

# Change Agent's Guide

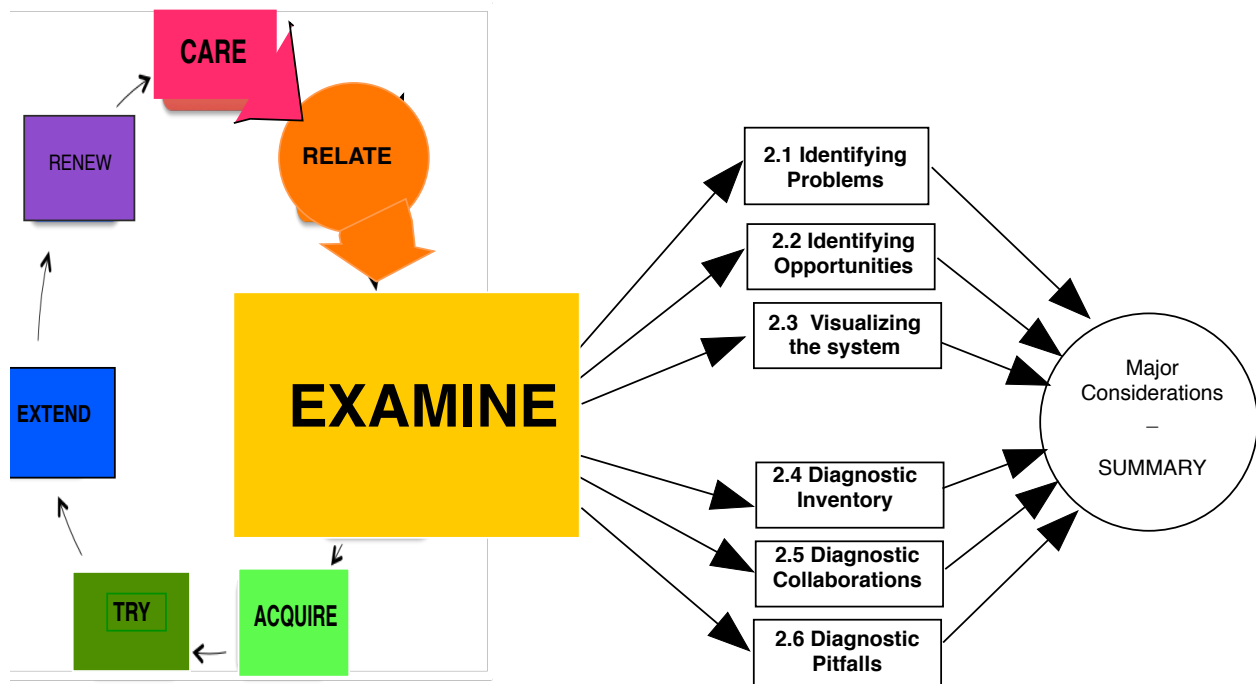
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From the Seven Stages of Change

## Stage 2: EXAMINE

### DIAGNOSIS: DEFINING THE REAL PROBLEM[S]

With at least rudimentary relationships in place the change agent and his/her clients will be able to consider in more detail what the nature of the problem is, defining its elements and dimensions, considering what elements are most urgently crying out for change, and what elements are most likely to yield to a change effort. All these defining tasks can be grouped together under the term "diagnosis," following the medical analogy of a doctor's first approach to an ailing patient.

Figure 2.1 Elements of the Examine Stage



### ***Turning CARES of Stage 0 into problems to solve***

The relationship between you and your client is based on an assumption of need (Stage 0). You both believe that something is wrong with the status quo and you both are ready to work for something better. All too often, however, we accept this assumption of need without much further thought because we are eager to move on to "solutions." If you do not take the time to study and understand the current state of the system, your change efforts are likely to be misdirected-and disappointing in the long run. For this reason you and your client should pause, at the beginning of your relationship, and take a careful look at the system around you. This is what we mean by "examine." There needs to be a

systematic attempt to understand the present situation. In medicine it is called "diagnosis," and we shall use that word here also.

A good diagnosis is a description of the patient's problem, which includes the essential details of symptoms, history, and possible causes. Your client is the patient. You will probably begin this diagnostic stage with the client's "pain"- the system's feeling of need- as the most obvious fact. As you begin to work on diagnosis, however, you help the client to *articulate that need*: to describe the type of pain, to pinpoint its location, and to recall its origin. When diagnosis is complete, the original concern of Stage 0 should have been transformed into a *defined problem* stated in such a way that both you and your client can work rationally on its solution.

