Importance of Diagnosis in Organizational Assessment: Harry Levinson’s Contributions

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This article reviews the role of organizational diagnosis in managerial and organizational consultative roles. The particular contributions of Harry Levinson are highlighted. The ways in which Levinson, a pioneering clinical psychologist of work and organizational issues and a pioneering psychologist-consultant, utilized and approached organizational diagnosis are reviewed. Methods of integrating these perspectives in the day-to-day work of psychologist-managers are discussed.

Of course, it is possible to be a manager who is also a psychologist and who makes little use of psychological training and background in implementing the administrative role. To be a psychologist-manager, however, assumes that one applies expertise from one’s psychological training and from the psychologist’s role to the day-to-day work as a manager or leader (Lowman, 1997). Psychologist-managers need to be able to think in psychological, not just managerial, concepts and principles, whether working for organizations as managers or as consultants. Although psychologist-managers cannot be exclusively organizational diagnosticians and interventionists when they are serving in the managerial or leadership roles—that would create a role conflict (Lowman, 1998; Newman, Robinson-Kurpius, & Fuqua, 2002)—they can benefit from applying their psychological expertise to the managerial role and in thinking about their roles and responsibilities from the psychological, not just the managerial, perspective. Organizational diagnosis or assessment is part of this process. In this article, I highlight the contributions of one of the premiere organizational assessors and consultants, clinical and consulting
psychologist Harry Levinson, to the process of understanding and implementing organizational diagnosis.

HARRY LEVINSON’S DISTINCTIVE CONTRIBUTIONS

Harry Levinson is a clinical psychologist by training whose considerable body of writing and practice helped to pioneer the field of organizational consulting psychology. His books and articles have been popular both with managers and with psychologists who would consult to organizations. The particular model that Levinson has persistently espoused throughout his professional career is psychoanalytic. That derived from his training at the Menninger Foundation, from which his early work began (see e.g., Smith, 1978). Although Levinson has strongly advocated the psychoanalytical model as a metaphor for understanding organizations and the people within them, he is at least as concerned that psychologists base their work on a sound, integrated theory as that they espouse any particular theoretical system.

Whatever other contributions the psychoanalytic approach may have made, its advocacy of affective and intellectual honesty is surely an important one. It is about the attempt to help people perceive accurately, with minimal influence of the inevitable intrusion of personal characteristics and distortion to which all people are prone. The psychoanalytical model is also about personal storytelling, helping to make each necessarily subjective history possible to be understood in a way that is clear, reasonably accurate, and minimally distorted. Imagine what some of the contemporary companies now mired in scandal (e.g., Enron, WorldCom) might give now to have been, before their fall, subjected to an objective telling of their story—and the ability to act purposely on that information—during their heady expansionary periods (see Levinson, 1994b).

Levinson was one of the first clinical psychologists to think systematically about organizational assessment and intervention. It is difficult to single out from his many contributions to organizational consulting psychological practice only a few for special focus. In this article, I want to focus primarily on Levinson’s contributions to organizational assessment. In doing so, I can apply a bit of the psychoanalytic approach to the task of understanding the advocated diagnostic methodology.

PERSONAL LIFE HISTORY

Because early experience is an important part of the psychoanalytic model and approach, let me mention first a few historical, so-called genetic, notes about Harry Levinson. Although he spent much of his career at Harvard—a powerful forum where, if one has something to say, it can more easily get attention—he did not
start there. His personal origins were rather modest and, in many ways, his success inspirational. Like so many of his era, Levinson was raised in unpretentious circumstances, in his case, in New York City. His father was a Jewish immigrant, a tailor. His undergraduate education was not at Harvard, Yale, Hopkins, or any of the other East Coast elitist academic institutions that can provide a jump-start to careers but rather at a small, somewhat obscure teacher’s college in Kansas.

Harry Levinson’s attending college in Kansas reflected many things, including his personal financial circumstances and the discrimination against Jews that was rather rampant in higher education during that era. However, Levinson knew that he had always wanted to teach, learn, and write; mastering the basics at an institution devoted to the rigorous training of teachers, even if in the middle of a state to which he had never been, was therefore not such a bad place to begin. It was a fortuitous circumstance that, when he later pursued graduate training in clinical psychology, one of the best mental health training facilities in the world also happened to be located in the middle of the prairie in Topeka, Kansas. His graduate work was a combined product of the University of Kansas and the Menninger Foundation. His graduate training in clinical psychology and subsequent early work experience happened to have been located in a place where much pioneering work was being done. (Education is not just about training in elitist institutions; it is taking advantage of the circumstances in which you find yourself.)

