

Taking power to the edge of the organisation: role as praxis

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Introduction

The great advance made by the Tavistock Institute at the end of the Second World War was to develop ways of applying the concepts of socio-technical systems, boundaries, roles and primary task to the enterprise. During the course of the second half of the century this advance proved to be of great value in the formation of the corporate enterprise. Theory and methods were developed by psychoanalytically informed consultants to intervene in organizational strategy, and organizational role analysis (ORA) emerged as a tool for enabling managers to take up their roles effectively within organizations. The 21st Century brought a new challenge to the enterprise as the forms of customer demand become increasingly complex and individualized. The need for a further advance in our understanding of organizations can best be observed in the leadership challenge that emerges at ‘the edge’ of an organization, where the full impact of the asymmetric nature of demand is experienced.

Asymmetric Demand

The 20th century organisation was concerned with creating the greatest efficiency and effectiveness in the provision of products and services to the largest possible numbers of customers, whether from within a private or public enterprise. The very success of this enterprise in the 21st century is rendering the achievement of this outcome no longer adequate. The customers want more. (Alberts and Hayes, 2003)

The axis along which customer demand used to run was one of comparison over time: bigger, better and more convenient with greater value for money. Now that axis is shifting to represent individual differences as consumers struggle with the particular challenges of their own lives (Beck, 1992). More is still wanted, but only if it is customized, personalised, particularized, and timely. The ‘more’ can no longer be mass-produced but must provide an experience that is unique and distinctive to the person within their context. (Bobbitt, 2002).

This change in the nature of expectations is creating a transformational challenge for our time in which power must be taken to the edge of an organisation. The ‘edge’ is where the customer’s demand confronts the organisation. For the 20th century organisation, the assumption was that there could be symmetry between what the customer wanted and what the organisation was supplying. In the 21st century this is no longer true, so that asymmetry has to be assumed and leadership power needs to be at the edge because it is only there that choices can be made about how to respond to the particular form the customer’s demand takes. (Alberts and Hayes, 2003) This contrasts with holding power at the centre, evident in the hierarchical form of organisation, and reflecting the symmetric assumptions about demand held by the centre and applied uniformly throughout the organisation. Power held at the centre is associated with leadership that can maintain the cohesion of the organisation as a whole and keep its members motivated to carry out their expected roles. But power taken to the edge requires leadership to be distributed (Huffington et al, 2004). This implies a different relationship to role in which the authority of a role arises primarily through its relation to demand, rather than by virtue of position in a hierarchy (Boxer & Eigen, 2004).

Alberts and Hayes were writing about the challenge asymmetric *threats* pose to the 20th Century organisation. Placing the emphasis on threats implies that the existing forms of organisation experience asymmetric demand as a threat to their current ways of doing business. Professionals working within the public sector, or on the wrong end of a customer relationship management system, recognize that the current large-scale organisation is working hard to exclude and/or limit the ways in which they are prepared to respond to asymmetric forms of demand.

The dilemma of the edge Role

This paper emerged as an attempt to understand the dilemma faced by those who hold roles that require them to balance the emerging demands of the customer with those of the enterprise, very often in circumstances in which the enterprise does not appear interested. These 'edge role holders' must translate across a boundary which has the added dimension of there being fundamentally different ways of understanding what is wanted on the customer's side. Thus the person's role as defined from within the organization has an 'internal face', which has to be distinguished from its 'external face' as it is experienced by the customer. From the point of view of the role holder, the definition of the role as defined by the organization may not be the same as the definition that emerges through responding to the customer's demand. The resultant tension that arises between the role-as-defined and the role-as-praxis may involve challenging the way power is currently exercised.

How is the person at the edge to hold their role under these circumstances and how does this exploration take us beyond existing understandings of organisational role analysis?

When is a boundary an edge?

In researching how markets are defined, Lane & Maxfield (2004) distinguish between three kinds of uncertainty:

- Truth uncertainty: uncertainty over whether a well-defined proposition is true or not. Thus if I say that this piece of equipment will behave in this particular way, can it be observed to do so?
- Semantic uncertainty: uncertainty about what a proposition means. Thus when the salesman says that the piece of equipment is reliable, does he mean what I mean by reliability?
- Ontological uncertainty: uncertainty about what kinds of entity inhabit a speaker's world, what kinds of interactions these entities can have, and how entities and interaction modes themselves can change as a result of these interactions. Now we are facing uncertainty about the very way in which the world is constructed by the speaker, within which s/he may try to say what s/he means.

The point they make is that innovation involves creating ontological uncertainty because it involves changing the ways in which people understand things to be possible. A market therefore involves creating an ontological framework within which all the participants in the market can establish an adequately shared understanding to be able to trust each other in the conduct of business.

We have experience of the care that organisations take to create their ontological framework, within which task systems, boundaries and roles may be agreed, commitments made, and expectations fulfilled. This ontological framework will take the form of a 'supply-side logic'. This logic may well extend to include a whole industry and its customers, and within such a shared ontological framework there will be task boundaries between one sub-system and another, and between one organisation and another. But there will be no edges. There will only be an edge if the ontological framework being used on one side of the boundary differs from that being used on the other side. So recognising demand to be asymmetric involves recognising a difference between the ontological framework of the supplier, and that of the customer's demand.

An example of an 'edge' role

In this example, the authors of this paper worked with a Market Research Business as their client (Boxer & Eigen 2003). The client had been asked to research the morale problems being presented by the nurses in the rehabilitation wing of an acute hospital, and to make recommendations to improve the nurses' morale. The client approached us because of the feeling that their existing approach, based on their experience of doing market research, would not be sufficient. Clearly the person who was to do the research would be in a boundary role, working between the two task systems of the supplier and the customer. But would it be an 'edge' role?

If either the supplier or the customer had known what they wanted, they would have done so within an ontological framework, even if they could not articulate the framework itself as such. Thus if we examine the boundary role between the supplier and the customer in Figure 1 below, in the top left quadrant a commercial relationship would have been set up between them based on a shared understanding of what the customer wanted. This would have contrasted with the top-right quadrant, in which the supplier would have had to 'sell' to the customer their understanding of what was wanted; and the bottom-left, in which the customer would essentially have been outsourcing to an outsider the research that they wanted doing. In all these three cases, there would have been a presumption of symmetry between the supplier and the customer because the ontological framework on both sides of the boundary would have been assumed to be the same.

