the consultant recommended that the 100 top management people be brought together for a meeting of several days. In this meeting, he recommended, the chief executive officer should present the history of the organization, its achievements, its present state, and its future potential, and indicate clearly what was happening in the outside environment and what drastic changes had to be made.

Such a statement was then followed by opportunity for the 100 men in small groups to discuss and analyze what they had heard and to mourn the loss as well as to confront reality. While regretting the past, they could begin to see clearly what the future held and what kinds of adaptive efforts might have to be made.

They were then reconvened to hear presentations about future trends in their field, as well as in society at large, to set in context what they were up against. They then had the opportunity to discuss and digest their impressions and to see how such forces related to them. On the basis of those discussions in small groups, they established priorities for action, coalesced them in large plenary sessions, and evolved a charter for their functional operations. Thus, they began to turn their aggressions outward on real problems which they faced together, while working through their sense of loss and depression.

These examples are cited not to illustrate in detail a diagnostic process but only to indicate that one was in motion which required different interventions for different organizations and with different people under varying circumstances. Whether the diagnoses made were correct ones is not the point. Since they were made consciously, they could exist as testable hypotheses, always subject to change. The consultant could then make interventions of choice. In effect, he exercised control over what was happening, testing his choices rather than assuming that one method worked equally well in all circumstances.

Psychological Pollution

There is a devastating trend of psychological pollution in contemporary organizational circles. Destructive influ-

ences arise out of merger, reorganization, individual and organizational obsolescence, and change. These forces are going to continue for the foreseeable future. That kind of pollution can be dealt with through the medium of organizational intervention, providing the consultant has sufficient understanding of diagnostic and therapeutic conceptions to discern the phenomena he is dealing with and to be able to act on them. We cannot afford the continued blundering by untrained people, which is destructive to organizations as well as to individuals, but we do have resources to deal with the problem. The clinical psychologist, trained as he is in individual diagnosis and therapy, has a basic frame of reference for looking at organizational problems the same way. He can extend his knowledge and subsequently his efforts to include organizations as systems as well as individuals or families as systems. This requires a formal diagnostic process built on his clinical skills but expanding his point of view to see the organization as the client system and to include group and organizational processes within his purview.

This can be done (as I have recently done it in a book called *Organizational Diagnosis* to be published by Harvard University Press) by following a five-step procedure. This procedure should include (a) a detailed organizational history which will delineate both the forces impinging on the organization over time and its characteristic adaptive pattern as well as its modes for coping with crisis; (b) a description of the organization which would include its organizational structure, physical facilities, people, finances, practices and procedures, policies, values, technology, and context in which the organization operates; (c) an interpretation of observations, interviews,

questionnaires, and other information about the organization's characteristic ways of receiving, processing, and acting upon information, as well as the personality characteristics of the dominant organizational figures and the style of organizational personality; (d) a summary and interpretation of all these findings with a diagnostic formulation; and (e) a feedback report to the organization to establish a basis for organizational action toward solving its problems.

Such a process is extended from and based on the clinical case study method. It views the organization as an open system with a range of semiautonomous interacting subsystems. Both the subsystems and the organization as a total system can be evaluated in terms of how effectively they adapt to the environments in which they operate, where organizational and subsystem strengths and weaknesses lie, and what kinds of steps can be delineated to utilize the assets to cope with the weaknesses.

In undertaking this kind of organizational diagnostic process, the clinician must give careful attention to the psychology of the individual people involved as well as the collective psychology of groups, since many people working in the same organization share common elements of personality. Similarly, the nonclinician familiar with group and organizational processes, but unfamiliar with personality theory and clinical diagnostic practice, can expand his learning to include both. The ultimate practice of organizational development might better be called applied clinical sociology.

This usually means careful attention to leadership and continued work with the leadership, feedback of the diagnosis to the client system to become the basis for formulating common action, and dealing

with resistances and transference problems to the consultant. In the last analysis such a consultation is the management of a relationship between the consultant and the organizational system—thus a problem of clinical management for therapeutic purposes.

The need for such a diagnostic process is imperative because of disillusionment not only with organizational development but with many aspects of community psychology. Despite much talk, community psychology has not had significant impact on social systems, like churches, schools, and similar community agencies.

No amount of ad hoc expedience, no amount of talking about “growth,” and no amount of depreciating the old as being “in the medical model” will substitute for solid knowledge systematically organized, interpretations based on a comprehensive conceptual system, and diagnostic hypotheses amenable to continuous testing and alterations. Only with a solid clinical base can one come to community and organizational development with a prospect of long-term gain. Inevitably, if he is to have a community impact, the clinical psychologist must become an organizational diagnostician.

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