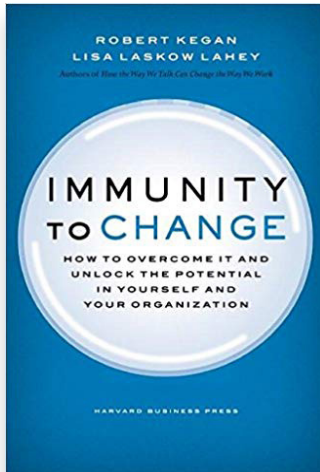


EXECUTIVE BOOK SUMMARIES

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Immunity to Change

THE NUTSHELL

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INTRODUCTION

Not long ago a medical study showed that if heart doctors tell their seriously at-risk heart patients they will literally *die* if they do not make changes to their personal lives—diet, exercise, smoking—still only one in seven is actually able to make the changes. One in seven! And we can safely assume that the other six *wanted* to live, see more sunsets, watch their grandchildren grow up. They didn't lack a sense of urgency. The incentives for change could not be greater. The doctors made sure they knew just what they needed to do. Still, they couldn't do it.

PART I: A HIDDEN DYNAMIC IN THE CHALLENGE OF CHANGE

For our friend, Peter, losing ten pounds apparently was *not* an adaptive challenge. A diet, a technical means, solved what for him was a technical problem. But in this respect, Peter is something of a rarity. For most of us—since research shows that the average dieter regains 107 percent of the weight he or she takes off—losing weight is *not* a technical challenge; it is an adaptive one. Solving it with a technical means—dieting—will not work.

As a leader, Peter had already tried to do a better job of delegating and releasing his direct reports. He may even have had some temporary success. But before long the old behaviors were back—plus 7 percent. This is a clear signal that for him these

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challenges are adaptive ones. But these are *not* failings arising from insufficient moral muscle — *they are brilliant, highly effective behaviors serving exactly the purpose another part of him intends.*

Change fails to occur because we mean *both* things. It fails to occur because we are a living contradiction.

PART II: OVERCOMING THE IMMUNITY TO CHANGE IN ORGANIZATIONS, INDIVIDUALS, AND TEAMS

As you consider this phenomenon we call the immunity to change, it will no doubt occur to you that it is not just *individuals* who are in the grip of competing commitments and constraining big assumptions. Collectivities—work teams, leadership groups, departmental units, whole organizations—also unknowingly have immunity systems in place to protect themselves from making the very changes they most desire.

PART III: OVER TO YOU: DIAGNOSING AND OVERCOMING IMMUNITIES IN YOURSELF AND YOUR ORGANIZATION

We have seen people who described their self-improvement goals as “important” or “extremely important” to them to accomplish, yet they end up deciding not to pursue them. Why? They probably wouldn’t say it this way, but it is almost as if they didn’t have the stomach to endure what they imagine will be the unpleasantness of changing. These people were so alarmed when they saw (via their immunity map) that accomplishing their goal depended on altering their self-protective counter-commitment that they immediately reassessed the importance of their goal. A goal that felt, just an hour ago, like it was a 4 or 5 in importance to achieve, suddenly was no longer as critical.

The power to change emerges when the *cost* of this self-protection—the impossibility of making progress on a deeply desired goal—becomes too big a price to continue paying.

To create your own immunity map, design a chart with four vertical columns.

In the *first column*, write down your improvement goal. It is sometimes more powerful to write down what you want to *become* instead of what you want to *stop* doing. In the *second column*, fearlessly write down what you are doing (or not doing) that is working against you reaching your improvement goal. In the *third column*, list any fears or worries that arise when you consider doing the opposite of what you listed in the second column. Then, from each of these fears, identify and write down the hidden commitments you feel may be competing with your goals. In the *fourth column*, write down your “Big Assumptions.” Identify the core assumptions that sustain your immune system. We see these assumptions as though they were truths about reality, and therefore they make our third column commitments inevitable (and therefore reinforce our immune system).

If you now have in front of you a map of your immunity system, you can see yourself with a foot on the gas (genuinely and urgently wanting success with your goal) and a foot on the brake (actively and continually producing exactly those behaviors most likely to *prevent* any progress on that goal). And you can see the very good reason why you are holding yourself back: You want to save your life as you know it. You can see, in your third and fourth columns, the reasons why every one of those obstructive behaviors feels necessary for your self-protection.

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Our experience is that the most powerful foundation for significant progress on seemingly intractable organizational challenges combines two strands of work: Individuals working on their personal immunity to change as it relates to a group improvement aspiration, combined with the group as a whole developing a picture of its *collective* immunity to change around *this* same aspiration.

CONCLUSION - Growing Your Own

How can you help people make the leaps that can unlock their fuller potential? Both the leader and the organizational culture must send the message that they expect adults can grow.