

Structural Family Therapy and Consultative Practice: A Paradigm Shift for O. D.

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Abstract This article poses the following questions: “Why is it that problem-solving and planned change often do not work?” The thesis is that we are using an inadequate paradigm. We currently base our practice on assumptions that are derived primarily from humanistic psychology and the small group laboratory movement. The adequacy of this myth and the resulting assumptions that are derived from this position is challenged. Structural Family Therapy offers a different world view. Some concepts and methods are directly applicable to consultation in organizations. The humanistic, interactive paradigm is contrasted with the organismic/structural paradigm, and implications are derived for organizational development consultation.

This article is primarily for those practitioners who share, with the author, a growing sense of discomfort about the unpredictable, episodic nature of successes and failures in consulting practice. At times, action research and problem-solving have created change. At other times they haven't, leaving us with a knot in our stomachs and questions. What went wrong? What could I have done differently? Why didn't the client system use the available information?

Those of us who have a tendency to introject, blame ourselves. Others blame the client for being “resistant and defensive.” Usually our rationale includes both. This tendency is, in itself, illustrative of the inadequacy of our field. It is highly possible that there is no such animal as a “resistant” client, only consultants who use inappropriate strategies which come from inadequate assumptions.

Rather than propose a new way to reduce client resistance, or increase diagnostic and intervention skills, this article questions our fundamental assumptions. The thesis is that our failures are not due to client or consultant inadequacies, but because of a third factor: the basic assumptions and myths that we bring to our consulting practice.

Our field is organized around the humanistic myth that individuals are subjective beings who are basically free and capable of rationally planning change through interactive processes. Structural Family Therapy offers the following counter myth: discrete individuality is nonexistent. People are both creators of and created by their current context. Their subjective experience is the result of the context, not the cause. Therefore planned change will not be effective without contextual changes.

We shy away from the uncomfortable question “why does planned change often not work?” because we intuitively “know” that it cannot be answered by using our current myths, theories and assumptions.

Understanding the above statement obviously requires openness to a different myth about individuality. This is not easy, but the first, and most important step is to acknowledge the problem. The problem is: *planned change often does not work*. We may believe that others do not have the same “dis-ease.” However, we practitioners suffer from pluralistic ignorance – everyone individually feels discomfort but does not share it because of the belief that no one else does. We shy away from the uncomfortable question “Why does planned change often not work?” because we intuitively “know” that it cannot be answered by using our current myths, theories and assumptions.

Rather than directly address this problem, thereby challenging the adequacy of our basic assumptions, we tend to try to do better what we know how to do. We want to further refine our methods and techniques. But this is like wanting to “run faster down the wrong road.” We seldom ask whether we are on the right road. Asking that is the purpose of this article.

Investigating the alternative road requires new concepts. By the year 2000 I predict OD consultants will commonly use such words as boundaries, patterns, meta-rules, triangulation, homeostasis, maps, complementarity, isomorphs and holons. Some are already in our vocabulary and we may believe we already know what they mean. However if properly used, such words will not just be additions to our vocabulary, they will represent a major shift in our world view. These are not mere words; they are new concepts. They require new glasses, a new perspective, a new myth, “a discontinuous paradigm shift” (Kuhn, 1962).

Myths and Shifts

Joseph Campbell illustrates the power of myth. Columbus, he notes, set sail thinking the world was in the center of a kind of Chinese box of seven transparent revolving spheres, in each of which there was a visible planet; the moon, Mercury, Venus, and the sun, Mars, Jupiter and Saturn...Included in this view was the image of Dante’s heaven and hell. Satan, it was thought, had been flung out of heaven and created a huge crater, the pit of hell. The displaced earth had created the mountain of Purgatory, the top of which was the Earthly Paradise, and from which the blessed rives of Scripture flowed.

