

EXPLORING POSITIVE DEVIANCE FURTHER

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The Power of Positive Deviance: How Unlikely Innovators Solve the World's Toughest Problems (Pascale, Sternin and Sternin, 2010) is one of main sources upon which the following discussion about Positive Deviance (PD) is based. The second main source includes insights and musings from the Practice/Research Workshop on Positive Deviance held on 14-15 May 2010 at the Said Business School, Oxford where 38 academics and practitioners including Richard Pascale and Monique Sternin, discussed the emerging methodology. The results of the workshop are published on line at WWW.SBS.OXFORD.EDU. Presentations and discussions during the CCC 8 sessions on PD along with several related publications and websites providing important insights.

Exploring these sources together, Rachel Amato and Jim Armstrong pooled their ideas to share with and to open a dialogue with others interested in PD. The following discussion begins with a description of PD, an outline of the principles underlying it, and then an explanation of conditions favouring its application. Next we show how PD is applied and discuss the unique leadership and facilitator style required to use PD successfully. Based on these descriptive sections, discussions turn toward reflecting upon some important insights about PD and the exploration of some open questions and possible paths for further investigation. Our brief exploration concludes with a comparison between deficit-based and PD as an asset-based approach to social system interventions.

1.1 WHAT IS POSITIVE DEVIANCE?

Positive Deviance (PD) as a change methodology began in 1990 when Save the Children invited Monique and Jerry Sternin to help communities address the serious problem of malnutrition among children in rural Vietnam. *"Seeking an approach that would be both effective and sustainable, the Sternins tested a new living systems model called "Positive Deviance", which had been developed at Tufts University. PD does not impose a nutritional solution. Rather, the approach relies on "respectfully assessing evolution" by identifying children who are the "nutritionally fittest" (i.e., positively deviant) and scaling up a solution that is already working in the community."* (Pascale, Millemann, Gioja, 2000). The approach puts the expert in the role of facilitator rather than promulgator of best practice. It assumes that the answers already exist

within the community and understand well that externally imposed answers may be neither culturally appropriate nor acceptable to the local community.

The success of the Sternin's approach in Vietnam is almost legendary and has been well documented in many places (PD website, articles). A brief description is provided in the accompanying textbox for those not familiar with the story.

1.2 WHAT ARE THE PRINCIPLES UNDERPINNING PD?

Next we focus on the principles underlying PD and on the methodological elements central to the application of this new and promising approach. The PD approach begins with the understanding that best practice "...where superiors bludgeon everyone into doing something based on somebody else's successes somewhere else" (Pascale, Sternin and Sternin, 2010):

"...rely on an external authority, not on the community itself, to identify and introduce a superior template...best practices are often interpreted as code for "Why aren't you as good as the other guy?" With best practices, onlookers view the circumstances that fostered the success as being quite different from their own—it's easy to accuse advocates of having incubated success under exceptional and un-replicable conditions. Best practices are a foreign import. No surprise, then, that they suffer a dismal replication rate." (Pascale and Sternin, 2005, Armstrong, 2010).

There are six main principles associated with PD.

Principle 1: Deviance is everywhere. "In every community there are certain individuals whose uncommon practices or behaviors enable them to find better solutions to problems than their neighbors who have access to the same resources."

Principle 2: There is a solution we can find today. Based on Einstein's maxim that you won't understand a problem until you've solved it and the notion that there is little *new under the sun*, PD starts with the belief that there are likely to be some people who have already solved the problem....we just have to find them. Once these outliers are found, the challenge is to find ways to encourage the adoption of their successful behaviors or strategies.

Principle 3: Ownership not buy-in—embodies a "don't decide about me without me" approach. In terms of the documented causes of failure of countless PSR initiatives, this is perhaps the most attractive element of PD as it deals rather elegantly with one of the main challenges of international development. The whole idea of getting buy-in is done away with and replaced by self-responsible action determined by people themselves.

Principle 4: Evidence of community wisdom. While maintaining that a PD project should be bathed in data and that this data is essential (like demonstrating results), people will believe it if they collect and analyze the data themselves. In addition to heightening believability, PD

Positive Deviance in Vietnam

Following the end of the Vietnam War, large numbers of children in that nation's poorer areas suffered from high levels of malnutrition. Prospects for alleviating this problem were grim. A widely researched topic within the international aid community-malnutrition-when viewed under the microscope of reductionist logic, has long been regarded as unsolvable. Lack of access to clean water and sanitation, inadequate food sources, poverty, low levels of education, and scant knowledge of nutrition weave a fabric of hopelessness. If we add poor health care, unhygienic conditions, taboos against birth control, and the low status of women, the cycle seems to close in on itself with ineluctable finality.