## **Stage 2.1 IDENTIFYING PROBLEMS**

The most important thing to remember about diagnosis is to *beware of the obvious*. At the beginning the most obvious "problem" will be the pain or the need that the clients say they feel. However, most problems have several layers. The topmost layer is what the physician calls the "patient's complaint." It is the initial concern that led the client to seek help. The change agent may choose to work only at this level, reasoning that the clients' initial definition of what is bothering them is a valid and sufficient expression of the *real* problem. Usually, however, this will not be quite enough, and most change agents would do well to make a brief *survey of the surface symptoms*. You should therefore ask:

- what *other* things are wrong?
- are there other indications of system malfunction?

If the original stated problem was "low achievement test scores in this school," you may want to ask if there is also evidence of:

- poverty,
- racial conflict among students,
- high teacher turnover,
- crumbling infrastructure,
- classroom disruption

### Second Level Elements

These different problems should be listed and looked at together to see if they show a common pattern. When you have assembled these surface symptoms you may want to probe further to get at some of the less obvious factors that lie beneath them. Here you might look for certain *attitudes and beliefs* on the part of key stakeholders, which led to the outbreak of those symptoms.

- e.g. in business: customers, workers, middle management, leadership,  
stockholders, competitors, sales staff,
- in education: students, parents, teachers, or administrators

You may also find that there are features of the *working or learning climate* or the system *structure*, which breed such surface symptoms. These various *second -level elements* should also be identified and weighed.

### Third Level: Underlying Causes

At a still deeper level, you may wish to *interpret* the evidence and infer *underlying causes*. You might conclude from a thorough analysis of surface symptoms, such as low productivity or achievement scores, the second-layer features, such as lagging sales, low

classroom involvement and parent or customer indifference. Sometimes an analysis of underlying causes may suggest solutions that would never be apparent at a more superficial level. On the other hand, deep causal interpretations are sometimes irrelevant to the search for solutions and can delay constructive work. Such "depth" interpretations may be valid and valuable in some circumstances, but a change agent should always judge them on two criteria:

- (1) Does interpretation stem from an objective analysis of available evidence?
- (2) Is such analysis useful in guiding toward a realistic *solution*?

As a pragmatic and practical change agent you can choose to work on *any* level of problem definition, but you should be aware that there are other levels and that successful problem-solving can proceed from these levels also. Regardless of which level you choose, as a change agent you should be sensitive to the clients' self-perceptions as well as their willingness and ability to define the problem on the *same* level that you have defined it.

### Identifying Problems: Other Quotable Sources

*"If the system is currently in pain or trouble, this in itself may generate defensive obstacles to accurate self-diagnosis. The pain may be so great that attention is riveted upon systems; the client's only clear thought is that the symptoms must be removed. At the same time, both individuals and groups may be afflicted by a motivated inability to see their own responsibility for their pain: it is hard to admit one's own shortcomings, whether they be simple disabilities or complex expressions of hostility and destructiveness. Moreover, the factors which permitted the system to get into trouble in the first place are still working to sustain the trouble and block alternative courses of action."* Lippitt, Watson, & Westley, *The Dynamics of Planned Change*. New York: Harcourt Brace & World, Inc., 1958

## **Stage 2.2 IDENTIFYING OPPORTUNITIES**

The change agent should avoid an exclusive focus on what is wrong with the client. Spend some time identifying areas of *strength* and areas of greatest *potential* for change. There are sound practical and psychological reasons for adopting this posture. Psychologically, an accent on the positive makes the client feel less defensive and more hopeful that change can be beneficial. Moreover, from a practical point of view, the overall diagnostic picture is made much clearer when the strong points are noted. It shows the members of the client system that they can begin their change effort by using their strongest capacities and capitalizing on their areas of greatest potential.

Strengths as well as weaknesses may be identified at various levels and some things that appear to be "problems" on the surface may, in reality, indicate an underlying strength. For example, students from some cultures may resist competition in the classroom (a surface problem) because they are holding fast to cultural norms of group solidarity (a potential underlying strength). Likewise the "resistance" of students to classroom teachers of different races (a surface problem) may signify growing racial pride and a desire for independence and self-initiative (potential underlying strengths).