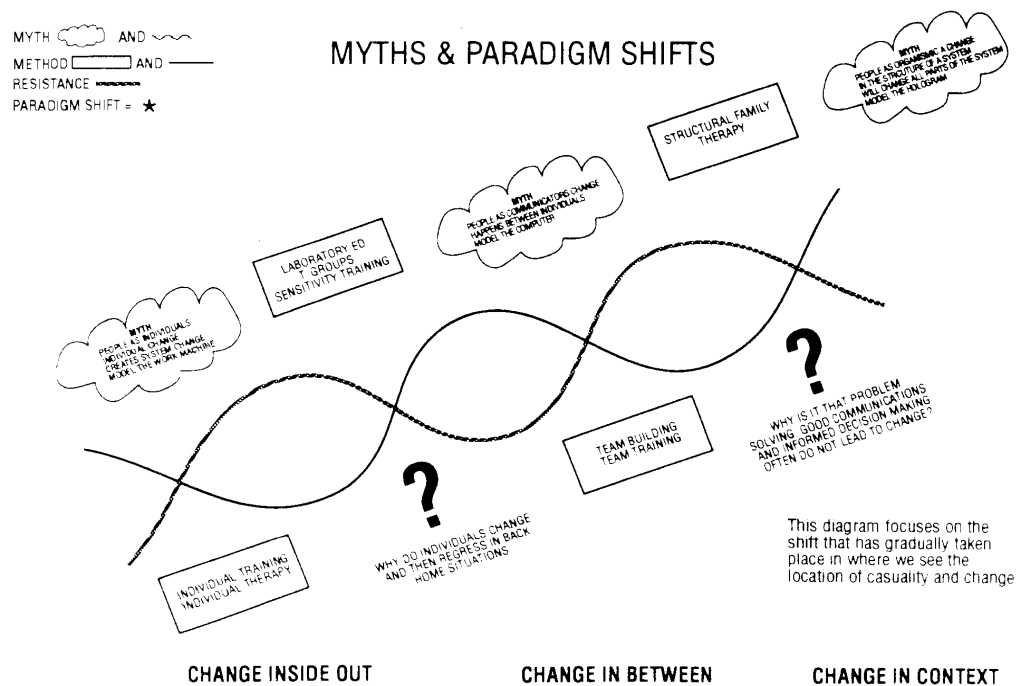
For our purposes it is significant to note that Columbus “discovered” proof for the myth. The mouth of the Orinoco River was flowing from the mountain of Paradise. When he sailed North at a faster rate than before, he believed that he was sailing “downhill, from the foot of the promontory of the mythic paradisial mountain” (Campbell, 1972, pp. 2-4)

Although it is easy to smile at Columbus’s error, we are no less vulnerable. In this discussion I am not using the term “myth” in the popular sense of something being untrue. In fact, my intention is quite the opposite. Our myths are the most real truths about our existence.¹ This example illustrates three basic points that apply today. First, myth organizes reality, creates assumptions, expectations and behavior. Myths mobilize emotional energy and determine what we “discover”. A second aspect to consider is the close relationship between methods, technology and myth. Myths are altered when people develop better methods and techniques of investigation. Development of telescopes preceded a change in myth. Thirdly, the myth that

¹ Quote from “Managing Unlearning”...**Training and Development Journal**, July, 1981, pg. 37.

“organized” Columbus not only fit into the theology of the day, but it was determined by what humans could create with their hands. The world they knew was created by carpentry. Technology is not only important in a practical sense: it also provides physical models which enable us to make new sense out of ideas and findings, thereby changing myths. For example, the telephone switchboard helped brain research and stimulus-response psychology. The advent of the computer not only made information more readily available, but also shaped a new myth about the human brain.

The relationship between the power of a myth to organize our inquiry and the status of technology and methods is illustrated in Figure 1. The drawing illustrates that there have been times in our discipline when methods were congruent or supportive of the myth or individuality. At other times our methods and the limitations of our practice have created a change in the individuality myth.



Of course the diagram is highly simplified. It appears to denote a clear chronological order, when in fact, such is not the case. For example, Harry Stack Sullivan and Karen Horney stressed the social, interactive aspects of relationship well before the T-group and laboratory education. The diagram highlights only the changes that have taken place in our mythic conception of the individual. The myth of the individual intentionally is the focus here because it is the key to understanding the changes that will evolve in our discipline. To provide perspective on our discipline, the diagram steps back from trees to view the forest.

People as Individuals: Causality Inside Out

To illustrate the power of the myth of individuality on practice, imagine that the era is the 1920s and you are consulting with a management team. Your diagnosis does not have the benefit of the Hawthorne studies, laboratory education, management theory, supervision and leadership models, theories of motivation and a knowledge of the complexity of human behavior. Not only do you not have these finds, you also are not aware how your practice is being organized by the myth of individuality. You do not “see” interactive processes. You unconsciously assume that, like a machine, organizations are made up of discrete parts that work together like an internal combustion engine. You seek to improve the organization by making the separate parts as efficient as possible. If that fails, you advise the replacement of the defective part. You assume that replacing individuals will change the organization. Your practice is limited because your myth is inadequate.

The 1920’s consultant did not yet have the major contribution of the Hawthorne studies, a change in paradigm. The Hawthorne studies, illustrating how group relations affects productivity, became a new myth that reorganized practitioners’ assumptions, thoughts and practice. The myth of discrete individuality would never hold the same power. The era of human relations was about to break upon the scene.

Figure 1 arbitrarily begins with the myth of individuality prior to laboratory education and the influence of Kurt Lewin and the small group movement. Because people were viewed as discrete, separate individuals the underlying assumption about change was that changing individuals would change the system. Changed moved from the inside of the individual out to the system.