For decades, the most common "solution" to malnutrition involved either massive infusions of supplemental food or attempts at addressing the above-noted problems simultaneously and massively (in keeping with the integrated development model). In addition to being costly and intrusive, this expert-driven approach was generally not sustainable. When outside resources were withdrawn, which always happened eventually, villages inevitably spiraled back into their original condition.

In 1990, Save the Children asked Monique and Jerry Sternin to go to Hanoi and try out a new model for helping communities alleviate pervasive malnutrition. Seeking an approach that would be both effective and sustainable, the Sternins tested a new living systems model called "Positive Deviance," which had been developed at Tufts University. Positive Deviance does not impose a nutritional solution. Rather, this model relies on "respectfully assisting evolution" by identifying children who are the "nutritionally fittest" (i.e., positively deviant) and scaling up a solution that is already working in the community.

Instead of arriving as experts with answers, the Sternins came as catalysts with questions, determined to tap into the latent wisdom and resources in each community. Choosing four of the poorest villages, the team, which included Vietnamese staff, worked alongside villagers to weigh children and record their nutritional status in order to identify the "positive deviants"-children of very poor parents who, according to economic logic, should have been malnourished but were not. The design was aimed to discover what was already working against all odds, rather than engineering a solution based on an external formula.

In this approach, each community reexamines its conventional wisdom regarding children's nutrition, health, and care. The inquiry helps the community to discover deviant (that is, unconventional or unusual) nutritional practices that are working advantageously, and to make them accessible to everyone.

The answers were there.

The exceptional families were supplementing their children's rice-based diet with freely available fresh-water shrimp and crabs, and with vitamin-rich sweet potato leaves. They were also feeding their children more frequently.

Armed with this discovery, the program sought to incorporate other villagers and induce them to reevaluate their children's eating habits. Villages sponsored workshops for mothers, and those attending were required to bring a handful of shrimp, crabs, and leaves as the price of admission. Save the Children contributed additional protein (an egg or some tofu) and some oil to each participant.

Within six months, over two-thirds of the children gained weight. Over twenty-four months, 85 percent had "graduated" to acceptable nutritional status and were no longer clinically malnourished. During this period, new patterns of collecting and consuming food were established. Because of its acceptance and success, the concept was enlarged to include sixteen more villages. The concept was scaled up consistent with its philosophy of discovering unique positive deviant solutions in each area an approach that is very different from a socially engineered "best-practices" rollout. Within five years, the government of Vietnam embraced Positive Deviance as the national nutritional model, and it is now working countrywide.'

Let's consider this story in light of the three guidelines.

1. Design, Don't Engineer

Prior to the experiment in Vietnam, virtually all programs addressing malnutrition shared the common assumption that experts alone (using systems theory to identify the factors responsible for dietary deficiencies) had mapped both the problem and the answer. Accordingly, they arrived in the field with a template of prescriptions and instructions which they imposed as the remedy. Neither their analytic foundation nor their diagnosis was wrong. Economic factors, water quality, education, health care, birth control, and the role of women all contribute to the so-called "intractable problem" and need to be addressed for long-term sustainability. However, the experts' proposed interventions were often politically objectionable and/or economically unsustainable. One can eliminate malnutrition through a comprehensive attack on its contributing factors. But such solutions are often expensive, encounter village resistance, and, as noted, deteriorate once the intervention is scaled back.

By way of contrast, Save the Children's design more closely resembled an architect's rendering than an engineer's drawings marked for precise dimensions and bearing weights. The Sternins' approach left a very soft footprint on village life. Working alongside Vietnamese village women and hamlet leaders, they simply began conversations. Were some children too thin? Would mothers be interested in having their children weighed? These time-consuming conversations took many visits and many hours but were absolutely necessary because the approach required local understanding, buy-in, and support. In contrast to the expert-driven intervention, Positive Deviance has the feel of a dance and a courtship, as opposed to a march and an invasion. Essential to the approach is first, respect for, and second, alliance with the intelligence and capacities residing within the village. This model can be applied to other kinds of change. For example, the Sternins successfully applied positive deviance to increasing the educational level of girls in Egypt. Business applications of the positive deviance models have great potential for making far-reaching changes with astonishing ease. Hewlett-Packard, which will be discussed later, is one dramatic example of its successful application.