The change agent should take special note of the history of the client system in coping with problems. Sometimes a school or a community that seems hopelessly disorganized and strife-torn will reveal surprising resiliency and competence in coping with

difficulties in certain areas at certain times. These areas and times should be noted and recorded in the diagnosis.

Internal analysis is not the only way to define opportunities for change. Sometimes a *comparison to other systems* gives clients ideas about what they need and what they can do. For example, awareness of an innovation that has been successful elsewhere will often induce an awareness of need and create the motivation for change. Outside innovations are sometimes suggestive of inside opportunities, and in this sense they *create* needs. Furthermore, outside systems that appear to be successful and innovative also provide a comparative yardstick against which clients may measure their own performance.

### Stage 2.3 VISUALIZING THE SYSTEM

#### Understanding the Client as a System

General systems theory is a very simple way to visualize any entity that is engaged in any action. We can visualize any system by drawing a large circle. We place elements, parts, variables, inside the circle as components, and draw lines among the components. The lines may be thought of as *rubber bands or springs*, which stretch or contract as the forces increase or decrease. Outside the circle is the environment where we place all external elements that impinge upon the system.

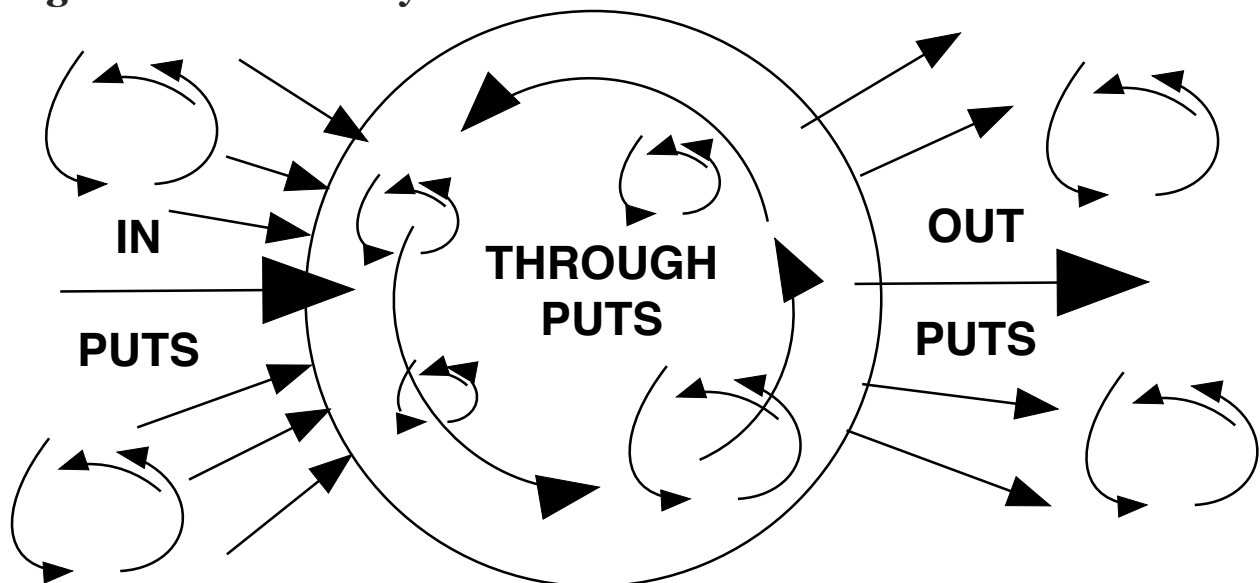
Living systems are continuously engaged in a flow process or exchange with elements in the environment, taking in some, blocking others, while at the same time saving some and letting out other elements from inside. Within the system there is a complex mixing of in-taken elements with other elements already inside and the preparation of new elements to be expressed outward.