However, with the advent of laboratory education and the T-group, the limitations of that assumption were quickly apparent. People trained in the laboratory setting returned home with high, almost evangelical aspirations, only to meet with discouragement and failure. The back-home system resisted change. Energized learners either buckled under to old ways or left their position.

In the meantime, those in applied behavioral science were busy grappling with the difficult question “Why do individuals change and then in back-home situations, regress?” Practitioners refined their educational methods, and worked particularly hard on transfer, assuming that if individuals were trained to anticipate and plan what it would be like when they returned home then long-term change would result. In other words, we sought to do a better job of training individuals rather than change the myth.

People as Communicators: Causality In Between

Gradually, with the evaluation of new theory and thuds, and growing awareness of the inadequacy of individualistic assumptions, a new myth began to take form. We began to place increasing importance on interactions between people. Change was seen as happening between individuals. Communications skill training and group processes with teams or intact groups became the new organizing principle.

When seen in the context of a paradigm shift, the theory of transaction analysis takes on renewed significance (Berne, 1964). This theory was one of the first widely used, popular theories to challenge the myth of individuality. Transactional analysis assumed a minimum unit of two. Challenging the notion that human behavior takes place solely because of internal personality processes, it focused on the interactions or transactions between people.

Although we did not stop “stranger labs,” when system change was called for, we sought to train entire teams (Black and Mouton, 1968). If an intact team could be taught better ways of communicating, decoding and understanding each other, then we assumed (and still do) that constructive change would take place. When system change was the goal, communication skill training and training in teams became the new methods supporting the myth of people as communicators. We also adopted our consultative practice accordingly. Processes became more important than structure (Stein, 1969).

Figure 1 focuses on the shift that has gradually taken place in where we see the location of causality and change. However, if we are to define our present position, we must acknowledge the influence of humanistic psychology on how we presently view the individual. The emphasis upon personal freedom, growth, trust, self-actualization, and the primacy of the subjective experience has grown hand-in-hand with the small group and laboratory education movement (Gibb, 1989; Maslow, 1971; Rogers, 1970).

In summary, applied behavioral science today is largely based upon the myth of free, rational, aspiring individuals who can be trusted to implement constructive change by human interaction. The following are logical statements that flow from this position and represent our current organizing myth:

If people are basically free, interactive individuals who have good intentions, and are capable of rationally planning change, then:

- CHANGE is brought about by the collaborative communications between skilled, well-informed people.
- PROBLEM SOLVING is the goal.
- ACTION RESEARCH is the primary method.
- OPENNESS is necessary to obtain the information for problem-solving.
- FEELINGS are surfaced and emphasized because they provide information.
- PERCEPTIONS of the client are the “realities” that consultants deal with. The client is the “expert” on his or her problems.
- UNDERSTANDING is critical. Insight is necessary.
- EDUCATION is the key to change. The more people learn about themselves and others, the better they know how to communicate and the more change will occur.
- THE CONSULTANT is therefore an educator, data collector, feedback mechanism, and facilitator of process.

To the degree that the above represents our current state, it becomes apparent why it is so difficult to ask why problem-solving, good communications and informed decision-making often do not lead to change. Proposing that planned change has its limitations calls into question the rationality and freedom of the individual.

The organismic view assumes that individuals are both creators of and created by their current context.

Like Columbus, who was trapped in the theological myths of his day, we need to question these basic assumptions. Using different assumptions we can see it is highly probable that under some circumstances, problem-solving (and the conscious choice it implies) not only does not work but may be counterproductive. In the process of solving a problem, we may not be correcting the problem, but actually maintaining it. To see why this is so, we need to consider the alternative paradigm.

People as Organismic: Causality in Context

The shift from viewing individuals as discrete units to interactive units requires a relatively small change. Humanistic assumptions about individuals closely matched the principles of human communication. Viewing people as organismic requires a considerably more dramatic shift in our view. The organismic view assumes that individuals are both creators of and created by their current context. The following propositions which logically flow from the organismic position are in sharp contrast with those stated earlier and represent a paradigm shift:

If discrete individuality is nonexistent, and if people are both creators of and created by their current context, and if the current context is being maintained homeostatically without people being aware, then subjectivity is the result of the context, not the cause, and:

- CHANGE is a nonrational process. Change is brought about by transformation of the context, not by incremental change.
- PROBLEM-SOLVING may contribute to maintaining a dysfunctional context, rather than yield significant change.
- ACTION RESEARCH is useful only if it succeeds in changing the more basic structure of the context.
- OPENNESS is only one strategy among many to change the context.
- FEELINGS are the result, not the cause of the context. A change in the context creates a change in feelings, not the other way around.
- PERCEPTIONS of the client are being created in the moment to maintain the current dysfunctional context. Therefore, the consultant relies on his/her expert perception of structure, rather than looking to the client for insights.
- UNDERSTANDING can, under certain circumstances, actually contribute to maintaining a dysfunctional context.
- EDUCATION is there fore far less important, and useful only if it leads to and maintains a new, contextual, structural change.
- THE CONSULTANT is an active agent of change, directive, charged with changing structure, not primarily concerned with how well people are communicating.