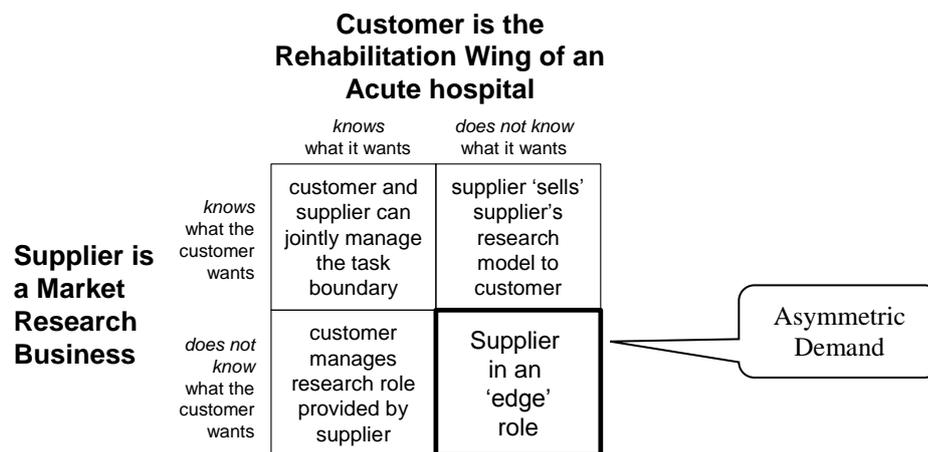


Figure 1: Defining the 'edge' role

Only in the 'box 4' would the supplier have been acknowledging an 'edge' role, in which neither side knew what the customer wanted. In this bottom-right quadrant, therefore, the assumption would have been that the ontological frameworks used on either side of the task boundary were different. Why, then, did our client assume that they were in an 'edge' role?

An asymmetric demand is a demand in which the customer's demand can no longer be assumed to be what the customer wants to experience within its context-of-use. The gap experienced by the customer between their actual experience of the supplier's response to their demand and their expectations of it is a **value deficit**. In this case, the supplier knew that using the normal model for doing market research would not work: interviewing everyone involved with the rehabilitation wing and putting together a composite view of what the problem was with the nurse's morale could not be assumed to provide an effective answer. Not only that, but the customer's experience of all that interviewing was likely to set up an expectation that the supplier would know the answer, thus transferring the problem of coming up with a solution to the researcher. Once this happened, the researcher would be left holding the problem. In other words, the customer's experience of the process of doing the research

would not be effective, even if the demand for research was clear: it was not *what* was wanted that was the problem, but *how* it was wanted.¹

Had the market research business assumed symmetric demand, then the solution offered would have been the approach that produces the lowest average value deficit across all the supplier's different kinds of customers. But in assuming that the demand was asymmetric, it was accepting that this customer was presenting a particular kind of demand-side 'logic' to which it would have to find new ways of aligning its supply-side 'logic': they knew that they needed to develop new ways of doing research.

We can see now the challenge facing the enterprise in taking 'power to the edge' in order to satisfy asymmetric forms of demand. If the supporting supply-side infrastructures are capable of infinite variation in how they can be used, then the person in the 'edge' role can re-align them in a way that minimises the value deficit for each customer. In this case it was possible for the market research business to do this. But what if the supporting infrastructures were not 'agile' enough? What if the business would only allow their standard approach to be used, imposing constraints on the solution that could be offered? Under these circumstances we see the challenge facing the person in the edge roles: how are they to balance the supplier's interests with the demands of the customer?

Praxis, risk and the management of anxiety

So what is it like to be in an edge role? Pretty scary, because the researcher is being asked to balance the interests of the customer with those of the supplying business, very often under circumstances in which the business is not really interested. It is here that understanding role as praxis becomes important. Where the ontological framework is already defined by the business, defining a role is a matter of defining its place within this context. But an edge role is working between two ontological frameworks, potentially having to modify both in order to define a workable way of relating the one to the other. In this sense the theory has to emerge from the practice, which itself has to be a pragmatic response to the nature of the demand.

Traditionally, this praxis has been left to the individual's discretion, formed informally and accepted as long as it does not conflict with the formal requirements of the role. This is the Faustian Pact (Boxer, 2003) which frees up the individual in the edge role while at the same time allowing the enterprise to remain unchanged. But if there are real resource constraints requiring new ways of managing the available resource to support the edge roles, then it cannot be left to this kind of informal mechanism, and a more explicit leadership commitment has to be made consistent with responding to the asymmetric demand:

- to give legitimacy to the challenges being set to the organisation by those in edge roles;
- to ensure that there is support for meeting those challenges in ways that are appropriate; and
- to set the frame within which the challenges at the edge are taken up.

The difficulty here is with the way anxiety is managed, which can be understood by considering the different kinds of risk faced by the person in the edge role relating to the customer. As long as the business restricts itself to symmetric forms of demand, the person in the role is only having to manage risk within a framework defined by the business. The anxiety associated with this is therefore limited to 'doing their job', and the role itself acts as a defence against the anxiety associated with taking in the full experience of the customer (Menzies Lyth, 1988).

But in taking on asymmetric demand, the role holder is being asked to take at least shared responsibility with the customer for managing the risk. This will involve not only feeling more of the customer's pain/pleasure, but also potentially having to challenge the ways in

¹ This, of course, is the rationale for action research.

which the business is able to respond to the customer's demands. If the leadership commitment is there for addressing the asymmetric demand, then the anxiety may be bearable. But if not, then the role holder will be risking stepping outside what is acceptable for the business, possibly leading to the loss of the role, the annihilation of the role itself, or even, if the demand is strong enough, the demise of the enterprise itself.² Without such leadership, then one of two retreats is likely: either a cynical doing nothing more than what is asked for by the customer (bottom-left in Figure 1), or to a fundamentalist selling to the customer of whatever is on offer (top-right in Figure 1).³ Either way, the faith that an appropriate response to the demand can be found with the support of an enabling leadership is abandoned.

