

“Practitioner – Heal Thyself!”: Challenges in Enabling Organizational Health*

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Abstract

In order to elucidate my approach to organizational health, I explore the inter-relationship between organizational health and the consultant’s state of being in the context of writings that have influenced the development of my work as an organizational change consultant over the past 20 years: the behavioral sciences and less traditional sources, such as studies with Moshe Feldenkrais, the writings of GI Gurdjieff and the Fourteenth Dalai Lama, Tenzin Gyatso, and recent research on the impact of meditation on leaders. This is placed in the context of Frost’s (1999, 2001) research on “toxic handlers”.

KEYWORDS: toxic handler, organizational health, sociological practice, the Power Line, personal and organizational transformation

Introduction: Scholarship Meets “Real Life”

In July 2003, I went to present a paper at an international conference on “Organizational Wellness”, and developed something that, as I said jokingly to my husband by phone, looked like aliens had invaded my arm. It is ironic that I went to discuss the necessity of the organizational leader/consultant attending to his or her own health in the context of generating healthy organizations – and this illness manifested while I was in the process of doing so.

I had decided to attend this conference because I felt that I couldn’t miss the first professional conference I had ever seen publicized on the theme of organizational wellness and health. It was excellent – with, interestingly enough, no US residents except me participating. I would have expected and hoped for greater interest and involvement from the US given the considerable concerns expressed in the American press about corporate ethics and wellness over the last few years, but I was alone. In the paper that I had prepared, I had written about Peter Frost’s (1999, 2001) groundbreaking work on “Toxic Handling” that was based on his own experience of developing cancer after serving as the associate dean of a university. His research dealt with how certain roles can catalyze ill health in the role-holders. As I got ready for my presentation, I was distracted by the appearance of what seemed to be a rapidly-growing infection on my right arm. What initially looked like a simple bug-bite began to spread. The skin grew red and angry, and then developed bumps which began to ooze a yellow fluid. I had to learn the location of a pharmacy in Cambridge (the site of the conference), walked back and forth repeatedly to obtain advice and materials, and finally went to a doctor for antibiotics, after learning that the porter at the front gate had just returned to work following an absence of nine days for what sounded like similar symptoms. This began to seem serious. “A nine day absence from work is not something light,” I thought.

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In the abstract for the paper, I had written:

A person attempting to catalyze change needs to sustain their own well-being at deep levels. ... Unless organizational development consultants increase their ability to manage their deeper levels of health, they risk becoming “toxic handlers” who assist an organization in being healthy by channeling toxicity, rather than by helping it to transform itself in significant ways.

Ironically, I had already succumbed to the very situation that I have been teaching students it is important to avoid.

When I got back to the US, I had pre-arranged to see my doctor the first day home. He took one look, left the small office for about three minutes, and returned to begin speaking about a chronic auto-immune disease I had never heard of. It was not something that would kill me quickly, but something that would be active for six years or more and present for the rest of my life. He took me off the antibiotics, described the potentially harmful long-term effects of corticosteroids, and put me on the heaviest possible dosage. He referred me to a specialist. Everything became difficult for a while. I couldn't find proper bandages to prevent the yellow liquid from dripping. I was intensely uncomfortable and felt almost unable to drive. Moreover, I couldn't get an appointment with the necessary specialist. I had no idea how the disease would affect me or what would minimize its impact aside from strong drugs that would inevitably harm my health, if I remained on them. I spent half of that first night searching the web and learned that I might have a long-lasting very rare autoimmune disease. Toxic handler indeed!

Fortunately, I now feel fine, the disease is in remission or gone, and I believe I have made some changes that will let me have a healthy life for as long as the fates allow. Nonetheless, I chose to position this topic personally, as Peter Frost did, because the issues are very real and compelling, and it is important to be aware that cognitive understanding of such questions is quite inadequate for appreciating their power.

Organizational and Personal Health

Whether as leaders or as scholar-practitioners, we usually enter organizations that are not functioning well. For the most part, my experience as a consultant is that when leaders believe their organization is thriving, they rarely spend money to seek our help. We are brought in to shift the atmosphere, change the thinking, and bring about improved ability to achieve organizational objectives, but only when there is a problem. In addition to the commonly-accepted foundations provided by organizational development and strategic business skills, I want to suggest that attempting to catalyze change requires sustaining one's own well-being at deep levels. I believe that organizational practitioners are most effective when they have an approach to change that includes three ingredients:

- ◆ Skills in organizational change and business,
- ◆ A model for organizational health,
- ◆ Practical approaches, grounded in theory, for maintaining individual health, encompassing physical, spiritual, and mental well being.