The organismic paradigm obviously requires a quantum shift from our present position. If the subjective experience of our clients is the result of the context, not the cause, then we need to

seriously examine our current assumptions and inquire into the nature of the context and the merits of the organismic view.

THE ORGANISMIC VIEW AND STRUCTURAL FAMILY THERAPY

The title of Salvador Minuchin's (1978) book, *Psychosomatic Families*, is significant. He recognizes the basic unit of pathology as the total family, not the individual. The psychosomatic individual is both creating and being created by the contextual structure of the family. This is in direct opposition to individual personality theories and therapy. Using the individual pathology model, anorectic children, when treated individuals at hospitals would eat, but then starve when they returned to their families. Individual therapy with the children had a 40-60% success rate (Minuchin, 1989, p. 10)

Because of the low success rate, Minuchin and his collaborators turned to investigate the elements in the family system that produced the psychosomatic child. Excellent scientific studies, using operational behavioral and physiological measures, clearly demonstrated that psychosomatic illness is, in some cases, created by and in most all cases, maintained by the total family system.

As they studied the total system, they also devised methods of intervening that changed the family structure and patterns. The "identified patient" was cured if the family structure was changed. One of the first goals of structural family therapy was to shift the problem from the "identified patient" to the system as a whole. When this step was taken, individual personality language was no longer appropriate. Instead, they described the family unit that produces psychosomatic illness as being: enmeshed, having unclear boundaries, poorly differentiated sub-system boundaries, rigid patterns that resist change, resistance to conflict and overprotectiveness.

The lack of individual psychological language can be noticed. The entire system becomes the unit of pathology and therefore diagnostic language comes from systems theory. Using systems terminology, family therapists are able to develop structural maps of the system. Figure 2 represents an example of the structure of a dysfunctional family:

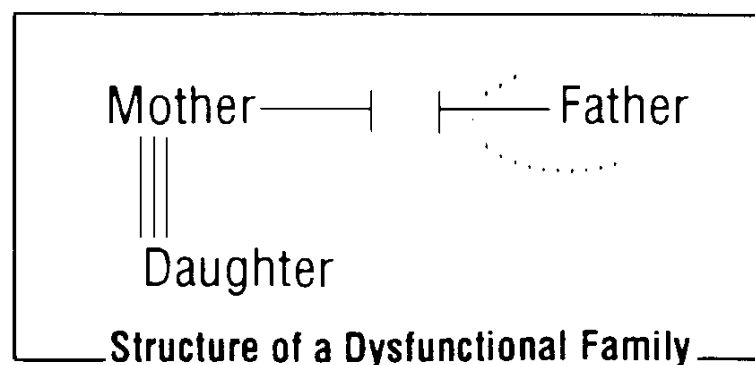


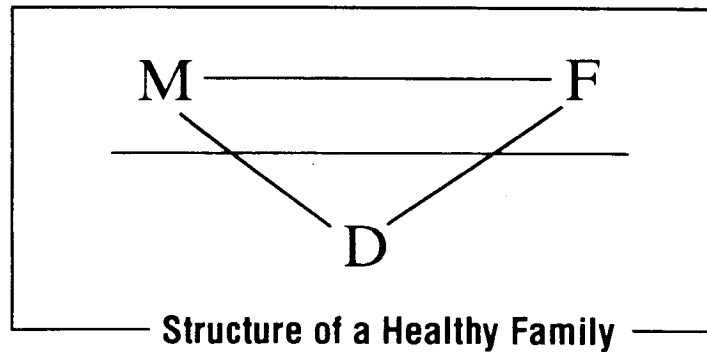
Figure 2

The dashes signify unclear boundaries between parents and child. The broken lines between the parents and daughter represent a break down in parental functions. The tree lines between the mother and daughter portray overinvolvement, overprotectiveness and enmeshment between the

two. The daughter is as likely to take care of mother as vice versa. When one feels something, the other feels it too. They live in each other's heads.

The implications for change are important. The father is distant because the mother and daughter are enmeshed; the mother and daughter are enmeshed because the father is distant. All parties are in collusion to maintain the structure of the family. Changing any part of the system, like distancing mother from daughter, creates change in other parts of the system. In this case, if mother and daughter create a more appropriate subsystem parental boundary, this brings father and mother closer together. Also a positive change in the relationship between mother and father creates greater distance between mother and daughter.