It is finding ways of countering this loss of faith that most defines the challenge facing an edge role consultation, involving a struggle for a way of making sense of the situation that not only engages with the customer's demand but also engages with the challenge facing the business. It is this struggle that defines the role as praxis, changing the relationship of the business to the role from one of expecting conformity to one capable of learning from the emerging forms of practice at the edge.

Edge Role Consultation

Organisational role analysis considers the way in which a person takes up a role within a task system (Reed, 1976). The understanding which that system has of itself will be expressed in terms of its primary task, and organisational role analysis will enable the individual to wrestle with the formation of his or her role within that context. If the ORA produces alternative definitions of primary task, then the business may have to consider the choices open to it in terms of the primary risk it faces (Hirschhorn, 1997) insofar as it is forced to consider the possibility of having chosen the wrong primary task.

With power at the centre, the contract of employment will leave the employee in no doubt that the ultimate decision on what constitutes the primary task will rest at the top of the business. For power to be at the edge, however, the ORA will need to engage with the ontological framework within which that primary task of the business is defined as well.^{4,5}

² This threat of annihilation is associated with the experience of trauma and with the abjection of premature separation from the mother. It is formulated as one of the two axes of anxiety (Harari, 2001), and relates to Kierkegaard's 'concept of anxiety' (1980), in which freedom appears before itself as a possibility. This opening up means that "... whoever is educated by possibility remains with anxiety; he does not permit himself to be deceived by its countless falsifications and accurately remembers the past... for him, anxiety becomes a serving spirit that against its will leads him where he wishes to go." (p159)

³ This is the basic assumption incohesion:aggregation/massification (baI:A/M) (Hopper 2003). It appears to be a reworking of the basic assumption MeNess (baM) (Lawrence, Bain and Gould, 1996), formulated in relation to Turquet's basic assumption oneness (baO) (1974). In the latter case, the emphasis is placed more on the role of the 'non-group group', but in both cases, what is at stake is the very formation of the subject himself or herself.

⁴ It is for this reason that so much work is done with top leadership teams on questions of competitive strategy. What is at stake in this work is this understanding of the business as a whole. But what happens when a business must deploy multiple forms of competitive strategy, depending on the particular competitive contexts in which it finds itself? (Pralhad and Ramaswamy, 2003). Huffington et al (2004) describe the emergence of 'distributed' leadership, in which there is a shift away from vertical to horizontal axes of authorisation, and top management face new kinds of challenge in "opening up new ways of understanding and developing the organisation's practice in an evolving context of opportunities and challenges" (ibid, p81).

⁵ Our own work with reflexive forms of consultation (Boxer & Eigen, 2004) describes a process aimed at enabling a leadership team to create these new ways of understanding and developing the organisation's practices through the way it is able to recognise the gaps in its own understanding within and between the positions its members represent on behalf of the organisation as a whole. This different way of leading, referred to as type III leadership, is contrasted with type I leadership, in which

The traditional way of conducting a role consultation is in terms of three different kinds of observer position. Firstly the ‘normative’, which approaches the role from the point of view of what ‘ought’ to be. This is the point of view of the powers-that-be in how they want their organisation to be defined in terms of systems, roles and boundaries. Secondly the ‘existential’, which approaches the role from the point of view tacit in the way the role holder experiences the role itself – tacit in the sense that the feelings and emotions evoked by the experience may themselves be taken as symptomatic of a way of ‘knowing’ what is going on that is distinct in its own right, and rooted in the very being of the role holder. Thirdly, the ‘phenomenological’, which approaches the role from the point of view of the proverbial fly-on-the-wall, thus providing an account of the role in terms of what can be observed to be going on. It is this last point of view that is most likely to grasp the full task complexity of the context within which the role is situated.

Each of these points of view offers a particular perspective on the person and what they bring to the role; on the role itself as it emerges as well as how it is defined in relation to the task systems and the experienced relationships between role holders; and on the business itself as a task system. There is no presumption here that these perspectives will produce understandings that are consistent with each other, and indeed the work of a role consultation is to locate these inconsistencies and to consider how to work them through in the interests of all three: the person, the formation of the role and the interests of the business. In Figure 2 this process is shown as a circular process between the two white boxes through which the inconsistencies are progressively worked through.

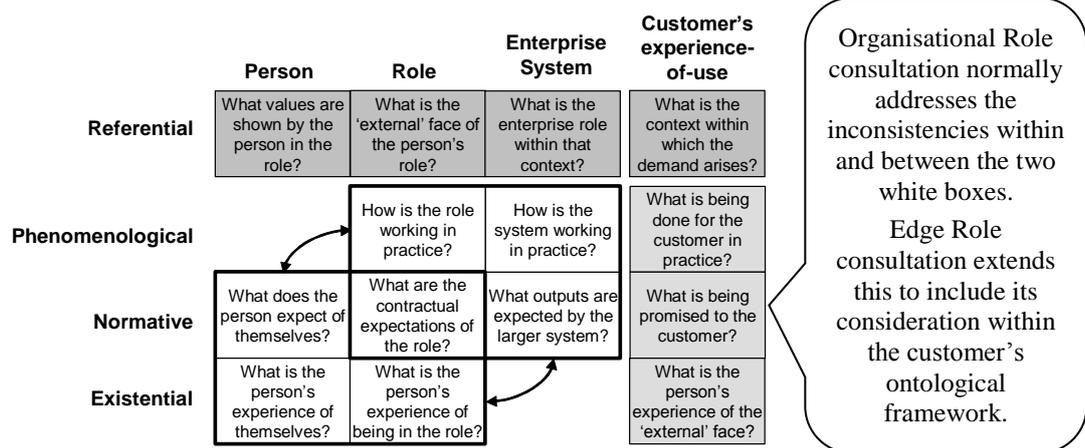


Figure 2: The Role Consultation Matrix for an Edge Role

How, then, is the edge role to be approached? If an edge role consultation is understood as enabling a negotiation to take place between different ontological frameworks, then the outcome can be thought of as bridging between those inconsistencies in the interests of the business as a whole as well as of the customer. But from what point of view is a distinction to be made between the supply-side logic of the business emerging from a process of role consultation, and the demand-side logic of a particular customer?