Working with organizations in need of change means going into the dark and spending time there, looking, thinking, working with people – and bringing light so that they can see things in new ways. Two stories are relevant here:

- ◆ A sixteenth century French play tells the tale of a man who entered the court in order to influence and transform the king, so as to make the country better. Unfortunately, the reverse occurs. He became like the king and was unable to see that this was happening to him – and the desired transformation did not take place. The toxicity of

the king and the court impacted the “change agent,” who thereby lost all potential for accomplishing his desired goal.

- ◆ A Sufi story describes how Nasruddin lost his key and was looking for it under a streetlight. His friend came up and asked “Oh Nasruddin, did you lose your key here?” And Nasruddin answers, “No, I lost it on the next street, but there’s no light there. So I’m looking here, where it is light and I can see.”

As organizational leaders or change agents, we need to address the darker parts of organizations and avoiding being influenced by those “kings” (or executives) whose approach to leadership we wish to help change. As Frost (1999, 2001) and Schein (2000) have written, one must learn how to spend considerable time immersed in unhealthy environments without being influenced by them in negative ways. This is what proved far harder than I anticipated. It is particularly difficult for internal change agents: external consultants get to leave the organization and work in others as well, but internal consultants and leaders “live” amidst the suffering they are attempting to help change.

Organizational Health, Self Development, and Practice – Foundations

I have presented my current thinking on organizational health in several other papers (Goldman Schuyler, 2003; Goldman Schuyler & Branagan, 2003) so I will not duplicate it here, but have incorporated some of the core concepts so we can consider the issues relating to the health of the scholar-practitioner or leader, which was not addressed in these papers.

Based on Bruhn’s (2001) use of the World Health Organization (WHO) definition of health as a state of physical, mental, and social well-being and not merely the absence of disease, I too view it in this light. Bruhn uses the following metaphors to describe the health of an organization,

- ◆ *Body* refers to the structure, organizational design, uses of power, communication processes, and distribution of work;
- ◆ *Mind* refers to how underlying beliefs, goals, policies, and procedures are implemented, “how conflict is handled, how change is managed, how members are treated, and how the organization learns”;
- ◆ *Spirit* “is the core or heart of an organization, ... what makes it vibrant, and gives it vigor. It is measurable by observation.” (Bruhn, 2001, p. 147)

From this perspective, improvement or decline in health is something that can be monitored via the behaviors of the people within the organization: it lives primarily in the state of relationships among the people.

My focus on the inter-relationship of organizational health and the consultant’s state of being can be traced back to the early work of Abraham Maslow, who was one of the earliest authors to attempt to develop a psychology of health. He studied persons functioning at optimal levels, rather than one those who were ill (1962). According to Maslow, every person has “an essentially biologically-based inner nature” which is in part unique to the person and in part species-wide. If it is permitted to guide our life, we grow healthy, fruitful, and happy, whereas if it is suppressed or ignored, we get sick in obvious or subtle ways. The person whose life is guided by the unfolding and nurturing of this “inner nature” is said to be “self-actualizing”. The person whose life is guided primarily by externally imposed rules and conventions, by fears and beliefs, or by the demanding internal voices of unsatisfied needs for minimal levels of creature comforts, love, and security, is not fulfilling his or her own innate potentials (Goldman, 1979). Maslow hypothesized that such a self-actualizing person would be

“more accepting of his own impulses, able to enjoy the processes of daily life as much as the achievement of goals, independent of his material and interpersonal

environment but more capable of sharing mutuality and intimacy, and more accurate in his perceptions of the world.” (Maslow, 1962, p. 25)

By extrapolation, from the beginning of my research and practice, I suspected that such persons would be more able to function in and possibly improve difficult environments.

Beyond Maslow’s work, I regard Argyris’ early work (1958) as important in our intellectual history of this concept, and also rely on Etzioni’s (1968) thinking about what it would mean to develop an active society. For models of stages of organizational health and decay, we can turn to Levinson (1972) and Kilburg (2000). (These are discussed more fully in Goldman Schuyler, 2003.)