Thus, there are three underlying processes that comprise any living system:

*Input >> Throughput >> Output*

Figure 2.2 displays a general system

**Figure 2.2 General System**



### Generic In-put Problems

- Financial input: not enough to keep system going and healthy;  
not enough to provide the flexibility to innovate
- Recruitment of new members, highly qualified staff
- Inadequate training of members
- Not enough new ideas/ too many new ideas
- Not enough openness to new ideas, new ways of doing things

### Generic Through-put Problems

- Inadequate productivity, creativity
- Conflict over mission
- Conflict over power relations within the organization
- Poor or inefficient integration of different units
- Poor communication across levels, top-to-bottom; bottom-to-top
- Aging or inadequate technology including ever-advancing IT

### Generic Out-put Problems

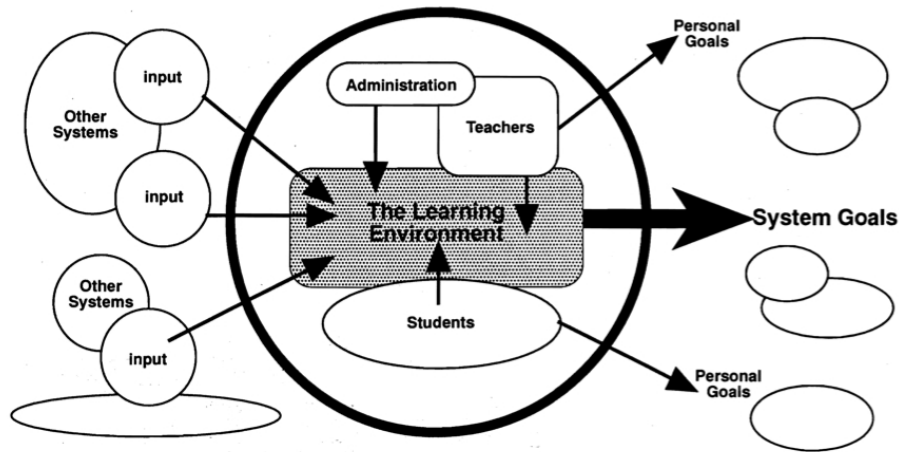
- Quality or quantity of goods and services produced is not what it should be
- Image of system projected to outsiders negative, fuzzy, or misleading
- Poor or inadequate linkages to larger community

A long list of problems and opportunities is not enough to give us a clear picture either of a whole person or of a whole organization. That is why we use the word "system" in describing the client. The change agent should try to see "the client" as a number of people and groups who are interrelated and at least partly interdependent, trying to work together to achieve some common *goals*.

“Goals” could be defined in systems terms as “desired outputs.” They do not describe the current reality but, rather, the hoped for reality at some point in the future. As such they are only a part of the total system picture, which could also be described as the current reality. It is the current reality that the change agent is usually tasked to deal with.

In most areas of social endeavor, these goals are not very clearly spelled out, but they are there, nevertheless, and when members of the client system sit down together to talk about their goals, they are usually able to arrive at a consensus on what some of their major goals are. This is a useful exercise and can be used by the change agent as a first step in getting clients to think clearly and diagnostically about their problems. With the goals clearly in mind, the change agent and the client can begin to define the kinds of activities which have to be included and coordinated to achieve those goals. They can start by looking at their "system" as it exists today, and ask themselves if this "system" really achieves these goals. Let us illustrate this by a very simple diagram of a system

Figure 2-3 EXAMPLE: What does an educational system look like?



Although the diagram is greatly oversimplified, it does show the major elements that should be considered in a systematic diagnosis. First of all, it shows the goals as desired "outputs," or products which are generated by the system and dispensed to the greater community. The prime output of an educational system is an educated citizen, a graduate. There are many additional sorts of outputs, some intended and some not. These include providing jobs and incomes to teachers, administrators, maintenance workers, etc. Students also learn a lot of things that are not on the curriculum, such as social and sexual relations, how to manipulate others and the "system" for personal gain including, in some cases, how to commit crime, indulge in drinking and drug taking, and so forth.

Secondly, the diagram shows us a process through which the goals are achieved, namely a "learning environment." This learning environment in turn, is created and sustained by people and resources within the system in addition to some from outside. Three social groups work together to keep this system going: the administration, the teachers, and the students. Thirdly, the diagram shows the system being supplied with a continuous flow of new "inputs" from the greater environment: new ideas, new teachers, new students, and new materials. These inputs are the fuel which allows the system to keep functioning.

With the help of the diagram we can begin to spell out the critical diagnostic questions that emerge from a view of the client as a system. At the broadest level we can ask if this diagram accurately represents the major *existing elements* (e.g., have we forgotten to include the counselors as a separate element on the staff side, or the African-American students as a separate subculture among students?). Then we can ask if these elements are sufficient for making a system that will achieve the client's stated *goals*.