If the role consultation was only with a boundary role, and not an edge role, then it would only need to add the grey boxes on the right to take into account the relationship across

the person at the top embodies the right way of doing things, or type II leadership where the people at the top are assumed to know better than anyone else within the organisation what is the right way of doing things. This type III leadership does three things: (i) it sets the frame within which the organisation is open to new forms of demand; (ii) it authorises the formulation of ‘edge’ strategies that must necessarily challenge existing ways of doing things; and (iii) secure support for these new ways of doing things through enabling change in the supporting infrastructures. In effect, therefore, type III leadership must create processes in which there can be a constant re-negotiation taking place between the frameworks within and outside the enterprise in the interests of aligning the one to the other.

the boundary to the customer⁶. But an edge role consultation must add a fourth ‘referential’ point of view which allows it to consider the nature of the bridging needed between the framework of the business and that of the customer. This means considering ‘role’ not only in terms of its ‘internal face’, i.e. its part in the business as a whole as rooted in the business’s task system; but also in terms of its ‘external face’, i.e. its part in the customer’s experience.

This means adding an additional dimension to the existing role consultation matrix that can distinguish the ontological framework within which the customer’s experience is situated from that of the supplying business. In Figure 2 above it is shown as the grey boxes across the top, distinguished by their articulating the ontological framework of the customer. In practice, it means building a picture of the customer context within which the business takes up its role, and defining the way in which the particular relationship to this context has to be built. The resultant model has then to be brought alongside the supply-side model of the business to establish where it fits, and where it does not.⁷

It is evident from this that edge roles increase the variety of demands being placed on the infrastructure of a business, requiring it to be more agile. One kind of response to this is to create a pseudo-market, in which some or all of the internal services can be outsourced, creating a kind of palette of services from which the edge roles can build their support for customer relationships. This is evident to GPs drawing on the services of a Healthcare industry. But not all infrastructures are readily amenable to such treatment, being constrained by the way they are able to create economies of scale. Thus we see whole new investment in technology, such as in the digitisation of patient records, before the edge roles can be supported effectively.⁸

Reflexive Process

In the reflexive consultation model, the task systems that constitute what a business does are distinguished from the particular way in which this task system is organised in relation to the primary risk faced by the business, referred to as its *sponsoring system*. It is this sponsoring system that has built into it assumptions about what is or is not relevant to the way the organisation works. The sponsoring system has the power to define the ontological framework.

There is a circular relationship between the task system, the configuration of vested interests governing the way this client system is organised (the sponsoring system) and *what-is-going-on* (wigo). This wigo is what emerges from the role as praxis. Thus an edge role consultation faces a double challenge. It must understand how change has to take place across the edge in relation to demand, but also in relation to the vested interests served by the business as a whole. Reflexive consultation (Boxer & Eigen 2003, 2004) is a process for working out what has to be let go of by the sponsoring system in order that better ways can be

⁶ ‘Customer’ here need only be someone in another task system on the other side of the boundary, but with whom there is some interaction. Susan Long et al (1999) considered this in terms of creating role dialogues through which collaborative negotiation of role boundaries could take place, based on a shared respect for role and the task from which it is derived.

⁷ The methods needed to add this perspective start from the experience of the customer, but are organised around the question of how the customer defines value. In practice this involves building a map of how the customer’s way of valuing organises the demands s/he makes. This map is called a value ladder for customers that are organisations, and a referral pathway for individual customers – ‘referral pathway’ because it describes the way a need experienced by an individual customer is ‘diagnosed’, i.e. transformed into demands for which there are solutions. The big challenge with referral pathways is the extent to which they become colonised by suppliers’ ontological frameworks.

⁸ Something of the radical nature of this work is described in Engestrom’s paper (2004) on co-configuration work, which argues that these challenges require the business to go beyond the forms of architectural knowledge associated with mass customisation and address the way the relationship to the customer itself has to be co-configured. The forms of understanding needed to describe the different ontological frameworks at the edge are covered in Boxer and Cohen (2004).

found by the client system of satisfying the demands on the organisation. The reflexive consultation process achieves this by attending to the mirroring within its own parallel process of the different parts of the sponsoring system and the relationships between the sponsoring and the client systems.

Where the Tavistock paradigm fits...

The original insight concerning the relationship between the person and the role formed the basis of our understanding of systems as being socio-technical. Thus considering systems to be socio-technical was essentially both more productive for the business, and more satisfying for the people working within it, if the social nature of the relationships between them was allowed to influence the way they used the available market research technology.⁹

Of course the people were employed by a business that defined what it was that it required of them in terms of productivity, working practices, and so on. The concept of primary task emerged, therefore, as a way of thinking about the outputs that a business must deliver in relation to its environment if it is to survive (Miller & Rice, 1967). And with this concept of primary task came the concept of the boundary of the business, for without a boundary, how were the outputs of the business to be defined? Thus “unless a boundary is adequately located, different people will draw it in different places and hence there will be confusion between inside and outside. In the individual this confusion leads to breakdown; in enterprises, to inefficiency and failure.” (ibid, p42)

Leadership of the enterprise therefore involved ensuring that these boundaries were managed, those associated both with the task systems and with the social groupings (i.e. with both the socio- and the technical- aspects of the enterprise). Such leadership had to have sufficient power at the centre of the enterprise to contain and work through the differences that emerged between its sub-systems and groups in the interests of the enterprise as a whole.

Increasing competitive pressures on telecommunications meant that the uses to which the outputs of the business were put were becoming increasingly specialised, forcing the business to provide different kinds of solutions for different kinds of customers. This was the essential insight of marketing, through which the market, based on the solutions that the customer wanted to buy, defined what business the business was in.

From the point of view of the business as a whole, this faced the leadership with primary risk – the risk that the wrong primary task had been chosen (Hirschhorn, 1997).¹⁰ This risk involved recognising that there were a whole range of possible ‘solutions’ that the business could offer. The necessity to choose which ones to offer therefore had to be based on a competitive *strategy* through which this primary risk could be minimised. In effect, therefore, managing primary risk meant selecting a supply-side ‘logic’ for the business that could create sustainable competitive advantage in the market.¹¹

A person in a role at ‘the edge’ is able to offer only a partial description of what the customer needs because the full nature of the customer’s demand only emerges as the experience of using the supplier’s product/solution begins to reveal itself. In this situation, the gap between what is supplied and the customer’s experience of wanting may be

⁹ The original insight related to the methods of long-wall coalmining. It was realised that allowing coalminers to influence the way the technology was used was essentially both more productive for the coalmine and more satisfying for the miners. (Trist et al, 1963).