Peter Frost’s recent writings are most pertinent. According to his description of the role, a toxic handler is “a manager who voluntarily shoulders the sadness, frustration, bitterness, and anger that are endemic to organizational life” (Frost and Robinson (1999, p.98). For the research, they interviewed 70 executives who either were toxic handlers or had managed them, in order to understand why this happens and what it entails. They believe that the presence of such toxic handlers is essential in many organizations if high levels of creative and strategic work to take place. As they point out,

“in our current market-based and knowledge-driven world, success is a function of great ideas, which, of course, spring from intelligent, energized and emotionally involved people. But great ideas dry up when people are hurting or when they are focused on organizational dysfunction. It is toxic handlers who frequently step in and absorb others’ pain so that high-quality work continues to get done.” (p.98)

Unfortunately for those of us whose work involves organizational consulting, Frost and Robinson’s research confirmed an impression that I have had for years, which is that the change initiatives themselves have been the major cause of increased employee suffering over the last decade. Their interviews suggested that the two trends of increased change initiatives and increased downsizing were a major factor in increasing the importance of the toxic handler role. The impact on those filling these roles was burnout, stress, and physical illness. There are documented effects in the immune system for anger as contrasted with compassion, and the former lowers the effectiveness of the immune system. Moreover, this in turn affects neural pathways:

“As people think repeatedly about what makes them angry, stronger and stronger circuits are built in their brains. That increases the level of emotional distress until a neural architecture is built that supports those feelings.” (Frost and Robinson, 1999, p. 102)

A later article by Frost described the personal experiences that led him to develop the concept. He got cancer and subsequently came to believe that his illness was connected with his recent and difficult role as associate dean. This thought led to his research and writing on the topic (Frost, 2001). As he examined what had been happening at his university while he was associate dean, he came to recognize the high levels of unhappiness and anger with which he had been dealing as a daily experience. In his role, he had served as a buffer and spokesperson when faculty could not get the resources they wanted for their writing and teaching, or staff lacked adequate resources to do their jobs as well as they wished, or he had to explain changes in policy with which people disagreed. (p. 32). From his knowledge of the literature on stress and his willingness to look at himself, he generated a major research project and the concept of “toxic handlers.”

When I left for England to present the paper, I never dreamed that I was already in the same situation. I had written about how people could unwittingly take on more toxicity than their consciousness and body could process – and at the actual conference, had to shift the time of my own presentation to go to the doctor. I thought I was only dealing with an odd infection; in actuality, I had become a victim of the very process I was warning people about. His description of being a university administrator could have been my own, as I too had been such an administrator for the previous two years.

My response to my new situation was distinctly colored by the years of experience I had with meditation and other approaches to personal development and awareness. I will outline some of these briefly. It is intriguing to me that I had just this year begun to “go public” about influences on my thinking that I had long kept private, having found that both corporate executives and academic colleagues often perceived these as unacceptable.

In my practice, I have brought together concepts from the applied behavioral sciences with those that come from selected visionaries of human development who have influenced my thinking over the years: G.I. Gurdjieff, Oscar Ichazo, Charles G. Krone, Moshe Feldenkrais, and Tenzin Gyatso, the 14th Dalai Lama. I re-discovered the relevance of the work of Levinson, Argyris, Kilburg, and Schein as I attempted to teach and write about organizational health, but the models I have been using in practice come most directly from my training as a clinical sociologist overlaid by my personal search for practical methods for personal development in a context of societal evolution. I have been drawn to only those who had a practical vision for furthering the growth of individuals in a way that enabled human society to evolve towards sustainability while nurturing the planet that provides us life.

My personal experience and organizational practice brought together a broad range of diverse strains of thinking. Some of these visionaries would acknowledge a degree of interconnection across their thinking, but I suspect most of their students have not experienced it in this way. After studying each of these in some depth, their apparently different and yet inter-related interests led me to develop the model for organizational health that I have now used for roughly ten years.