Harry Levinson’s early work in Kansas at the famed Menninger Foundation, a remarkable mental health treatment institution in the most unlikely of places (Topeka, Kansas), early on involved an industrial component.

Levinson’s move from Topeka to Cambridge and Harvard came on the background of his having spent 14 years heading up the Division of Industrial Mental Health for The Menninger Foundation. In that capacity, he learned about organizational diagnosis first hand from such activities as riding in the trucks of men working the power lines of Kansas Power and Light. His seminal early work *Men, Management and Mental Health* (Levinson, Munden, Price, Mandl, & Solley, 1962) derived from those experiences. At Harvard, he quickly became connected with corporations of a different sort, Fortune 100 companies; that experience base, along with the hands-on work in Kansas, clearly helped to shape his assessment approaches.

I do want to say just a word about my own history by way of illustrating how important Harry Levinson’s contributions have been to me personally. For one such as myself who studied both industrial and organizational (I/O) and clinical psychology in graduate school in the late 1970s, Levinson’s work was personally both important and influential. I had found the I/O psychology I started out to study in graduate school to be methodologically rigorous but somehow an insufficient base on which to understand organizations. To combine I/O and clinical psychology in an era when nobody on either side of that equation thought that was a very relevant or good idea took a lot of convincing of many skeptics. I maintained then, as I do
now, that clinical and I/O psychology have a lot to teach each other and that clinical psychology knowledge is directly relevant to the world of organizations as are work studies to the world of clinical psychology (see e.g., Lowman, 1991a, 1991b, 1993). Levinson’s work—especially his seminal work on Organizational Diagnosis—was one of the few milestones along the way in my professional training and practice. (I am told it was for many years one of Harvard University Press’s perennial best sellers and is now, I am delighted to say, back in print in a revised and much updated edition published by the American Psychological Association; Levinson, 2002b.) When you want to do something that few others think at the time is of value or importance it always helps to have a few role models along the way and Harry Levinson was certainly one of those for me.

ORGANIZATIONAL DIAGNOSIS

From the personal to the professional, I would like now to turn our attention to the specific issue of organizational diagnosis and to some of Harry Levinson’s many seminal contributions.

Imagine going to a medical practitioner who presented the patient with a prescription before asking about symptoms or doing a physical examination, reminiscent of the title of one of Harry Levinson’s books: Ready, Fire, Aim (Levinson & Robinson, 1986). Although in this era of managed health care even that scenario might seem not too far-fetched, as a knowledgeable consumer one probably would not suffer this approach in silence. Because its early days, medical science appropriately has been based on the reasonable assumption that treatments need to be matched with problems and that a demonstrated linkage between experienced problem and intervention is necessary before recommending a treatment. Treatments that are not preceded by diagnosis in today’s world would rightly be regarded as quackery or medical malpractice. Also, until recently, when the public has come under the influence of the heavy advertising of companies manufacturing such drugs as Prozac™ and Viagra™, medical patients did not typically go to a physician requesting a particular treatment. Rather, they came in requesting help with a particular problem and the choice of which drug to use or whether to use a physical treatment or some other type was not the particular concern of the patient. This was so because, among other reasons, the technical knowledge to evaluate the connection between treatment and intervention was not widespread in the general population. Furthermore, the sheer volume and complexity of the knowledge base was usually beyond the lay person’s mastery.

Yet, in the field of organizational consulting, we often find the conceptual equivalent to this Ready, Fire, Aim approach, albeit abetted by our clients. How often do companies call in organizational diagnosis (OD) experts and ask for team building,
conflict management, or values alignment with absolutely no interest in, or willingness to pay for, preliminary assessment work? It is not that such treatments are unnecessary or cannot in some circumstances do some good—most companies probably can use interventions of this sort. However, as Harry Levinson has taught us, without competent assessment there is no assurance that these treatments address what ails the organization or are likely to result in long-lasting change. In a recent chapter on linking organizational assessments and intervention in the *Handbook of Organizational Consulting Psychology*, Levinson (2002a) says, “the implication of course is that when a problem is more than transient, or casual, before trying to fix it, the consultant should understand what caused it and why it persists” (p. 318).