2. Discover, Don't Dictate

As discussed, the advisers did not arrive with a prescriptive template. Rather, they tapped knowledge that was already present and made it visible and socially acceptable. Such an inquiry entailed authentic learning on the part of the Sternins—a crucial underpinning of harnessing Positive Deviance.

Two years into the first three-hamlet field tests, astonishing results were confirming a breakthrough. When the project began, nearly half of the three villages' 3,000 children were malnourished. Twenty-four months later, as we have noted, 85 percent of these youngsters were within normal limits for their age group, having moved out of the "debilitating/severe" and "life threatening/very severe" categories of malnutrition.

A natural tendency in the wake of such success would have been to implement this solution nationwide. The amazing results seemed to justify imposing a diet of shrimp, crabs, and wild greens on every underweight child in the country. But such an approach denies the discovery process and is antithetical to the central tenet of Positive Deviance: The wisdom to solve problems exists and needs to be discovered within each and every community. Individual communities are far more likely to accept and implement their answer. True, an optimization approach may impose a faster solution—and sometimes even a "better" solution—but always at the cost of ownership. Dictating the answers, however well intended and sugar-coated, usurps responsibility from the community. It also assumes, erroneously, that being an "expert" gives one license to intrude on other cultures and customs. An attitude of discovery requires humility and a quest for learning about the unknown, rather than reassurance based on what is already known.

Unsurprisingly, the "positive deviant" food supplements and childcare practices differed from village to village. The very high level of local buy-in and support grew from letting each village be its own expert. Some villages did not have fresh-water crabs and wild sweet potato leaves, but relied on sesame seeds, peanuts, and dried fish. This factor, more than having the "right answer," led to the rapid cascade of malnutrition programs within sixteen additional villages and subsequently throughout all of Vietnam.

3. Decipher, Don't Presuppose

Save the Children representatives were aware that any intervention unleashes many unforeseen second- and third-order consequences. The trick is to decipher them. Nimble interpretation goes hand in hand with joint discovery; it allows—indeed, expects—that intervening in a living system will often trigger side effects that are tangential to the objective at hand. We saw this with the snowmobile and the Laplanders. One must decipher these unforeseen consequences as they begin to take form and, hopefully, nudge them in a positive direction before they trigger undesirable avalanches. At a minimum, by deciphering early, we can make the community aware of emerging choices it now must face. The worst strategy is to presuppose a script of expected outcomes and become blind to what is actually unfolding. The imperative is to stay alert and on your toes.

Examples of these side developments occurred in Vietnam. Many savvy, though uneducated, parents who had successfully staved off malnutrition were living in poverty on the lowest rung of the community's social order. Having their remedy adopted by the village had the tangential consequences of affecting the social status of these very poor families. In most cases, as these members found their voices and were recognized as community assets, their status and sense of self-esteem improved. In many communities, such mothers were selected as community health workers. Others, previously marginalized, were elected to local office. Another unforeseen consequence was that daily conversations with women regarding the well-being of children was a catalyst for further action. Additional issues took root alongside the agenda of nutrition. In some villages, energized women started cottage businesses or worked with the village schools to upgrade the curriculum and reduce illiteracy.

Pascale, Surfing on the Edge of Chaos, 2000, 175-177

practitioners maintain that that data created by the community has proven more reliable than “official data” collected by external experts. PD ‘makes the invisible visible that is, shares results that are measurable in order to fuel change within the community. As Monique pointed out during the workshop, it is important that communities create their own baseline with their own tools.

Principle 5: Knowledge through practice. In general, the approach includes little or no analysis by external experts. Any analysis is undertaken by individuals in the community themselves. Like cognitive therapy, the focus is on getting people to act. For example, when presented with the problem of teaching a child, who has been terrorized by an abusive mother who pushed him underwater at every opportunity, to swim, a cognitive approach would be to take action steps toward actually “swimming” in the belief that talking about and analyzing the abuse the child received would have limited positive impact on the actual acts involved in learning to swim. Similarly in PD, the focus is on finding successful solutions before all of the underlying causes are addressed. “It is easier to act your way into a new way of thinking than to think your way into a new way of acting” (Sternin). This act of discovery is critical to the PD approach. Central to PD is the principle that knowledge does not lead to practice...just as knowledge about public sector reform failure has not led to application.