Gurdjieff was a teacher of wisdom who lived in Europe during the first half of the 19th century. His work was connected with many different spiritual traditions, particularly the Sufis. Ichazo founded the Arica Institute in 1972, grounded in the notion that the survival of the planet depended upon each person’s making a huge jump in consciousness. A visionary who worked outside of traditional scholarly and spiritual communities, his teaching appears to have been influenced by Sufism, Tibetan Buddhism, and Taoist yoga, and blends spiritual practice with guided self-reflection and dialogue. Krone is a former Procter and Gamble manager who became an organizational consultant. His thinking and practice were major influences in the development of Open Systems Thinking and became controversial because of the ways his colleagues applied it in a particular effort at large system change. A consultant for years to major Fortune 500 companies, he incorporated Gurdjieff’s thinking via the work of JG Bennett and taught internal consultants from many companies in an ongoing series of “Resource Trainings” that met regularly for decades. Moshe Feldenkrais was a physicist and engineer who developed a movement-based way of accelerating learning that he believed could impact psychological as well as physical states of being (1972, 1979). While most view his work as dealing with only the physical aspects of moving, his interests were in *using* these physical aspects of movement to enable personal change on a larger scale. Tenzin Gyatso, the Fourteenth Dalai Lama, brings personal understanding of the wisdom teachings of Tibetan Buddhism to his writings on learning and happiness for the general population (1999). This tradition offers tools for the transformation of thinking, perception, and action that are increasingly acknowledged by science as having the potential to reduce the power of destructive emotions in the workplace (Goleman, 2003).

These diverse sources provide the foundation for my model for organizational diagnosis and health: the “Power Line” (1994, 2001). The Power Line model identifies a series of critical leverage points to which leaders must attend, including an overarching vision, teams that implement effectively, and individuals willing to bring their energy to the organization. By emphasizing the need to work on purpose, action, and energy at the systemwide, group, and individual levels, it can help both the consultant and the leader to understand what is needed to engender and sustain deep levels of change.

From sociology and the applied behavioral sciences, I derived the notions of embedded systems in a macrosociological context. From my studies of Gurdjieff and Bennett, and training with Krone and the Arica Institute, I derived an understanding of working at the levels of will, energy, and

function. This combination enabled me to move beyond a merely functionalist approach to organizational change, while retaining great respect for the importance of issues impacting such change at the large system level – often ignored by psychologists and personal change teachers. I developed a “map” of the organizational “field” in which we have to work as change consultants – a map that I did not confuse with the territory itself, but one that can be used as a way of conceptualizing the richness of the whole system, while retaining sufficient simplicity to focus and take action.

In addition to the work with the Power Line, I brought concepts from my studies of movement at the individual level with Moshe Feldenkrais to the realm of organizational change:

- ◆ Small steps, within one’s comfort zone, are the sole path toward transformational learning that allows assimilation and integration of the new learning;
- ◆ “No limits assumed” is the only viable way to work towards transformation;
- ◆ Go where the problem isn’t, not where it is, for the greatest learning;
- ◆ Variety is source of strength. Only when there is choice and a large range of possible ways to move or accomplish something can we avoid being stuck in dysfunctional patterns. Similarly, diversity of all types becomes a source of tremendous organizational strength and learning, as diversity in an organization is analogous to variability in human movement.
- ◆ Improvement and learning occur through successive approximations: you don’t have to be perfect and get it entirely right the first time. In fact, you can’t. This softening of our perfectionist nature is what enables learning.
- ◆ Health is the ability to live one’s unavowed dreams (Feldenkrais, 1979). Always allow dreaming; we need new dreams to remain young and vital (Goldman, 1998).

What I found of relevance to organizational learning and development in the Dalai Lama’s writing and life is

- ◆ a model for moving through huge, unimaginable change in a way that allows one to grow
- ◆ a translation of Buddhism to spiritual ethics that is non-sectarian and relevant to all people, not just Buddhists
- ◆ an experience of leadership grounded in compassion, gentleness, and large humor
- ◆ a way to perceive universal responsibility as a foundation for ethics – that “we recognize the need to avoid causing divisiveness among our fellow human beings.” (1999), p. 163)

Beyond his teachings and the demonstration that his life offers of leadership, there is increasing evidence that the beliefs and practices of Tibetan Buddhism may have relevance for transformational leadership (Goleman, 2002). The commitment to living in a way that places others’ wellbeing higher than one’s own is known as the bodhisattva way of life. Western neuroscientists have begun studies that measure the brain function of highly trained Buddhist meditative adepts using MRI, EEG and MEG neuroimaging techniques and other psychological, neurological, and immunological measures (Houshmand et al, 1999). The research is suggestive of a possibility that some have long suspected: that such persons have a powerful effect on those around them. Rather than the typical pattern that we observe in organizations, whereby those who are anxious or upset in turn disturb many others, this offers the potential for leaders who are more aware and awake to transform those close to them by the qualities of compassion and awareness that they bring.