¹⁰ In terms of the relationship to the client and sponsoring systems addressed by the reflexive consultation process (Boxer & Eigen, 2003 & 2004), whereas primary *task* is a way of characterising the particular relationship of a client system across its task boundaries to its environment, primary *risk* speaks more to the implicit, if not explicit, risk that the sponsoring system faces in endorsing one formation of the client system over other possible formations.

¹¹ Hence ‘positional advantage’, from which position as little as possible is done for the customer without jeopardising the customer relationship. Porter (1980) represents an early example of how this form of competitive advantage is understood.

considered a 'value deficit'. In fact, the nature of the real demand is ever changing as it morphs through complexity of use in different situations. This asymmetry of demand must therefore be met at the edges of the organization where there is an interface with the customer and there is the potential to establish an alliance to discover what is really wanted by the customer. The edge role holder must engage with the customer's ontological framework, namely the customer as a specific context of use, in order to discover and address the value deficit in the customer's experience. It is this that requires leadership to be distributed so that decision making power can be available where it is needed in the situational interface at 'the edge'.

ORA consultants working with a client at 'the edge' cannot expect that the demands or dilemmas being presented to their client expresses the full nature of the demand being made by customers on the current functioning of the organization. Thus the alliance of the consultant with their organizational client requires that a way to explore the issues be constructed through a reflexive process that can cut across the existing 'ontological framework' given to issues within the organizational culture. The consultant/client alliance develops shared meaning which can be seen as a kind of framework that provides a 'safe enough' structure for the client to emerge with a new vantage point from which to understand the demands of the customer. A reflexive consultation process allows hypotheses to be examined and issues reframed so that productive exploration of options is possible. In this sense, the client and consultant form a temporary system designed to identify and address the needs of the client in building an ontological framework that can bridge to the real demands of the customer.

Conclusion

Organisational role analysis has tended to focus on the way the person is able to hold their role within the system of the enterprise. As such it has tended to focus on the challenges of implementing the strategies of the enterprise. In taking power to the edge, strategy too has to be formed at the edge. This changes the focus and expectations of the edge role. Supporting the praxis of the edge role is a way of enabling the enterprise to learn from the edge role and of leveraging that learning in the interests of the enterprise as a whole.

When Columbus set off to discover America, how did his sailors feel? After all, they thought that the world was flat, so that in setting off they risked falling off the edge of the world into an abyss. The sailors were persuaded by the idea that the world was round, so that as they traveled further, they would also be getting closer to returning. In many ways we also find ourselves on the edges of organisations, looking out from the familiar and known into other worlds with other ways of understanding what matters, in which we too fear annihilation. How are we to work with these fears and anxieties? If we strengthen our existing maps, we bring ourselves no closer to understanding other worlds. In this paper, we characterise these roles as 'edge' roles, and argue that we have to work with such roles in a way that enables them to build bridges to other forms of understanding.

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Appendix I – The Three Asymmetries

Breaking Symmetries

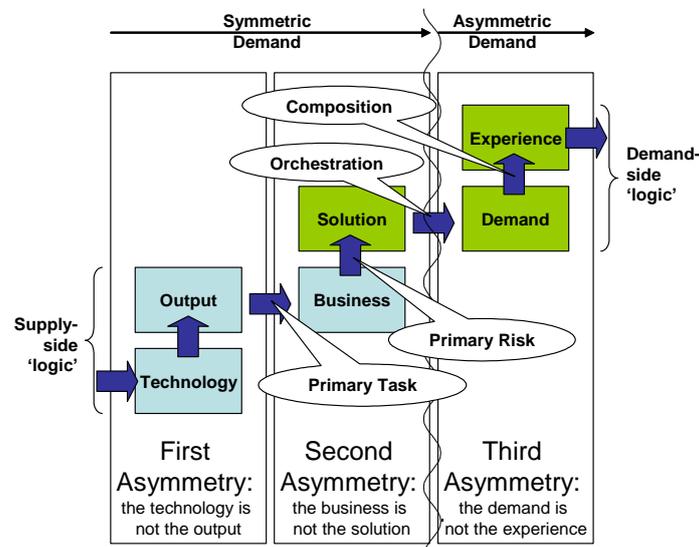


Figure 1: The three asymmetries

The first asymmetry: the technology is not the output

The role of the clinician had become associated with the fitting of surgical appliances. Establishing the clinical role of orthotics with other clinicians involved separating out the prophylactic effects of orthoses from the processes needed to fit them.ⁱ

The role of the engineer was to understand the technology well enough to fix the faults encountered. As customers began to connect their own equipment to the network, so it became necessary to treat the engineer as part of the business relationship, rather than as an overhead.ⁱⁱ

The role of the minister has become associated with instructing members in the disciplines of the religious formation. As members began to try and live according to these disciplines, so the minister had to separate out the ways in which the disciplines could be interpreted.ⁱⁱⁱ

How are boundaries defined?