An interesting twist on the client’s desire for a product or a positive outcome rather than focusing on the negative was one used by my graduate school mentor Carl Frost, another clinical-organizational psychologist. He was the nation’s premiere exponent of the *Scanlon Plan*, a still-innovative participative management and gain-sharing system. Frost was usually called in by companies, usually after they had read about one of the Scanlon Plan success stories such as Herman Miller, Motorola, or Donnelly Mirrors, for the express purpose of assisting them in putting in a Scanlon Plan. They wanted the product, the outcome—and preferably as quickly as possible. After some pointed questions about the current state of the organization, Frost inevitably told them on his initial consultation visit that they were not ready for a Scanlon Plan. Until the organization had accurately identified its current situational reality and its reasons for wanting to change, and made a convincing case to all people in the organization about the need for change and the need in particular for the Scanlon Plan, it could not have one, at least not with Frost as the consultant. In other words, the organization had to do a thorough self-diagnosis before it could undertake the desired “change” program. Harry Levinson’s approach is similar.

**OD OF WHAT, BY WHOM, AND FOR WHAT PURPOSE?**

What does an organizational consultant diagnose, for what purpose, and using what system? These are important questions that will very much influence the organizational diagnostic process. We do not diagnose because it is something to do to pass our time or because it is what medicine does but rather for some specific organizational purposes. There are, I argue, at least two major kinds of organizational issues for which organizational consultants are likely to be brought in and two kinds of diagnostic processes that derive from that. One of these concerns the assessment of organizational *dysfunction* (Lowman, 1993) and the other of organizational well-being and intended *optimization*. Often requests based on apparent optimization are disguised requests for problem solution.
Concerning *problem-focused* approaches, an organization seeks help with something that is perceived to be dysfunctional by someone influential in the organization. There are two major issues that must be considered in this type of diagnosis. First, has the client identified the correct problem? Levinson suggests that the usual answer to this question is no or at best a partial yes. Representatives of organizational clients are usually careful in their request for the services of an organizational consultant. This may be due, in part, because they do not want their dirty laundry aired to a consultant before they know they can safely trust and rely on the person. However, it is also the case that the nature of the organizational reality, at least in private sector organizations, emphasizes competition and positive self-presentation. Everything about a problem-focused diagnosis goes in the opposite direction—asking that problems be aired and directly discussed and that problems (as well as strengths) be unearthed, displayed, and discussed.

An analogy to family therapy rather than to individual therapy is apt because families are (small) social systems with built-in issues of hierarchy and authority and a strong push toward positive self-presentation to the rest of the world. Issues of perceived disloyalty, the possibility of perceived subsequent retaliation, and the perceived loss of status and face are inherent in both family and organizational work. Such constructs and concerns suffuse Harry Levinson’s work on organizational diagnosis.

**APPROACHES TO DIAGNOSIS**

There is no one way to conduct organizational assessments but that does not imply that anything goes. Levinson has sometimes—often—been criticized for his adherence to psychoanalytical principles long after they had been abandoned by many other organizational assessors. Levinson did not, however, just adopt the psychoanalytic model to the problems of organizations in a mechanistic or poorly conceived manner. Rather, he extended that model to the world of work by immersing himself in the phenomenology of work and of organizations. Where the psychoanalytic models fit, he used them and adopted them; where they did not, he created his own models and understanding. However, whatever the schemata, he felt that diagnosis needed to precede intervention. About that, Levinson has been certain.

Thanks especially to the work of Harry Levinson, the field of organizational assessment has advanced significantly. As much as any other author on organizational assessment, Levinson has addressed not only content issues but also process issues (see, e.g., Levinson, 2002a, 2002b, 2002c). What data should be collected, by whom, and taking into account what psychological processes that occur among those from whom data are being collected are all aspects of psychological assessment about which Harry Levinson helped to define the standards of practice in a
field he helped to create. One can choose different, less psychodynamically deriva-
tive labels if one wants but the constructs and phenomena in organizational as-
seessment of transference; countertransference; psychological loss; grieving; the
affective reactions; genetic, structural, and process data; and clinical inference are
all ones that Harry Levinson has persistently brought to our attention (see, e.g.,
Levinson, 1994a, 2002b). The fields of organizational change and of management
are richer, brighter, and better as a result.

By no means are we fully where we need to be in organizational assessment.
Taking the medical model as a metaphor, modern medical diagnosis did not get to
its current state of sophistication overnight. It has taken centuries to reach the cur-
rent highly complex level at which tools such as computed tomography (CT) scans
and positron emission tomography scans can be used to diagnose physical ailments with an astonishing degree of clarity and rapidity. Let us learn from, but not
idealize, medical models. Even now, medical systems are not foolproof and do not
ensure instant health. I remember being involved early in my career in a prestigious
medical school-based study about pseudoseizures (see Lowman & Richardson,
1987). In reviewing hundreds of electroencephalographic reports, it was amazing
how often in this supposedly science-based discipline the conclusions drawn were
inexact and inconclusive, in effect, “could be this, could be that.” So much for the
precision and exactitude of medical science.