Implications for Practice

As I have looked at myself and my life, following the news about my “disease,” I have already made a number of major changes in my thinking, general state of mind, and activities. Things that seemed impossible to change have suddenly become much simpler. I am amazed by the power of being in a different situation: the definition of the situation is indeed a compelling factor.

I cannot fathom how my body and consciousness could possibly have known how to render me ill in a way that so precisely symbolized what was awry in my life. Somehow, “I” became unable to hold my skin together – the ultimate boundary to the world, as well as the main tool for sensing the world around me. In doing this, my immune system was fighting itself, rather than threats from outside, suggesting to me that I had, indeed been struggling too hard, for too long, against too many things that seemed difficult. Like so many in America, I had lived and worked refusing to believe in my limitations, insistent on creating my own reality and sustaining dreamed-of possibilities against all odds. I find it remarkable and, in an odd way, a blessing, that my body-mind could fail so precisely, giving me a medical diagnosis that apparently only occurs for about 6 people in a million in the US, yet is a relatively common form of disease among diseases of the skin in other parts of the world. (The medical profession does not know why there are such regional differences.)

What have I discovered that is particularly relevant to enabling change and learning in organizations?

1] I continue to believe that the overall state of the practitioner is crucial in the effectiveness of his or her practice. The more I allow myself to become sensitive to my own state, the more aware I am of how others affect me. I see that practitioners of modalities like massage or other “healing” practices at the individual level are not at all equal, based on their knowledge and training. Their effectiveness seems tightly linked to their ability to be present in the moment to me and my needs: something that I believe is profoundly important for practitioners of organization learning and development, whether we are coaching an individual, facilitating a team, or assessing an organization’s overall state of health and readiness for change.

2] When I ask them for feedback, I have discovered that my clients notice changes in my state, although they do not offer such information unless asked. They notice when I am more “present” with them, or subtly more preoccupied. In this situation, it had not become so severe that they felt they could not work with me, but they had taken notice. Our busy-ness and “ordinary” pressures are not invisible.

3] It is easier to change than it seems. Once I realized that my health and life depended upon my making changes, they were easy. I saw what I needed to do, could see how it benefited others, as well as me, and could find ways to ask for them – and to get coaching in doing so. If we realize how important it is to be mindful of the impact of toxicity upon us, changes are not as difficult as they once appeared.

4] Finding practices and support in increasing my sensitivity to my own state of being has been of great importance. I am now much more aware of how I feel when I pressure myself to work longer or am on a phone call when something being discussed makes me angry. I noticed that when I described how I felt, I had been using phrases like “it makes my blood boil,” “I can’t stand it,” and “it is infuriating.” I had been living at a level of pressure that was perhaps an 8 on a scale of 10, but was telling myself to “tough it out,” as they say.

5] In being “ill” with something that is labeled “incurable,” I suddenly found my perspective had changed. I realized that, in a sense, we were all already ill and dying – something I’d heard and perhaps said flippantly – but it now felt true. Instead of being overwhelmed by my own personal situation, my sociologically-trained self seemed to quickly sense myself as part of a larger group. However, rather than relating to the reference group of those who have auto-immune disorders or to those who have chronic disease, my mind went to the reference group of all humanity – all of us

beings who are slowly (or rapidly) dying, with no escape. Instead of this feeling oppressive, it felt freeing. Realizing this made it clear to me that we have choices as to how we live during the time we are here. I want to remember this; and I find that reminding myself that I am ill makes it easier to remember what is important.

Conclusion

I hope that in sharing these insights and thoughts, I will help at least a few to avoid the need to become sick in order to become wiser. If we can stabilize our inner health, we are more likely to find clients (leaders) interested in genuine organizational health. We cannot help people to be visionary leaders unless we can hold onto our own visions for fundamental human healthfulness.

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