Orthotics clinics were typically located within acute hospitals, reflecting their origins in support of surgical procedures. As such they were managed as overheads to particular forms of surgical treatment, rather than as a source of rehabilitative or prophylactic care in their own right. Thus both boundaries and primary task reflected the priorities of the enterprise within which they were located.^{iv}

Telephone engineers belonged to a Division that had to recover its costs from other Divisions that sold the maintained network capacity to different kinds of client. In this sense, the 'customer-facing' Divisions cross-subsidised the engineering Divisions, and both boundaries and primary tasks reflected parts in the larger whole of the telecommunications network.^v

The community was defined by those who belonged to it and paid its dues. Potential members were 'outside' and actual members were 'inside'. On this basis, the minister was paid to minister to the members, and the better s/he was the more people would want to become members.^{vi}

The second asymmetry: the business is not the solution

The outsourcing of the role of supplying and fitting orthoses placed all the emphasis on the cost of the inputs to the clinic, taking them away from the clinical value of its outputs. As a result, the effectiveness of the referral pathways was ignored, through which delegation of responsibility for securing clinical outcomes could be managed.^{vii}

The scale and complexity of the network was such that, for all but the largest customers, it was much easier to optimize the utilisation of engineers for fixing faults, than it was to align their activities to the differing needs and commercial priorities of sustaining different levels of customer service.^{viii}

The pastoral work demanded of the minister always took the him or her beyond the services themselves to engage with the lives of the members. As long as this work could be related to the services, however, it could be limited in the demands it made. To be effective, however, this required members to organise their sense of religious meaning and purpose around that of the services.^{ix}

The third asymmetry: the demand is not the experience

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| <p><i>The patient's demand was for shoes that made it possible to walk easily, but from the clinician's point of view, what mattered was ensuring that in wearing the shoes, they had a long term effect on the development of the patient's condition, thus reducing later difficulties such as the need for a hip operation.</i></p> | <p><i>The customer's demand was for a broadband connection that would link into their home network, but from the supplier's point of view, what mattered was that the service interacted seamlessly with the other technology in the house to provide a satisfying experience of high-definition media.^x</i></p> | <p><i>The member's demand was for services that related to their experience of life within the community. But the experience of each member was of a struggle for meaning and purpose in their life in a way that went far beyond what could be related to the services.^{xi}</i></p> |
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But breaking the third^{xii} symmetry involves recognising that demand is asymmetric, and that the value deficit must therefore be managed in each case.¹²

¹² Hence 'relational advantage', in which as much as possible is done for the customer without jeopardising the sustainability of the business.

Appendix II – Case examples

Thus the administrator of a clinic within an NHS hospital must balance the managerial demands of meeting budgets with the demands made by its patients on its clinicians; the telephone service engineer must balance the constraints imposed by the availability of equipment with meeting the demands of his customers; and the religious movement must create the conditions in which its members can find meaning and purpose in their lives.

What is the primary task of the system?

Is the primary task of the clinic to treat as many patients as possible, or to provide the best possible long term care for the patients it takes on?^{xiii}

Is the primary task of the engineers to repair the maximum number of faults, or to provide agreed levels of service availability for customers.^{xiv}

Is the primary task of the religious leadership to create the conditions in which as many members as possible can find meaning and purpose in forms of service, or to create the conditions in which each member may find meaning and purpose in their own particular way?^{xv}

How is the professional to balance the patient's need with the costs of care, the employee's understanding of demand to inform top management's understanding of these risks, or the minister's response to a member's need be balanced with the limitations of time and energy?

What is the primary risk of the system?

Treating as many patients as possible may reduce the average cost of a treatment, but reduce the clinic's ability to manage patients' conditions over time, resulting in a greater long term cost to the healthcare system.^{xvi}

Fixing as many faults as possible may keep the system running, but conceal the underlying tendency for the number of faults to increase as the uses made of it gradually change over time with the effects of broadband.^{xvii}

Running as many services as possible may reach the maximum numbers of people, but prevent any time being available to engage with individuals' struggles, resulting in a gradual drifting away from the movement towards other more direct sources of meaning and purpose.^{xviii}

What are the 'internal' and 'external' faces of the role ?

The 'internal' face of the role is towards the administrators and more senior members of the profession, but the 'external' face is towards the ongoing care of the patient.^{xix}

The 'internal' face is towards the efficient maintaining of the infrastructures, while the 'external' face is towards sustaining the ongoing experience of the customer in his or her use of that infrastructure .^{xx}

The 'internal' face is towards the place of service within the larger context of the movement's doctrines, while the 'external' face is towards the way these doctrines are interpreted in the daily practice of members' lives.^{xxi}

On which axis is the dominant challenge to the business?

Is it the relational challenge facing the clinic trying to fulfill its public service ethos of doing as much as possible for the customer without jeopardising the sustainability of the clinic?^{xxii}

Is it the positional challenge facing the telecoms business of leveraging the value of its network through doing as much as possible for the business without jeopardising the relationship with the customer?^{xxiii}

Is it the positional challenge of maintaining the cohesiveness of the movement, or is it the relational challenge of connecting with the meaning and purpose of each individual life?^{xxiv}

What is the corresponding transformation in the relationship to demand?

A presumption that there is an asymmetry between the patient's need and the clinic's response, in which there is a need to treat each patient differently.^{xxv}

A presumption that there is an asymmetry between what the engineer has been trained to do, and the nature of the faults that he is being asked to fix, because the nature of the faults depend on how the equipment is being used.^{xxvi}

A presumption that there is an asymmetry between the services being asked for, and the particular way in which each member must engage with their struggle for meaning and purpose.^{xxvii}

The three different kinds of observer position

The normative role expectations of the clinicians were laid down in their contracts of employment. Because the service they were providing had been outsourced, there was a phenomenological account constructed from observing them at work in their clinics. The two conflicted with each other, for instance in the time available in practice for clinical note-taking and treatment reviews. The existential view of the clinician could be characterised as "exhausted", as the demands of the patients always took them beyond the time allotted.^{xxviii}

The normative role expectations of the engineers were to make as many repairs as possible within the contracted times.

The phenomenological observation was that they were frequently unable to fix the faults they were dispatched to because their training and/or resources turned out not to be adequate. Existentially, the engineers felt that they were being progressively de-skilled as a side-effect of the way the enterprise was trying to maintain service levels while reducing costs.^{xxix}

The normative role expectations of the minister were to run good services, give good sermons, and have an effective pastoral manner.