In contrast, the structure of a healthy family looks like the following diagram (Figure 3):



In this diagram, the boundaries, designated by the lines between parents and daughter, show a clear differentiation between the parental subsystem and the daughter. The child does not have to take care of the mother. The strength of the spouse subsystem is denoted by the solid line between mother and father. Wife and husband have a good relationship that helps maintain an appropriate parental boundary. This results in a decrease in enmeshment or overinvolvement with the child, and is graphed by one line not three as in the previous illustration. With parents clearly in charge, and without mother and daughter enmeshment, the daughter does not have to get sick.

The change to the organismic view is obviously more than using different words. The philosophical assumptions about cause and effect are fundamentally different. To review, the communications paradigm is based upon a "linear" model of causation. With this model, Person A causes an effect in Person B, who then, in turn, causes another effect in Person A. It is an action/reaction model. "It presumes an action and a reaction, a stimulus and a response, or a cause and an effect" (Minuchin, 1978, p. 20).

In contrast, in the systems model,

"...every part of a system is seen as organizing and being organized by other parts. An individual's behavior is simultaneously both caused and causative. A beginning or an end are defined only by arbitrary framing and punctuating. The action of one part is, simultaneously, the interrelationship of other parts of the system."

"...The system model demands a quantum jump: acceptance that dependency and control, attraction and aggression, symbiosis and avoidance, are more than introject (i.e.,

personality characteristics). They are interpersonal interactions in the present. The psychological unit is not the individual. It is the individual in his significant social contexts.” (Minuchin, 1978, pp. 20-21)

The above position, as an idea relevant to the behavioral sciences, has been around for a considerable time. Structural family therapy may have been the first to systematically make application of the idea, but in 1947 Gardner Murphy (p. 891) wrote:

“We cannot define the situation operationally except in relation to the specific organism which is involved: we cannot define the organism operationally...except in reference to the situation. Each serves to define the other.”

On a more philosophical level, Allan Watts (1961, p. 34-35) has put it this way:

“...every push from within is at the same a pull from without, every explosion an implosion, every outline an inline, arising mutually and simultaneously so that it is always impossible to say from which side of the boundary any movement begins. The individual no more acts upon the world than the world on the individual. The cause and effect turn out to be integral parts of the same event.

“Described simply as pattern in motion, the mystery of what acts and what is acted upon, of how the cause issues in the effect, would be as easy as seeing the relationship between the concave and convex sides of a curve. Which side comes first?”

We are ready for a change in myth. The ideas are not new. Structural family therapy incorporates the basic concepts and theory in formulating methods of treatment. In addition, we now have an existing technology that can expand our awareness and lead us as we explore the organismic view.

As mentioned previously, ideas and shifts in myths often await the development of technology. Ideas seem to float around until place in the context of a contracted material object that may be used as a metaphor for understanding. It is as if the physical construction allows us to place our ideas in a context that makes sense. The hologram is a fertile metaphor offered by our end of the century technology.

HOLOGRAM AS METAPHOR

Marilyn Ferguson (1978, pp. 177-187) provides a readable and yet profound description of the hologram and its implication for the future.

“The hologram is one of the truly remarkable inventions of modern physics – eerie indeed, when seen for the first time. Its ghost-like image can be viewed from various angles, and it appears to be suspended in space.

“Light falls onto the photographic plate from two sources: from the object itself and from a reference beam, the light deflected by a mirror from the object onto the plate...The result is a 3-D likeness projected into space, at a distance from the plate.

“IF THE HOLOGRAM IS BROKEN, ANY PIECE OF IT WILL RECONSTRUCT THE ENTIRE IMAGE.

...The whole code exists at every point in the medium.”

One cannot implement change in one part of the system
without affecting all of the other parts.
The behavior of one individual is a code for the entire system.

I believe this physical reality will be used in decades to come as a metaphor for explaining a dimension or reality that, until now, we have not understood. Although most of the implications are yet to be discovered, the application to organismic concepts and to structural family therapy concepts is apparent. Each individual colludes with all other individuals to create and maintain the total structure. One cannot implement change in one part of the system without affecting all the other parts. The behavior of one individual is a code for the entire system. The anorectic child is a part of the parental subsystem, and if we were to look only at the parental subsystem we could infer the behavior of the child. Linear cause and effect notions do not apply. Causation is circular.

IMPLICATIONS FOR CONSULTATIVE PRACTICE TO ORGANIZATIONS

Obviously, families are not the same as organizations. However, if we as consultants were to seriously acknowledge the merits of the organismic paradigm, what we would see and how we diagnose and intervene would be vastly different. Applying this new understanding, this new paradigm, to the many different types of organizations we consult is no easy task. Our techniques will have to be refined through experience. First, however, we must make the paradigm shift. Then we can concentrate on implications and actions.