LINKING ASSESSMENT AND INTERVENTION

No matter what diagnostic theory and problem taxonomies are used, organiza-
tional diagnosis is a complex undertaking calling for the complicated interweaving
of data from multiple sources to draw conclusions (inferences) about what ails an
organization and how it can be fixed or made better. Harry Levinson has taught us
that there is no substitute for judgment, clinical and otherwise, in integrating
across multiple sources of complex data to draw inferences and conclusions (see
Levinson, 2002a, 2002b, 2002c). If we are not yet where we ultimately need to be
in terms of both assessment and the process of linking assessment and interven-
tion, neither are we rank amateurs exploring terrain for the first time, thanks espe-
cially to the contributions of Harry Levinson.

A second major issue in problem-focused organizational diagnosis is the issue
of diagnostic inference, whether the type of anticipated or requested intervention
matches the nature of the appropriately identified organizational problem. We do
not yet have an empirically derived literature that matches organizational problem
with intervention to determine the likelihood of success. For now, this remains
something of an art form in which the observed conditions are matched with the
known literature of types of interventions that have been shown to have success in
similar type situations.
WHY DO ORGANIZATIONAL DIAGNOSTIC APPROACHES DIFFER?

Equally well-trained, conscientious, and ethical consulting psychologists or psychologist-managers can differ in their diagnoses concerning the nature of an organization’s problem(s), the type of further assessment or intervention needed, and the preferred way of using a particular intervention. Moreover, more than one conceptualization of an organizational problem might be correct because problems in organizations tend to be overdetermined and symptom clusters tend to exist. An organization under serious external threat working in a highly competitive environment, for example, may have many employees who experience a number of symptoms of that stress. Addressing only one subset of the problems giving rise to the stressors (e.g., organizational strategy vs. management of affective reactions to the stressors) can be equally important and there is not yet a cookbook by which the “right” choice for a particular organizational condition can be made mechanistically.

Assessments also tend to differ in how much breadth and depth they encompass (see Lowman, 1991a). Harry Levinson’s assessments (see Levinson, 2002a, 2002b) tend to be very detailed, anchoring the organization in its full internal and external contexts. Other approaches are much more circumscribed or technique driven (see e.g., Howard, 1994). My guess is that beginning consultants need the detail, whereas experienced and well-trained organizational consultants may diagnose more intuitively and figure out, on the basis of much more limited information than do novices, what is problematic in the system and what is likely to work in that context to bring about change. (Harry Levinson, for example, has been conducting organizational assessments and consultations for 50 years.)

It is also possible for assessments in the organizational contexts to cover smaller or larger portions of an organization. An assessment might have as its intended target a single department or organizational unit, particularly at the high levels of the organization, or it might, especially for a smaller organization, encompass the entire organization. Making explicit the focus of a particular organizational assessment is crucially important. Just as a medical practitioner cannot expect to draw conclusions about the kidneys’ functions from a CT scan of the brain, although the functioning of the two structures may be related, so too organizational practitioners must match diagnostic tool to experienced problem and limit the conclusions drawn to the systems analyzed.

AN ONGOING TASK AND RESPONSIBILITY

If the major purpose of organizational assessment is to assist the client in the accurate perception of its situational reality (see Frost, 1996) so that informed choices can be made on that understanding (see, e.g., the still-impactful work of Argyris,
1970), then organizational assessment is not something done by an organizational consultant for a consulting assignment. Assessment, rather, is an ongoing organizational need. Just as organizations have sophisticated systems for assessing market success, sales trends, and the like, so too must they incorporate assessment systems that will continually provide current data on the state of the organization. Annual employee surveys that provide a “temperature taking” of the organization are just one example of the effective use of psychological methods on an ongoing, institutionalized basis. Such surveys provide useful information to the consultant and organization alike. There is still no substitute for organizational consulting psychologists’ involvement in the process of assessment and intervention. Just as millions now monitor their own blood pressure or ensure that they have regular cholesterol readings as indicators of potential health or dysfunction, expert guidance is still often needed to make sense of the numbers or to determine how to proceed when they are problematic. The psychologist-manager cannot always be his or her own assessor or interventionist.