PD bridges the knowing-doing gap, that is, it looks at concrete practices, as opposed to being a normative-educative approach. The maxim “Act your way into a new way of thinking, rather than think your way into a new way of acting” underlines the importance of concrete practice in this approach.

**Monique Sternin’s
“PD secret sauce recipe”**

- Each situation is unique and there are no silver bullets
- Have an exit strategy from day one of a PD intervention
- Involve all stakeholders
- Weave networks across sectors
- Discover existing solutions
- Community ownership—the source of the solution is inside not outside
- Community designs and does its own monitoring and evaluation
- The leader as facilitator and enhancer not subject expert
- Respect the culture
- PD is about powerful conversations.

Principle 6: Adapt and repeat. “*Plug and play is about computers not people*” (Lewis and Saco, CCC8, 2010). Positive Deviance practitioners maintain that each community and problem is different even though the differences may sometimes be subtle. The nature of problems evolves. Further, they maintain that each group has a different dynamic. Resolving problems is not a linear process therefore each step is shaped by the unique situation and collection of individuals. Collectively, these principles move us toward the conclusions that PD:

- a) Has faith in the fact that deviant individuals have found solutions, or at least parts of them, they only need to be discovered, observed, and

linked together;

- b) Focuses on behavior and action not underlying causes hence, has little patience for detailed analysis;
- c) Is far from prescriptive;
- d) Provides a basis for authentic ownership;
- e) Respects the wisdom of the community;
- f) Is a process that permeates the system, hence it is non-hierarchical;
- g) Learns through application and practice; and
- h) Cherishes the idea that problems, groups, contexts and solutions are unique.

Hence, PD is a dynamic rather than a static model. This dynamism and its necessity to the integrity of the approach, led its founder, Jerry Sternin, to conclude that because he does not know what's "out there" he is unwilling to either prescribe a methodology or to compare it to other methodologies (Saco, CCC8, 2010). This is a process that bridges "science" (rules, principles of "good" practice) and real life, for example in the case of MRSA in hospitals, where people know what the rules about hygiene are, but they do other things.

1.3 UNDER WHAT CONDITIONS IS PD MOST APPROPRIATE?

Heifetz' distinction between "technical" and "adaptive" work is particularly helpful in understanding when PD is appropriate. Technical work is called upon when a problem can be solved with a technical intervention such as a new vaccine to cure polio and does not touch upon underlying social structure, cultural norms, social relationships or behavior and have few if any unplanned consequences. Adaptive problems, on the other hand, are embedded in social complexity, require changes in behavior and relationships and have many unintended consequences. PD is useful when a community needs to "...engage in, mobilize itself, overcome resignation and fatalism, discover its latent wisdom, and put this wisdom into practice...*the community must make the discovery itself*". What differentiates technical from adaptive problems is social complexity and the need for behavioral change (Pascal, Sternin and Sternin, 2010).

PD is best suited for "Problems embedded in social and behavioral patterns [that] resist technical fixes" (Pascal, Sternin and Sternin, 2010). PD is particularly suitable for addressing problems that:

1. Are enmeshed in a complex social system;
2. Are viewed as intractable meaning that other solutions have failed;
3. Require social and behavioral change;

4. Entail solutions that are rife with unforeseeable or unintended consequences
5. Positive Deviants are thought to exist; and
6. There is sponsorship and local leadership commitment to address the issue.

Positive Deviance (PD) is a change tool designed for addressing certain types of social problems. It is not a new model poised to undermine the “standard model”¹. “Along a continuum of change tools, the positive deviance approach is one among a broad set of participatory methods” (Pascale, Sternin and Sternin, 2010). As Monique described it at the workshop, PD is only for use with what appear to be intractable problems, that is, problems requiring behavioral and social change, once the technical solutions have been tried. “PD is a last resort after expert driven solutions have been tried and nothing worked”.

1.4 HOW DO YOU IMPLEMENT THE PD APPROACH?

PD has four distinct steps often referred to as the 4D methodology: Define Determine, Discover and Design. Following are brief descriptions of each of these steps along with the sub-actions that fall under each of the four steps (in italics) described by Pascal, Sternin and Sternin in *The Power of Positive Deviance*, (2010).