We should not underestimate the difficulties ahead. Paradigm and mythic shifts do not come easily. Resistance is natural. (We can readily imagine Columbus persisting in his view that the Orinoco River was a River of Paradise long after explorers had established otherwise.)

One of the ways we can resist is by assuming we have already made the shift. Many organismic views and vocabulary are currently being used in our practice. We talk about the “ecological nature of social systems” and our literature is full of systems vocabulary. Lewin’s “Force field” and formulation that behavior is a function of the person times the environment is fundamental to our field.

However, using these concepts does not mean we have made the shift. If we had, there would be differences in both what we see and how we intervene. For example, Lewin’s force field is an excellent organismic model for diagnosing a problem. But if we operated from the organismic view, we would see the more fundamental problem of the macro-structure of the group that is going to solve it. We would not simply assume that the problem would be solved by people with good process skills who choose to solve it.

To give a personal example, I recently mentioned these thoughts to a colleague. The response was disturbing. After I shared the structural family therapy view and the anorectic child findings this colleague said, “If I had explained to a client family my perceptions about the ecological nature of the system, and the child continued not eating, I would say she was choosing to die!” This consultant was defending the humanistic, people-as-communicators paradigm to the death. Some one else’s death! He incorrectly believed he was completely knowledgeable about the organismic point of view. His talk about reincarnation, Daosim and other philosophical views of life after death only made it clear that despite his knowledge he was not about to be dislodged from the dogmatism of the theological myth that first and last treats people as communicators. In short, he neatly and subtly resisted making a paradigm shift by believing he had already made it.

If he had, in fact, made the shift, he would not have been satisfied to share his observations with his client family. He would have used his influence as a therapist to change the family structure. For example, he might have employed several directive strategies in order to help the mother break her enmeshment and overinvolvement with the child.

The people-as-communicators paradigm makes that kind of intervention difficult because we assume people will choose to implement planned change when there is consensually shared information, that “awareness cures,” that once people see what is happening they automatically change. To counter this, we need to keep one fact in mind. Words are not reality. At best, they are only representations of a small part of reality. Therefore, sharing our perceptions of the “here and now,” for example, does not constitute adequate consultation. Action creates change. Explanation and understanding can maintain it. Making the shift means that we both see and do things differently.

If we were truly using the organismic paradigm we would abstract from the world or words to a higher level. Rather than seeing problems as stated, we would “see” holographic images of the entire system and hypothesize how the problems may actually be contributing to the maintenance of the system. We would “observe” how interactions maintain the metastructure that consists of boundaries, roles, and relationships. We would “see” that when two people interact they create a holographic entity between them that dramatically changes with contextual shifts. We would “see” that words do not go directly into others to create effects’ rather, words are mediated through a hologram, a context that is between the two. We would see how even our presence changes the hologram. Finally, we would “see” that changing the structure of this entity is far more fundamental than the correct communication of ideas and problems. With this view, what people are subjectively experiencing is not just information for problem solving, but the result of the more fundamental problem, the structure of the holographic context.

Much of what we currently do changes the holographic structure. Golembiewski’s (1975) report of “Gamma” (as opposed to Alpha or Beta) change may be interpreted as an example of organismic or contextual change.

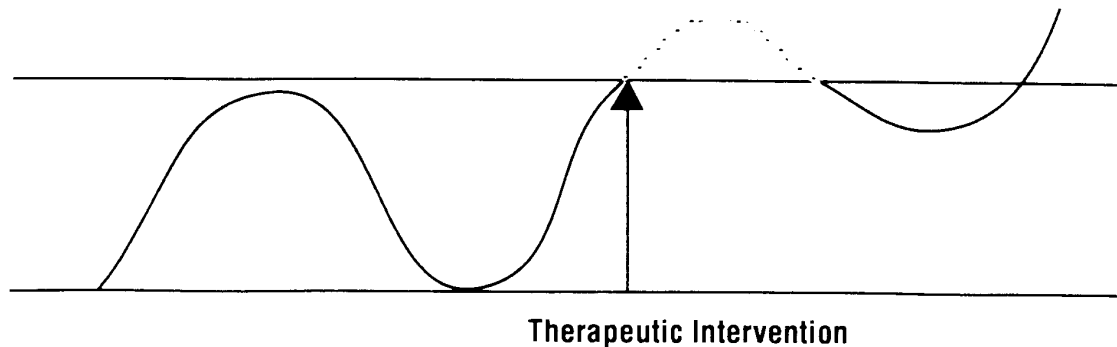
We have learned ways to be effective, but because of the limitations of the old paradigm have not understood why. With experience, the organismic paradigm should lead us into new vistas of understanding, dramatically changing our perceptions and methods.

