



Continuous Improvement Associates

The Crisis Syndrome When Archetypes Gang Up!

Too much firefighting?

Here's why it happens so easily.



What leads to crisis?

When we attempt to relieve the symptoms of a problem, rather than improve the true health of the system, powerful structures drive us to become addicted to the activity that relieves the symptoms. When the activity has negative "side effects," this can develop into a fast downhill slide.

This paper describes the dynamic for a person's quality of life and then shows that the same structure applies to organizational behavior.

Feel better fast, but ...

Figure 1 shows that we can address **perceived quality of life** being too low (i.e., it is lower than **target quality of life**) by applying a fix. Here the fix is the **use of drug of choice**, but it could be any personal addiction. This increases our **perceived quality of life** and forms balancing loop **B1, The Quick Fix**.

But Figure 2 shows that the more drug is in our system, the more it wears off ... we need more (loop **B2, Time for Another Fix**). That would be OK, but there are side-effects: drugs degrade the body and mind. **R3, The Downhill Slide**, shows that over time (the delay is shown by a slash across the link) **quality of life** falls and eventually **perceived quality of life** does as well. It's a downhill slide because we need even more of **The Quick Fix** to

What is systems thinking?
Seeking to understand system behavior by examining "the whole" ... instead of by analyzing the parts.

feel OK again.

B1 & R3 form a "Fix that Fails" archetype, a combination of a balancing loop and a reinforcing loop with a longer delay. Adding a balancing loop (**B2**) that quickly drains off the good feeling associated with the fix prompts more drug use, especially as **quality of life** is degraded. This "Addiction" structure isn't known as an archetype, but it's prevalent and powerful and deserves that recognition.

The other choice

Figure 3 shows an alternative: work on life skills to increase **quality of life** (**B4, Focus on Fundamentals**). But that can be difficult, because it takes a lot longer. Besides, no matter how beneficial, "different" isn't what we're used to ... it often feels uncomfortable (**R5, This Doesn't Feel Natural**).

Loops **B4** and **R5** appear to form a "Fix that Fails." But in a "Fix that Fails" the balancing loop gives quick apparent benefits, and we later see the negative impacts. In Figure 3 the balancing loop yields benefits after some delay and the reinforcing loop negatives appear immediately. This combination might be called a "Corrective Action that Fails" ... an appropriate corrective action takes a long time to yield benefits, but we immediately feel the negative side effects ... and stop.

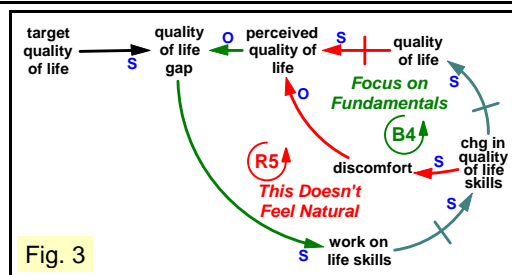
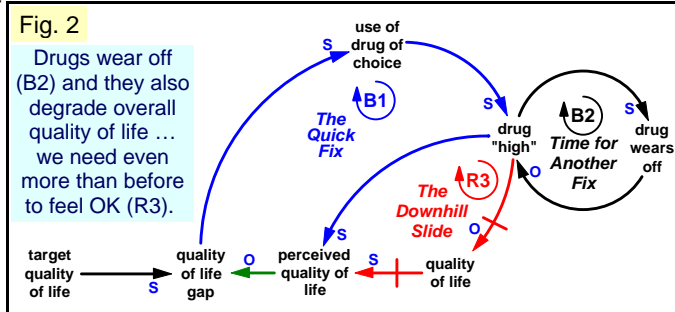
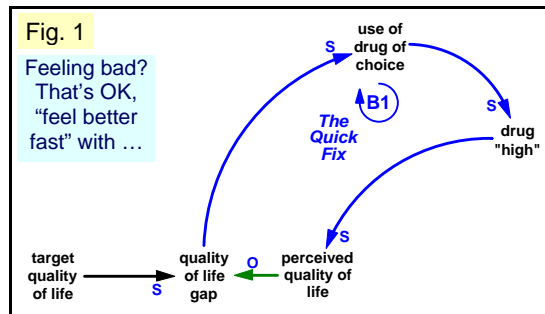


Fig. 3 An alternative is to work on our life skills (B4) to feel better, but that takes longer. Besides, at first that can feel uncomfortable (R5).

The Driver of Addiction

"One reason that many people become addicted is that they rarely experience the worst consequences of their behavior soon enough to override the pleasure." *Psychology Today*, Oct. 1994

The Impact of Addiction

"Every year about half a million men, women, and children in the United States die from the effects of using nicotine, alcohol, and illegal drugs: one of every four American deaths." Research Institute of Medicine

Driven to a wrong choice

Figure 4 shows that we tend to choose **The Quick Fix** instead of a **Focus on Fundamentals**. The more we use drugs, the less discipline we have to make the long-term choice. This is the “Shifting the Burden” archetype ... treating the symptom of a problem, instead of working on its fundamental cause.*

It gets worse ...