Phenomenologically, the ministers were engaging with large amounts of 'shadow work' as they struggled to keep up with the members' demands on them. Existentially, they felt on their own, once appointed, as well as overwhelmed, because there was no real interest or capacity to engage in what they were doing beyond that which met with the normative role expectations.^{xxx}

Establishing a legitimate concern with the asymmetry of demand

The driver that broke the third symmetry was failure of the clinical service to break out of its role as a provider of appliances, so that there was a systematic underuse of the treatments resulting in significant suffering for patients. The supplying industry knew this to be the case through the experience of its clinicians, but was unable to argue the case because of the perception that they were only seeking to serve their own interests. The missing voice was the voice of the patient.^{xxxi}

The driver that broke the third symmetry was continuing high levels of customer dissatisfaction combined with the emergence of new technologies that interacted to a far greater extent with the customer's context-of-use. The difficulty faced by the supplying infrastructure was that it was organised to solve a different problem – providing fault-free connections. Eventually the twin pressures of competition on prices and loss of customers made this an enterprise-level issue.^{xxxii}

The movement had prospered for many decades through the organic growth of its members. The driver that began to break the third symmetry was the loss of members from the later generations combined with the non-engagement with many other potential members. The Faustian Pact made it difficult to acknowledge the nature of the challenge in a way that could be jointly addressed.

Ultimately it was for the leadership process to bring the movement to face this challenge.^{xxxiii}

Supporting the Edge Role

The attempt to create a pseudo-market for the treatments that are needed to care for patients can be appropriate where the resources used by the service itself are not tightly coupled to other services. Where this is not the case, the absence of a way of representing the more complex forms of demand means that they lose out to the exigencies of the supply-side logic imposed on the infrastructure.^{xxxiv}

Only with digitisation of network infrastructures does it become possible to manage the interdependencies of the network as a whole in a way that can respond to asymmetric forms of demand. This requires an approach that stratifies services in a way that directly relates to the nature of the end-uses being supported.^{xxxv}

Ministering to members' struggle for meaning and purpose is ultimately dependent on the leadership of individuals. The resources used are not particularly complex, but managing the people-intensive nature of ministry is. As the older more monolithic forms of ministry in the form of services becomes less appropriate, so the need arises for a much greater number of individuals prepared to take up the role.^{xxxvi}

So who is on the edge?

The failure to establish a relational strategy at the level of the clinic flowed directly from the failure to win the argument at the centre over how to hold clinics accountable for transparency in how they spent public funds. The alternative, however, which was to continue to use siloed methods of accountability, although they created transparency from the centre, did not do so from the point of view of the care being provided at the edge – a catch 22.^{xxxvii}

The demand for a relational strategy was increasingly apparent because of the work that was done on the asymmetric nature of the demands facing the organisation as a whole, and the recognition that this required new ways of responding to be established. The subsequent work to establish practical ways of holding edge roles accountable for performance in a way that also protected the sustainability of the whole was fundamental to this.^{xxxviii}

To start with it was as if it was the members who were on the edge. The process of realising that it was the ministers who were on the edge involved a profound re-framing of the movement's understanding of what it was – no longer primarily a membership organisation but as a religious organisation with members. With this came a different understanding of leadership itself necessary to recognising the true nature of the role of the minister.^{xxxix}

ENDNOTES

ⁱ The first work with the clinicians involved helping them map the referral pathways through which patients came to them, and the relationships of clinical delegation that were associated with those pathways. This shifted their emphasis onto the demands for securing clinical outcomes over time, and away from their job of fitting orthoses.

ⁱⁱ We looked at the way engineers fixed faults, and identified that in about one third of cases there was an *error of intention*: the engineer had not really understood what it was that they were being asked to fix. The difficulty was that the organisation's current approach to fixing faults had a vested interest in ignoring this, because there were no mechanisms for adapting the response to the particular customer situation.

ⁱⁱⁱ Immediately the minister leaves the seminary and enters the 'real world' the overwhelming nature of immediate needs and demands, balanced with family, drives out any memory of the vision with which the minister entered the seminary. 'The minister is caught between the traditional and the modern. His training is in and for the world of tradition; the demands he confronts...are of and about the world of modernity.'

^{iv} In practice the clinic was providing services across two boundaries – into the acute trust and into primary care. It made sense to co-locate the underlying services to secure a critical mass of demand – until the mass of that demand justified a hub-and-spoke organisation. But this meant that the clinic had to be able to be held accountable for its outcomes – not possible within a single-episode regime. We therefore had to develop ways of changing this.

^v Ultimately the economics of the network were based around the need to recover the costs of investment – not to create real options for capturing new forms of demand. i.e. the way the organisation defined its demand (symmetrically) enabled it to argue that there was only one way of organising itself.

^{vi} The members paid the costs of the community and elected its representatives, authorising them to take whatever steps were appropriate to provide for their needs. They in turn appointed a minister to this end. The result was a self-perpetuating oligarchy that maintained a community that tended to become an end in itself.

^{vii} We had to build ways of tracking the cumulative costs of treatments in relation to conditions, so that it was possible to align the costs of the clinic to securing the most beneficial outcomes for the patient, as well as the long term cheapest treatment. In practice this meant including costs to the patient that the system was currently able to ignore (like for example the long term costs to social services of loss of mobility).

^{viii} Maximising the efficiency of utilisation of engineers' time had to be set against the lost revenues and word-of-mouth damage done by not being able to respond to the customer need. i.e. 'need' was defined by the network, and not by the customer's use of the network. Changing this meant changing the way faults were recorded and engineers dispatched.

^{ix} We had to research the life stories of the members and their experience of how they related to the services offered by the ministry within the movement. There were many cases where the ability of the minister to relate the meaning and purpose of the services to individuals' lives had been of very great significance in individuals' journeys.

^x As long as the economics of the enterprise was assumed to be based primarily on utilisation of the network, rather than satisfaction of the customer's demand, it was not possible to align infrastructures to the variety of demand.

^{xi} The role of the minister was formally about providing services. In practice this implied a large amount of parallel pastoral work. But despite being overwhelmed by the sheer quantity of demand of this form, there was still a gap left for the member. This gap left them alone in the struggle for meaning and purpose within their lives as a whole.

^{xii} The clinicians naturally thought about their patients in this way, even though they frequently were unable to treat patients accordingly because of the 'rationing' supply-side rules imposed on them by the system within which they worked. Instead they were forced to do the best they could to get around the system.

^{xiii} The original pilot project was set up by PASA because they realised that the current approach to the clinic was seriously damaging not only the clinic's performance towards its patients, but also the supporting industry... so there was a recognition that the balance between these was wrong.