In the interest of practicality, the somewhat eerie, ethereal notions stated above need to move from the philosophical level to present action. Following are a few of the many concepts of structural family therapy which may assist in that task.

Transferable concepts for a paradigm shift

Homeostasis. Any system seeks to maintain itself. Just as the physical body has homeostatic mechanisms, so do families and interdependent groups. Individuals within interdependent groups create patterns of communications that maintain those structures. However, as noted above, a change in structure will cause a change in communications. For example, the pattern of communications is changed when a member of a work team is promoted to a higher position. Work team members continue to use the same words, but the context has been altered meaningfully and so what is communicated is altered as well (communicating with a boss is different from communicating with a peer). The opposite is not necessarily true. *Simply teaching people how to communicate, or to help them understand what is happening, will not necessarily change homeostatic patterns.* For example, a sado-masochistic relationship between two people might simply be more skillfully maintained when the two communicate more successfully.

The tendency toward homeostasis is especially strong with dysfunctional systems. The group develops rules about how it functions and, in addition, has a meta-role. Don't change the rules. Like the furnace thermostat, individuals in the group unconsciously collude to cool the temperature when it gets too hot. In the practice of family therapy, the therapist's role is to use many different strategies to move the family beyond its homeostatic limits. Donald Jackson (1959) graphically portrayed this behavior in the following way (Figure 4)



The same principle holds true in organizations. The consultant's role with dysfunctional systems should be to effect change, not understanding with no change. Unfortunately, saying it is much easier than doing it. To use an organizational example, image consulting with a management team where the director is not fulfilling executive functions, and is not being the boss. A structural strategy would be to establish appropriate director/subordinate boundaries. An intervention that only facilitated the director's "understanding" of subordinates' complaints would be homeostatic. From an organismic viewpoint, the system does not need empathy. It needs boundaries. The entire management team, including the director, resists the change in a number of ways. The director apologizes, saying "it is all my fault," the ultimate homeostatic statement. Group members talk about their history. Their statements "Do you remember when you did this and I did that...blah, blah, blah," are homeostatic. They call upon values and morality ("I thought we had agreed we were to have participative management.") Subordinates unconsciously and subtly undercut the director's authority by forming coalitions, gossiping, and/or appealing to higher authorities (top management, God or the consultant). When the director tries to clarify expectations with a subordinate, a third person intervenes, breaking down the boundary that was beginning to form.

The group attempts to induct the consultant into the system, making him or her an accomplice to the homeostatic patterns ("Since we don't trust the boss, we don't want you to have private meetings with her or him. We want to be present during such talks.") Consultants unaware of these subtle structural dynamics and oriented only to the humanistic interactive paradigm are likely to be unconscious participants in the homeostatic pathology of the system.

Awareness of homeostatic patterns will change the consultant's role. He or she will act more strategically, intervening in such a way as to change the homeostasis. The consultant may work independently with the director resisting the pressure from the group, and consultant may use indirect ways of encouraging the boss to take charge of meetings and structure them so as to block the macro-structure or map.

Maps. As noted earlier, the family therapist is able to construct a mental image of the macrostructure of the family. The micro-structures, or repetitive patterns of communication are

termed “holon,” or are isomorphic with the macro-structure. As with the hologram, where any aprt can reproduce the whole, rigid repetitive patterns of interaction are indicators for the map of the whole system. Behavior is a cue to the appropriate structure being held in place.

Returning to our organization example, when the director starts a meeting by stating the agenda and is interrupted by a subordinate, leading further into a micro-structure pattern that looks something like this”

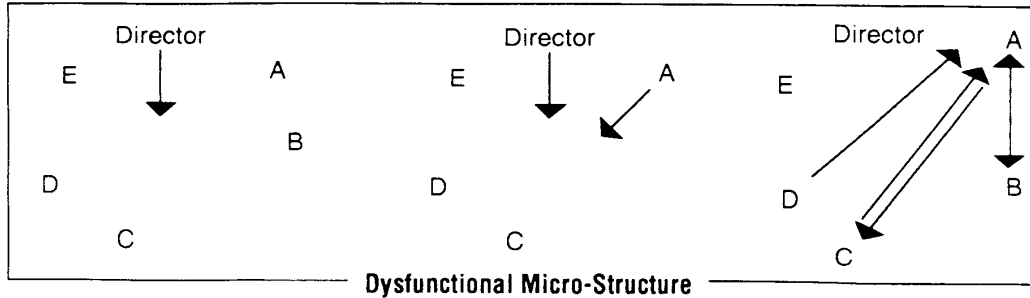


Figure 5

If these patterns were repetitive, the consultant could hypothesize the following macro-structure or map:

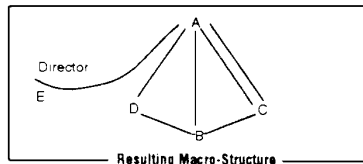


Figure 6

Rather than use the individual paradigm, interpreting the interruption as “counterdependency,” we are able to see how the interaction serves to maintain the dysfunctional structure. Using a map, the consultant may strategize a number of ways to establish more appropriate boundaries in the system, beginning perhaps with block future interruptions.