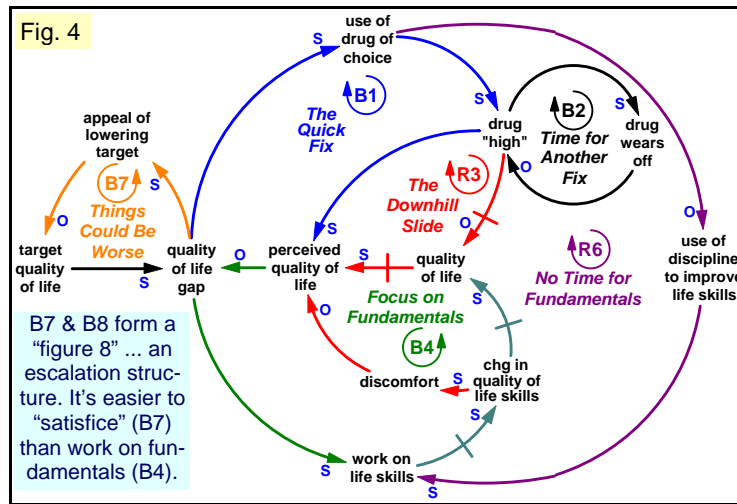
This structure compares **perceived quality of life** against **target quality of life** ... this creates the **gap**. Gap analysis can be a powerful approach to improvement.

But Figure 4 shows there are two ways to close the gap. We can either work to increase **perceived quality of life** **or** we can relax and simply decrease the **target quality of life**. Often, it's quite attractive to just simply lower the target.

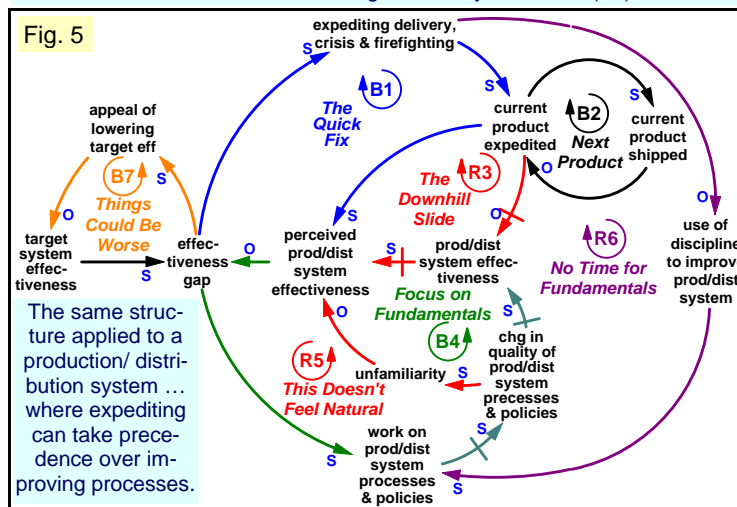
Figure 4 shows the latter as Loop **B7, Things Could Be Worse**, an “Eroding Goals” structure. When this balancing loop combines with balancing loop **B4, Focus on Fundamentals**, it forms

an interlocking “Escalation” structure (a “figure 8”). It escalates because lowering the target leads to less **work on life skills**, which allows **quality of life skills** to erode over time. This lowers **quality of life** and to even more temptation to lower the **target**. That's escalation!

B7 and **B1** also form an escalation structure that could lead to less use of drugs. But that won't happen; **B1** is still driven



Using drugs decreases our ability to discipline ourselves (R6) to work on the fundamentals (B4), instead of treating the symptoms (B1). And, it's often more attractive to lower a goal than try to reach it (B7).



mediately visible.

Conclusion

This is the generic structure behind the failure of improvement initiatives. **The Process Improvement Trap** describes a specific example. **Escaping the Crisis Syndrome** addresses different approaches for overcoming the structure to enhance the quality of our individual and organizational lives.

by the addictive power of **R3, The Downhill Slide**.

Altogether: overwhelming

As if the basic “Addiction” structure weren't powerful enough, it combines with the “Fixes that Fail,” “Shifting the Burden,” “Eroding Goals” and “Escalation” structures. They gang up to create a powerful combination that can drive “quality of life” downhill. Fast. This is what we call the “Crisis Syndrome.”

An organizational parallel

Figure 5 assembles all the pieces, but relabels the variables to adapt the structure to an organizational issue ... in this case the efficiency and effectiveness of a production/distribution system. The exact structure applies ... we don't call firefighting the “quick fix” for nothing. Crisis is attractive in a dysfunctional sort of way. It can be exciting to get the adrenaline flowing and there's the immediate satisfaction of seeing apparently positive results. Besides, it's often boring to work on processes and systems; the results aren't im-

Feedback is Power - Tap It

It's vital we understand these structures and put in place policies that cause them to work for us in the long term. We can continually improve systems and processes, rather than allowing our short-term actions (actions that address symptoms), to degrade them over time. It takes discipline, but it's a lot less painful and a lot more fun.

Workshop Benefits

- Examining this structure as a group leads to profound questions and insights:
- What quick fixes have we used? What fundamentals could we have improved?
 - How have quick fixes eroded the capability of our processes and systems?
 - When we have to use quick fixes, how can we reduce negative side-effects?
 - How do we choose between the “quick fix” and fundamental improvement?
 - How do we reward quick fixes; how do we reward improving fundamentals?
 - How do we reward those who prevent the disasters that don't happen?
 - How can we mitigate the discomfort of new processes and systems?
 - Do we allow goals to erode? How can we reduce the tendency?
 - How can the organization reinforce the new policies?

Mental (and Organizational) Health

“In our pain-avoiding culture, we have a very strange attitude toward mental health. We Americans think that what characterizes the mentally healthy is an absence of crises. What characterizes mental health is the ability to meet our crises early.”

M. Scott Peck, *Further Along the Road Less Traveled*, 1993

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* “Shifting the Burden” can also be to an “intervenor” instead of “developing independent capability.”