1. **Define:** At this initial stage the problem is defined as are its perceived cause and related current practices. However, the resultant situation analysis is carried out by careful observation and questioning rather than through the application of a methodological or analytic framework. Successful solutions and outcomes are described in behavioral or relationship terms. It is critical that the community defines the problem by:
 - i) *Involving members of the community in generating or reviewing data that measures the magnitude of the problem*
 - ii) *Articulating a preferred future that is different from the past*
 - iii) *Exploring the issues impacting the problem and current behavioral norms*

¹ The standard model is based on the ingrained view that those at the top of the hierarchy know more than the people below. Change is driven top down and outside in. For example, best practices are taken from one jurisdiction and implemented in another most often with no local ownership, understanding or awareness of differences in context or important social differences. “Pervasive throughout the world, [the standard model] is the primary means through which most people tackle change. Many leaders, field workers, facilitators, and consultants tend to identify gaps, devise initiatives to fill them, and create institutions dependent on top-down premise. Even when done with good intent, this approach may be largely ineffectual, insofar as it ignores a great big elephant in the room: social complexity.

In Brief, the standard model entails top down change in which (1) expertise is located near the top, (2) control of the implementation process is assumed, and (3) rollout is driven through the ranks. Default to the standard model is a conditioned reflex. It preserves the existing power and authority structure. ...this world view holds that uncertainty and risk can be mitigated by meticulous planning, direction and control. This framework promises greater predictability and reduces executive performance anxiety.” (Pascale, Sternin and Sternin, 2010).

- iv) *Listing common barriers and challenges related to the problem*
 - v) *Identifying all stakeholders who should be involved*
 - vi) *Sharing the group's findings in a community-wide meeting.*
2. **Determine:** It is determined if there are any individuals or entities in the community who already exhibit the desired behavior or status. Again, who does the determination is important—it is a collaborative approach between facilitator and individuals and groups within the community rather than a unilinear intervention by an external expert. For our purposes, it is important to note that this “discovery” process is open to and most often involves discovering different positive deviant behaviors and putting them together. For example, in the Vietnam case, feeding shrimp, adding types of sweet potatoes, washing hands, being fed more than twice a day, building on the importance of who does the feeding and of course the Feed the Children tofu and egg supplements all came from different sources. Suggested sub-actions for this step include:
- i) *Conducting discussions with various groups in the community to learn about common practices and normative behaviors*
 - ii) *Using participatory learning and action activities such as mapping, improvisation, Venn diagrams and prioritizing*
 - iii) *Continuing focus groups. Even if what you're learning is repetitive, involve as many members of the community as possible in the conversation.*
3. **Discover:** These individual deviant practices come together to form what we call a “cluster of partial solutions”. Together they form a locally discovered solution to a particular problem. During this “coming together” phase the close collaboration between the community and facilitator continues. Uncommon practices and behaviors that enable positive deviants to outperform or find better solutions to the problem than others in their community are collectively discovered. This begins to solidify the act of self-transformation. The community discovers the presence of positive deviants by:
- i) *Identifying individuals, families, or entities in the community who exhibit desired outcomes*
 - ii) *Establishing exclusion criteria. Select only those individuals or entities who face the same or worse challenges and barriers as others*
 - iii) *Conducting in-depth interviews and observations by the community and PD facilitators*
 - iv) *Identifying uncommon practices that correlate with better outcomes*
 - v) *Vetting the results with the whole community—have extensive dialogues.*
4. **Design:** This stage is all about amplifying the discovered and grouped PDs and designing an intervention that can be implemented in a way to enable others to access and practice new behaviors all the while focusing on actively doing rather than passively

transferring of knowledge. The central tenant of this phase is “co-design”. The community designs and develops activities to expand the PD solutions by:

- i) *Expanding the solution space by engaging multiple stakeholders in applying the discovered existing PD behaviors and strategies*
- ii) *Starting small to demonstrate success*
- iii) *Connecting people who haven't connected before*
- iv) *Targeting the widest range of appropriate community members*
- v) *Creating opportunities to practice and “learn through doing” in a safe environment with peer support*
- vi) *Using imaginative approaches to involve the community in the work.*