A MATTER OF STYLE

Levinson’s contributions to developing a literature of organizational diagnosis also bear comment. In contrast to some of the jargon-ridden prose of many writers—especially psychoanalytic ones—who seem to think that psychoanalytic constructs are only worthwhile if expressed in the most arcane terms (a sort of gourmet food for the privileged), Harry Levinson writes clearly, strongly, and with an apparent simplicity that makes it all seem effortless. Levinson’s work almost always begins with the subject matter of organizations not the constructs of psychoanalysis. The reality of organizations, not a theory developed for some other purpose, is where Levinson begins, which is one reason why his writings are instantly accessible. Perhaps this straightforward style derived from his years spent living and working in Kansas where plain speaking and directness are prized. His recent book on organizational assessment (Levinson, 2002b) and two impressive chapters in the Handbook of Organizational Consulting Psychology (Lowman, 2002) are powerful illustrations of a master writing at the peak of his game. They contain many gems of wisdom that distill 50 years of consulting practice and theory into deceptively simple-sounding profundities. As one who values clear thinking as well as clear writing, I cherish his talent. For example, concerning the purpose or mission of organizations, Levinson (2002a) wrote in one of his two Handbook of Organizational Consulting Psychology chapters

All organizations are attack devices...Schools attack ignorance, churches inveigh against sins, charitable organizations seek to alleviate poverty or strife, healthcare organizations fight illness and death. All living organisms seek to master their environ-
ments for their survival, and to perpetuate their species. For the organizational consultant it is important to understand what the organization attacks, how well that attack fits with its purpose, and how effectively it does so. (p. 327)

Again, concerning power in organizations, Levinson (2002c) writes in the second of these chapters

There is one other issue that psychological organizational consultants characteristically avoid: the exercise of power. Characteristically, they fear and decry power as if the exercise of power is bad. That does not make it disappear. (p. 444)

And finally, in an important chapter on “The Practitioner as Diagnostic Instrument,” Levinson (1994a) said it all, and succinctly, when he wrote

Management, like all disciplines, is subject to fads as executives seek quick and easy solutions to complex problems…But there are no quick and easy solutions. Various managerial techniques are applied to organizations without addressing the following basic questions: What is the specific problem in the organization? What are its multiple causes in the context of the economy, its own industry, and its unique organizational history? How well is the organization able to cope with its problem?

An ethical consultant must answer such questions, report what he or she has learned in a manner that can be understood, and recommend steps for change. These recommendations can be the basis for discussion within the organization and for evolving a plan of change that is in keeping with the organization’s capacities and competence. All this requires a formal, comprehensive diagnostic process… and solid psychological skill (pp. 51–52).

**IMPLICATIONS FOR THE PSYCHOLOGIST-MANAGER**

How does the psychologist-manager make use of organizational diagnosis and of Levinson’s models? Several suggestions can be made:

1. **Assess before taking action.** Managers typically think in terms of action more than contemplation or theory building. However, psychologist-managers must master the nonpsychological aspects of their jobs without abandoning their psychological training or perspectives (see Lowman, 1997).

2. **Tie the results of assessment to the contemplated actions.** Before acting, psychologist-managers need a plan based on an understanding of what an organization needs and how the planned changes relate to those needs. The intervention plan should be based not just on the business or organizational needs but also on an understanding of the psychological aspects of the situations at hand.
3. Use psychological consultants to assist in the process. In my experience, some psychologist-managers ignore their training as psychologists and bring in too few psychological organizational consultants and often too late in the process of managing organizational change. Perhaps they do so because they do not want to seem to be using their special knowledge inappropriately. However, psychologist-managers need to know the value and the limitations of organizational consultants. If they err, it should be in the direction of overutilization not underutilization. They also need to know how to manage consultants when they bring them into the organization and how to get them out of the organization when their roles have been completed (see Grabow, 2002).

4. Base the interventions on knowledge of what works and what does not work. Psychologist-managers attempt interventions in their organizations that have a known track record. There is now a substantial empirical research literature on what works and what does not in organizational consultation (see, e.g., Halfhill, Huff, Johnson, Ballentine, & Beyerlein, 2002). Psychologist-managers know the relevant literature and make use of it in their actions.

5. Evaluate the results on an ongoing basis. Measurement is part of the training of most psychologists. Winum (2002) provides a model of evaluating organizational consultation interventions. Psychologist-managers who want accurate diagnoses as a basis of action need continually to assess and to evaluate.

CONCLUSION

There is so much more that could be said about organizational diagnosis and the special contributions of Harry Levinson. The professional challenge of learning how to conduct organizational assessments in a valid and reliable way —what works and what does not—is not over; it is really just getting started. However, thanks to the work of Harry Levinson, we—all of us who aspire to conduct organizational assessments in a way that creates meaning, relieves pain, and helps to promote organizational well-being—stand on the shoulders of one of the giants in the field, one who has been there before us and helps us to see, in a new light, all the wonders there to be viewed if only we have the competence, the patience, and the vision to do so. May we do as well by the next generations of organizational consulting psychologists as Harry Levinson has done by us.

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