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- ^{xiv} In the ‘old days’ the network was simple enough for the engineers to be focused wholly on keeping the network working. But with competitive, regulatory and technology pressures on it, the role of the engineer became increasingly ‘specialised’, i.e. fragmented, as part of a larger taylor-esque mechanization of the creation and support of the network as a whole.
- ^{xv} There has always been a place for sharing a form of service where there is much about their lives that is shared, but to what extent is it necessary to work with the individual’s struggle within the particular context of their lives?
- ^{xvi} The funding of the clinic was the result of the budget allocation a finance department made within the context of the overall funding of the Acute Hospital. It was not driven by the levels of patient demand on the clinic itself. And yet the Acute Hospital were able to use it with the Government to increase the overall levels of funding for the Acute Hospital. In effect it was cross-subsidising the Acute Trust.
- ^{xvii} The old need for ‘point-to-point’ connections – albeit through increasingly complicated switches – was being superseded by much more intensive use of bandwidth over much more sustained periods of time. The whole level at which performance was expected from the system was changing from 1st order to 2nd order. But the methods of aligning costs to revenue remained fixedly 1st order – through using hierarchical methods of overhead absorption.
- ^{xviii} When everyone had the sense of belonging to a more common culture, it was easier to reach everyone in a generic way, but with greater difference, the creation of shared meaning and purpose itself became the challenge.
- ^{xix} This implies tracking multiple treatment episodes over time, instead of focusing on the costs of particular forms of treatment.
- ^{xx} This implies managing the cumulative effects of service engineering on the performance of the system over time, instead of just reacting to faults as they arise.
- ^{xxi} This implies a continual re-interpreting of meaning, instead of the repeated celebration of meanings already understood.
- ^{xxii} The effects of this on the individuals within it is that they burn themselves out trying to extract as much as they can from a N-S dominant (rationing) system, and/or wasting over-allocation of resources in order not to lose it to the hierarchy.
- ^{xxiii} Here it works the other way around – the rhetoric of customer service is used, but in practice it is a machine governed by its own rules... the effect being to provoke the anger of customers in the face of an unresponsive bureaucracy that claims not to be so (i.e. is Kafka-esque)
- ^{xxiv} To continue to be paid and pensioned, the minister must meet the requirements of the community’s elders in holding the flock together, but the sense of vocation will lead the minister into pastoral work that can be overwhelming. It may not be clear which s/he is there to do, leading to a Faustian pact with the powers-that-be that results in doing both at the same time!
- ^{xxv} The clinician must treat each patient as presenting a need in a way that is unique to that patient’s condition, even though there may be elements of it that are familiar.
- ^{xxvi} The business’s relationship to its customers is no longer defined by the products it chooses to offer, but by the circumstances in which their demand arises.
- ^{xxvii} ‘Religion’ is no longer just an affirmation of belonging, but rather more a way of being in relation to a becoming.
- ^{xxviii} A great deal of preliminary work had to be done with the clinicians to establish the essential nature of their role before engaging them in the ‘edge’ nature of their roles and the challenges this required of them in relation to the larger context.
- ^{xxix} Although the nature of the job had changed from the ‘old days’, the approach of the enterprise was a perfectly reasonable way of reducing the costs of service. But the way Root Cause Analysis was done in determining what performance was expected of the enterprise only looked at errors of execution and errors of planning. i.e. it was perfectly reasonable if looked at from the point of view of the enterprise. Close examination of faults showed that in a large number of cases there were errors of intention – the customer’s demand had not been understood. A lot of work had to be done with the existing system before there was sufficient evidence to support a questioning of the very way the role was being defined.

^{xxx} This was essentially a ‘Faustian pact’, in which the employers left the minister to get on with whatever they felt they needed to do, while the minister was allowed not to have to concern himself/herself with all the administrative and governance issues. In the early days this had been an effective division of labour, when there had been more money and a greater consensus over what the community needed of the minister. The collusive nature of this pact made it very difficult to address system-wide change, until both sides to the pact could begin to see that it did not work in their interests, let alone the interests of the whole.

^{xxx}_i Even though the underuse was clearly demonstrated and its consequences quantified in terms of subsequent social services costs, the way the government system allocated its budgets proved to be impervious to these arguments. Structurally, therefore, establishing the legitimate concern failed to go high enough in the system to be effective.

^{xxx}_{ii} We are currently developing workshops to work through the consequences of relating to the asymmetric nature of the customer’s demands. The aim of these is to establish with top management not only what is the problem, but also how to tackle it.

^{xxx}_{iii} It is not yet clear whether the challenge to the movement has reached a level sufficient to counteract the inertia within the movement created by the current form taken by the relationship with ministers. ‘Whose problem is it’ still does not have a clear answer.

^{xxx}_{iv} Ultimately, the role of the clinician had to change to one far more focused on reviewing the role of the clinic itself. The changes needed to the infrastructures to make such a role sustainable are not yet forthcoming – so the clinicians continue to burn out.

^{xxx}_v The role of the engineer has to invest much greater effort into articulating know-how in a form that can support the customer’s way of thinking. To make this practical, demand has to be understood more in terms of the customer’s ongoing experience than in their propensity to buy particular service offerings.

^{xxx}_{vi} What is at stake here is the role of the minister – not so much as a person who conducts services, so much as a person who works with the individual in their struggle for meaning and purpose, in a way rooted within a particular religious formation.

^{xxx}_{vii} The edge consultation process worked with the clinicians and their immediate managers, but the ultimate leadership never engaged with the challenge that chronic healthcare presented – or at least not within the timeframe of the project itself. The key lesson here is about the timing of the challenge to the power at the centre.

^{xxx}_{viii} The early work on the edge roles established the nature of the challenge. It was very important, however, to wait until the organisation had changed enough to enable it to be ready to consider the challenges of an edge strategy. We shall see how the next phase of work unfolds, but central to the work to be done is working through how to articulate the demands at the edge and how these can be supported by the core infrastructures.

^{xxx}_{ix} The reflexive consultation process has been crucial, both in working directly with the chief executive, and subsequently with his leadership team. This has enabled the people at the centre to recognise the extent to which a positional strategy is failing to address the challenges of the movement. As such it has enabled them to re-formulate their understanding of their own roles as well as that of those at the edge, and in the process re-define the nature of their leadership task.