Complementary. Complementarity assumes that as soon as one person in a group defines him or herself, it implies definition of the other. “The action of one part is, simultaneously, the interrelationship of other parts of the system.” (Minuchin, 1978, p. 20). In our example, the fact that the director is not fulfilling executive functions requires that those tasks be assumed by nonlegitimated members of the team. When the team takes over these executive functions the director is kept from being the director.

The lesson to be learned with complementarity is “Be careful what you ask for. You might get it.” Keeping the director ineffective is functional to the subordinates. One-sided issues are never the total truth. Laissez-faire management places more responsibility on the shoulders of subordinates and more responsible subordinates encourage laissez-faire management. Theory X management is dependent upon dependent people and vice versa. That is complementarity.

Awareness of this principle will influence consultant interventions. For example, when subordinates complain about the director's lack of leadership, the consultant can say, "Do you have any sense about how you are keeping her the way you don't want her?" Notice that this is very different from helping the boss paraphrase and understand the complaints.

Triangulation. Triangulating a relationship often breaks down boundaries and maintains the macro-structure. A gap between the declared/formal and the operational structure is dysfunctional because both require different behavior from the people in the roles. For example, midmanagement may appeal to a higher authority, positioning a third party "ghost" in the dialogue. The physically nonpresent reality breaks down the boundaries. In this way, subordinates may "stand on the shoulders" of upper management to maintain the system. Or, they may stand on some principle like the ethics of "participatory management" to triangulate their relationship with the director. The director then cannot execute functions because now she is taking on her subordinates and a moral principle.

The consultant's role is to first notice and then act in such a way as to break the triangulation. The goal is to create a management team with an appropriate map or macro-structure.

The above concepts and examples are not intended to be inclusive, only stimulators of thought. As mentioned previously, we will have to wait for specific applications to organizations after we have adopted the organismic view. However, in summary, the following are a few of the shifts that will undoubtedly take place if we begin to view our clients from an organismic perspective.

Table 1

PARADIGM SHIFT

From	TO
Being a reflector, process consultant, guide	Being an agent of change
Viewing the client as expert on problems...	Viewing ourselves as experts and modifiers on the holographic structure
Modeling the language of openness	Using more language of action
Seeking rational incremental change	Facilitating transformational, structural change

The implications of the organismic view are obviously profound. If we, as practitioners, adopt more of an organism view, our practice will be altered significantly.

SUMMARY

Organismic thought has arrived. However the organismic model is far more than just another method or strategy. What is occurring is nothing short of a shift in world view. Basic values are challenged. We may think we will pay dearly if we shift to the organismic paradigm. Some may resist the idea of moving closer to the assumptions of B. F. Skinner and moving away from those of Carl Rogers. Some may perceive that with this new paradigm humanistic notions of free will, individual choice, self-actualization and human dignity will have to be discarded. That is not so. We are moving into an era in our profession that challenges us to transcend duality thinking, to develop holistic models for intervention that borrow the best from both ends of the continuum. Our “precious feelings” may no longer be as important to share as they formerly were. And we will find ourselves working more with the “medical model” than some of us are comfortable with.

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However, we should not discount the costs of the shift until we have fully evaluated the gains. The organismic paradigm will make us far more aware of contexts. We will have to develop more models, like that of Hersey and Blanchard (1976), that take context into account. In addition to being more effective practitioners, we will gain an orientation that includes outcomes. We will be able to know if interventions work or not, and why. Finally, we just may be able to define what organizational development is in terms other than solely in the language of process.

Must we discard what we have learned and lose the “faith?” No. We need to embrace the paradox that individuals are free and they are determined by the current context. All truth ultimately contains paradox.

To illustrate my confidence in making this assertion, I will conclude by relating (and modifying) a little story I read several years ago. It seems appropriate now because it gives examples of such structural concepts as triangulation, homeostasis, and complementarity. Also the story may unfreeze us to entertain the paradigm shift.

A Jewish Rabbi was asked to resolve the conflict between Skinner and Rogers. When Skinner gave his position, the Rabbi said, “You’re absolutely right.” Carl Rogers of course being organized by the context countered with his position. The Rabbi said, “You’re right.” A third party also organized by the context, could stand it no longer. He stepped in and confronted the Rabbi. “Rabbi, you told Skinner that he was right and then you told Rogers that he was right also. That means that you are wrong.” The Rabbi replied, “You’re absolutely right.”

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