1.5 WHAT LEADERSHIP OR FACILITATION STYLE WORKS BEST WITH PD?

The role of the facilitator is not one of external expert or teacher who knows the answers and is in a position of power. As Pascal, Sternin and Sternin (2010) point out, *“...too often those in sponsorship, expert, or authority roles can generate unconstructive dependency among their followers. This dependency can absolve the community from owning the solutions it must adopt for change to succeed. When the group becomes the guru, members “credentialize” themselves as change agents. We learned in Vietnam that problem identification, ownership, and action must begin and remain with the community.”*

Skilled facilitation is required; the kind that sends the questions back to the group and avoids the “expertise trap”. Questions are designed to probe and identify what people really do, anything that can be learnt and reproduced. In particular, the *somersault question* plays an important role: where people use a fatalistic generalization to say there are no solutions to a problem, the question is “Yes but are there any exceptions, people who do not suffer from the same problem, who do things differently?”

PD disturbs the authority structure in social systems; it creates new leadership. Therefore it is particularly important to ensure that the culture is respected. This means that the actual leadership must be involved and respected, they need to be brought into the discussion to solve the problem being addressed. Then once they are not there, the ground level workers can get moving. There is no ready-made solution, it is always a tension. This “juggling act” is of course not exclusive to PD. There are two types of narrative:

- The epic journey of a hero and his experiences during the journey; and
- A stranger comes to town and disturbs the community.

PD is a mixture of the two. The PD stranger comes to the community asking questions and the community goes on an epic journey. The stranger helps to recognize the edges as the community expands the edges by experiencing new things. PD is also a democratic exercise:

this approach counteracts a prescriptive culture, gives people a voice where they would otherwise not have been able to speak out or would not have been listened to. It makes people more open to innovation and encourages them to observe different practices constructively.

A PD facilitator is a collaborating student involved in a treasure hunt who poses questions, maintains humility and is very much 'on the inside'. As Monique described about her experience with curbing female circumcision in Egypt, *"As an educated outsider, I had to let go of knowing it all, or indeed, of knowing anything. I had to surrender to the truth—anathema to educated "experts"—that listening is more powerful than speaking, asking questions more powerful than knowing"*. PD leaders or facilitators must set aside their egos and even their identities and take a minimalist approach that includes four primary tasks (Pascale, Sternin and Sternin, 2010):

1. Management of attention—framing the challenge in a compelling way so as to engage others in generating an alternative future
2. Mobilizing those below to engage in discovery—catalyzing conversations, paying attention to the social architecture and reaching beyond the usual suspects all the while ensuring that the group takes ownership of its quest
3. Reinforcement to sustain momentum of inquiry—listen, pay attention, trust the process and the "wisdom of crowds" and permit the emergent ;potential of the community to express itself, and
4. The application of means to track progress toward goals—reinforcing the community-developed meaningful measurement of progress markers and building dialogue around them.

As pointed out by Lewis and Saco (CCC8, 2010) PD is a useful approach for resolving wicked problems and is therefore particularly useful as a change management approach. In Keith Rittel's terms PD is a second generation systems approach and is useful because:

- Solutions are in many heads, not one;
- It is authentically engaging: "nobody wants to be planned at";
- It mobilizes the critical political, cultural and social dimensions of change; and
- It is respectful of people and communities as subjects not objects and their sovereignty.

Perhaps Lao Tzu captured it best when he said: *"Go to the people. Live with them. Learn from them. Appreciate them. Start with what they know. Build with what they have. And with the best of leaders, when the work is done, the task accomplished, the people will say: we have done this ourselves"*.

1.6 SOME IMPORTANT INSIGHTS ABOUT PD

From supply to demand: PD works by stimulating people to want to discover, adapt and learn more about the existing uncommon, successful behaviors and solutions and also to propose their own solutions, as opposed to them depending upon solutions from elsewhere. Central to PD is that the community must make the discovery itself.

Social proof is key: It is observable behaviors that are used in a PD intervention. “Community members witness that ‘someone just like me is succeeding against all odds with the same resource that are available to me’” (Pascale, Sternin and Sternin, 2010). The process enables the community to translate discoveries into actions. Measurable results as determined and assessed by the community reinforce behavioral change and helps to ensure sustainability.

Action before knowledge: Learners must then enact the behavior for it to spread and become anchored in their daily lives. PD emphasizes practice not knowledge. As Jerry Sternin put it, “You are more likely to act your way into a new way of thinking than to think your way into a new way of acting”; or, as an elderly Vietnamese volunteer observed: “1,000 hearings aren’t worth one seeing, and 1,000 seeings aren’t worth one doing”.