Are additional elements needed?

Are some elements incomplete? ...undersupplied? ...overloaded?

Another set of questions could be addressed to the *inputs*: are there enough?

Are the inputs provided in the right proportions?

Do the inputs come in a form in which they can be used?

A *third set* of questions may be addressed to the *internal dynamics* of the system: are the three major subsystems really working together? Are the student, teachers, and administrators adequately coordinated? Do they have a clear idea of what their respective roles and functions are? Are they able to communicate freely with one another? Do they trust one another?

The system view further suggests a *fourth set* of diagnostic questions. These pertain to the *boundaries* of the system. A system needs to be seen as separate from the greater culture; it needs to be protected from continuous interruption and interference from outsiders so that it can fulfill its objectives smoothly and regularly. These boundaries or barriers must always be semi-permeable, in other words, partly closed and partly open. They should be designed to prevent some kinds of inputs from interfering with the system, but they must also allow responsiveness to valid needs of the greater culture. Barriers must also be designed to let in needed inputs in sufficient quantity to keep the internal system fully supplied. Therefore, our diagnostic inquiry should include consideration of these barriers.

Barrier questions include the following:

- Is the system adequately protected?
- Can it defend itself against attack or exploitation?<sup>2</sup>
- Conversely, does it get enough stimulation from outside?
- Does the school get resupplied by skilled and well trained teachers?
- Does it have a continuous influx of motivated students?
- Is it able to acquire enough new materials and new ideas?

This discussion of the client as a system is not a sufficient basis for a full systemic diagnosis, but hopefully it has given you the idea of what we mean by "system." Most change agents will have their own favorite way to describe the functioning of their client, and, as we have noted previously, several different approaches are probably valid and useful. The important thing is to look at the client as a totality, a functioning organism whose parts have a definable and meaningful relationship to one another.

## **Stage 2.4 DIAGNOSTIC INVENTORY**

In Stage 2 we have been talking about the kinds of questions that go into a good diagnosis. In this section we would like to get a little more concrete in suggesting how you might build an *inventory* of the salient diagnostic facts about your client. This should help you to be as systematic and specific as you can be in your diagnostic strategy. At a minimum there are five questions that should always be asked and answered as part of a good diagnostic inventory:

- WHAT ARE THE SYSTEM'S GOALS?
- AN ADEQUATE *STRUCTURE* FOR ACHIEVING THESE GOALS?
- IS THERE *OPENNESS* IN COMMUNICATIONS?
- IS THERE THE *INTERNAL CAPACITY* TO ACHIEVE STATED GOALS?
- ARE MEMBERS *REWARDED* FOR WORKING TOWARDS GOALS?

These five questions can form the core of an inventory. Each question might be written at the top of a sheet of paper and underneath could be listed the related *problems and opportunities* which are emerging in the client system you are working with. Each

question defines an area of inquiry within which several additional questions should be examined as suggested below.

**Question 1:** *What are the system's goals?*

- (1) Have leaders & members openly discussed what goals should be?
- (2) Are the goals *clear* to both the leaders and members?
- (3) Is there *consensus* on goals?
- (4) Are members fully satisfied that the stated goals are *adequate*?
- (5) Are goals *flexible*? Can they change with times and circumstances?

**Question 2:** *Is there an adequate **structure** for achieving these goals?*

- (1) Is there an adequate *division of labor*?
- (2) Do members have a clear understanding of what they are supposed to be doing in the system (job/role clarity: *differentiation*)?
- (3) Do the different roles fit together to achieve goals (*integration*)?
- (4) Are some of the elements missing that are necessary to make the client community work as a system?
- (5) Are there *weak* elements (e.g. overloaded, underused, ineffective)?
- (6) Are elements adequately coordinated (*intra-system in the linkage*)?
- (7) Is the *structure flexible*? Can it be changed to meet new conditions?

**Question 3:** *Is there **openness** in communication?*

- (1) Are major subgroups within the system (teachers, administrators, parents, students) able to talk to one another? Can they express their *feelings* and exchange *ideas* freely back and forth?
- (2) Are members open to *new ideas from within*? Do they actively seek such ideas?
- (3) Are they open to *new ideas from outside* (e.g., universities, outside consultants and specialists, people from other systems which have similar problems or have found interesting solutions)? Do they actively seek these outside sources?

**Question 4:** *Do they have the necessary **capacities**?*

- (1) Does the system have (or can it muster) the needed *resources* in: people? time? money? materials? facilities?
- (2) Does the staff have the necessary *skills*? Can the system train their own people? Can they recruit the kind of people they need for a successful change effort?

**Question 5:** *Does system **reward** members for working toward stated goals?*

- (1) Are workers at the lower levels rewarded: for innovating? for learning? for contributing to learning process? for working to improve the system?
- (3) Are administrators rewarded: for openness to lower levels?
- (4) Are the rewards that people get *reliable*?
- (5) Do rewards *come soon enough* to connect to their behavior?
- (6) Are the rewards that motivate individuals compatible with and supportive of the overall goals of the system?

With a list of questions such as these, you can make a diagnostic inventory that should be of help to you and your client throughout the change process. It is not important that



your list include all these questions, but it is important that you make some effort to identify and record what seem to be salient facts in each of these five general areas so that you can have a profile of the system as a whole in addition to a list of specific "problems." It is only when you have such a profile that you will be able to start making judgments about priorities for change effort. Later this inventory should also serve you and your client as a base line against which progress can be measured.

## **Stage 2.5 COLLABORATION IN MAKING THE DIAGNOSIS**

Change agents should not assume the task of diagnosis as their own exclusive responsibility. We cannot overemphasize the importance of involving clients in the analysis of their own problems and opportunities. Having the clients' participation in the decision-making and planning of the change process from this stage onward is an important prerequisite for their later identification with the change effort. At the very least, you should work collaboratively so that your perceptions of problems and needs are shared by the client. At best, you should provide guidance while clients make their own examination of the situation. Thereby the findings are acceptable by virtue of being their *own*.

### **Quotables**

*Communication is ...the sum total of information about feelings, attitudes and wishes, transmitted directly and indirectly, consciously and unconsciously. Whenever social equilibrium is upset, communication occurs. It is the means ... by which a system takes corrective action in the presence of difficulty ... In a hierarchical structure, communication must proceed both ways, up and down. Upward communication can be effective only when the bottom and middle are free from any sense of intimidation and when the top accepts and even seeks communication from below.*

*"Change agents differ greatly in the extent to which they try to share their diagnostic orientations. Some agents believe that the client's work toward change in some cases can be best sustained by a policy which with-holds some of the agent's information and analysis. At the opposite extreme, other agents think that clients should always participate fully in the fact-finding process and that their diagnostic understanding should emerge spontaneously from their own analysis of the facts as they are revealed. These agents emphasize the client's emotional commitment to change goals which the client himself has formulated." Lippitt, Watson, & Westley op. cit.*

## Stage 2.6 DIAGNOSTIC PITFALLS

Although careful examination of the problem is an important step in the change process, it can also be a trap for the change agent if it is not handled properly. There are at least five patterns which the change agent should be careful to avoid:

- EXAMINING TO DEATH: TOO MUCH DIAGNOSIS
- STUDYING THE PROBLEM AS A PATIERN OF AVOIDANCE
- USING DIAGNOSIS FOR DESTRUCTIVE CONFRONTATION
- IMPOSING YOUR OWN FAVORITE DIAGNOSIS
- FIRE FIGHTING

### Too Much Diagnosis

Sometimes change agents can get stuck on diagnosis, using up most of their time and energy just in the process of defining the problem. This is not only wasteful, but may have very negative side effects. For example, clients may begin to feel so overwhelmed by the number of problems coming to light that they cannot take constructive action. In some cases, they may also begin to feel overwhelmed by the hopelessness of their situation and in other cases they may become very defensive, sheltering themselves from the bad news and perhaps rejecting the change agent in the process.

In the preceding section we suggested a systematic and comprehensive approach to diagnosis, but this does not mean that you must be *exhaustive*. On most questions you will have to be satisfied with sketchy and partial answers; your diagnosis may not get you an "A" in survey research but that is not your purpose. The diagnosis should merely be adequate for giving you a good general picture of the client's situation.

### Studying the Problem as a Pattern of Avoidance

Diagnostic studies can be used by a client as a way of stalling or putting off needed changes. The call for "further study" is a familiar form of brush-off. Change-minded members of the client system may therefore be understandably restless and suspicious of prolonged diagnostic activity by the change agent. The change agent should not only get to it, but should also get *through* it and move on to the other process steps.

### Using Diagnosis for Destructive Confrontation

Your perception of serious defects and urgent problems may incline you to speak to the client in very blunt terms. You may do this as a deliberate attempt to unfreeze the client system, to shock members into awareness of their needs and the necessity of change. If you pursue such a strategy, you should realize what the consequences could be. You should, above all, have a good estimate of *how much your client can take*. The biggest danger is that such a confrontation will destroy the relationship that you have with your client. If the members of the client system reject you completely because they cannot accept your drastic diagnosis, then all your labors may be lost.

Even when you as change agent do not intend a confrontation, you should be aware of the negative power of the information you are gathering. It may make the clients feel stupid, childish, naive, or incompetent. Such self-images will not give them the motivation to change. Therefore, the form and timing of diagnostic presentations is critical. Too much bad news too suddenly is a circumstance to be avoided. As noted earlier, diagnostic analysis should include positive information as well as negative, and

should be cast in a constructive form, which makes it amenable to solutions and encourages the belief that solutions are possible.

On the other hand, if, (and it is a big 'if,') the members of the client system *can* accept confrontation, they may come to respect your honesty and may be moved to work more actively with you to bring about change. The use or avoidance of a strategy of confrontation is a difficult matter to resolve; it is a dilemma which illustrates the importance of assessing the basic *strengths* of your clients as well as their *weaknesses*.

### **Imposing Your Own Favorite Diagnosis**

It is very difficult for experts in one particular area to be truly objective in their diagnostic approach. Most of us tend to see our own specialty as *the* important *area*. If our skills *are* in the area of human relations training, for example, we will be more inclined to see a client's problems as human relations problems; if our skills are in the area of systems engineering we may see the client's problems in terms of planning, organization, and quality control; if we are curriculum specialists we will see problems primarily in terms of course content. We all have these professional blinders and it is natural and inevitable that we do. However, as a change agent, even if you see your role as that of a solution giver rather than a process helper<sup>3</sup>, you should be aware of your limited perspective and should consciously strive to avoid imposing your favorite diagnosis on the client.

### **Fire Fighting**

Finally, the change agent should avoid falling into the opposite trap of attending only to those problems which the client sees as immediate and important. Meaningful and lasting changes are more likely to come about if they are based on careful planning from a well-rounded and reason-ably comprehensive diagnosis. Many clients may not appreciate this fact initially; they may see their problems as fires that have to be put out *now* before anything else is done, and they may want to cast you in the role of firefighters. Some-times you may have to accept such a role briefly if only to prove that you are somebody who is useful, but it is a potential trap. In the long run, fire fighting is a waste of your energy and your client's resources, for it rarely precipitates real lasting change.

### **Quotables**

*"The change agent must become a 'probability expert.' He should be a gambling man, who eschews 'sure bets' and 'long shots' simultaneously. But like a professional gambler, he should seek the bets that give him a probability ability edge over chance. This is the best he can do in immediately confronting the problem."* Bennis, Benne, Chin & Corey, The Planning of Change, Holt, Rinehart & Winston, 1976

*"The diagnostic orientation of the change agent is in many ways a self-fulfilling prediction. If he looks for difficulties in commu-nication ... he will find them; ... The orientation of the change agent is a primary factor in determining the 'facts' which the client system will discover to be true about its own situation."* Lippitt, Watson, & Westley, op cit.

## **STAGE 2: EXAMINE SUMMARY**

The major considerations in examining the problems, needs, and circumstance of a designated client system are these:

- Above all, make some kind of diagnosis. Try to find out what the client needs

before you charge in with "solutions."

- Identify and list the obvious symptoms as stated or presented by the client.
- Look for second-level symptoms that may underlie the obvious ones.
- Infer underlying causes when you see patterns of symptoms, but do not assume them when you lack sufficient evidence.
- Identify opportunities and strengths as well as problems and weaknesses.
- Look at your client group as a "system" and construct a diagnostic inventory from a systemic viewpoint.
- Work with the client to define meaningful, obtainable, and measurable goals.
- Maximize participation from client members in the diagnosis.
- Always consider the impact of diagnostic information on your relationship with the client. Even if you must confront the members of the client system with unpleasant facts about themselves, try to do it constructively, stressing the benefits of changing rather than the horrors of their present state, and using specifics, not general and sweeping indictments