The importance of narrative and language: The positive deviants share their stories and this is what convinces others to follow their behavior. Language can also be used to help other people change their behavior or that of others as it modifies the prevailing cultural norms. For example, in order to get their clients to use condoms young girl prostitutes are encouraged to call their older male clients “brother” overcoming the culturally embedded requirement for reverence and obedience to elders. Learning behavioral strategies from others can be helped through the use of activities such as play acting, role playing, drawings, and the use of metaphors. When stories are being told, facilitators are urged to tap into emotions.

Involve everyone. PD works with the power structures and on different levels. In many cases PD works by identifying leaders who go against the social norms or traditions and stand up for alternative practices. For example, Imams who are against female circumcision, doctors who are active in preventing MRSA, mothers-in-law promoting traditional child birth in Pakistan and using them to convince their peers as well as to oblige the rest of the community to try the new behaviors. To diffuse their behaviors, at the same time PD works from the bottom up, with individuals and their stories. It is important to involve potential sponsors, leaders and dissenters as well as people wanting to see the change. Therefore involvement should go beyond the usual suspects. Hearing every voice at every stage (problem definition, inquiry, discovery, findings, design, implementation, and monitoring) is critical in order to ensure authentic local ownership, an essential ingredient for sustainability. However, involvement must be voluntary—members must be free to opt in or out.

All stakeholders are invited to take part, so the process permeates the system making PD non-hierarchical. As mentioned, PD goes beyond the usual suspects, and seeks out the people involved in the problem, for example primary child care givers in some communities are other

children (cf. in AIDS devastated communities), and sometimes fathers, uncles and grandfathers are involved.

Non replicability—PD results cannot be used as best practices to be copied elsewhere. The other units in the system (villages, hospitals, business units,) have to go through the whole process (invitation followed by collaborative or self-definition, determination, discovery and design...) the most important element being the discovery of their own solutions. They need to understand in their hearts and not in their heads. This is a necessary condition for authentic ownership and the avoidance of the “not invented here” syndrome. Success is limited when a so called superior method or best practice is imposed rather than being self-discovered.

PD is not expertise free, but it relies on diagnostic and facilitative expertise not expertise on the problem itself. PD requires strong diagnostic and facilitation skills. Examples of skilful intervention in the process are:

- Identifying the problem, that is an issue that is significant enough for the population concerned, intractable and yet manageable
- “Sitting in the marketplace”, that is diagnosing the cultural system in order to work out who is involved in the problem, what the power structures are and how to work within important cultural norms. While it is not culture change in an expert way - note that Jerry Sternin always said he never set out to change a culture, but he worked within it - the PD approach can result in significant cultural change (cf. Vietnamese eating habits, men-women relations in Pakistan, new views on female circumcision in Egypt, collaborative work on MRSA in hospitals, involvement of prisoners in Denmark
- Guiding people into a solution space

These skills enhance success and sustainability.

PD as engendering a collaborative culture: An outcome of the PD process is that organizations become more collaborative: people start working with parts of the organization they had never talked to before (cf. social network diagrams showing clusters of relationships before PD, then extended networks after). Particularly in corporate environments and organizations with strong silo mentalities, PD could be considered to reinforce a sense of community. Furthermore, the approach facilitates the building of self-confidence as participants discover that their voices can be heard and their ideas implemented.

1.7 SOME OPEN QUESTIONS AND POSSIBLE PATHS FOR INVESTIGATION

What is distinctive about the corporate environment that makes PD more difficult to implement there?

The Power of Positive Deviance (2010) recounts three private sector experiences with the PD methodology: Merck in Mexico, Goldman Sachs and Genentech. Each of these examples represented unique challenges requiring significant modifications to the PD methodology. When successfully implemented as with Merck Mexico, the practice was promptly abandoned.

The power dynamics and the competition (between, for example, individuals, departments, units, and hierarchical levels) may inhibit the collaboration PD requires. Where rewards are highly individualized and fiercely competitive within corporations like Goldman Sachs, sharing deviant successful practices may not come naturally. Further, ridged and prescribed operational practices may constrict thought, discussion or practice of alternative individualized approaches in corporations like Merck.

There may be difficulties with respect to learning cultures. No doubt there is difficulty for the heads of hierarchical organizations, accustomed to top down approaches, to admit to not knowing or that people at lower levels may know more about certain aspects of the business. As reflected in the Merck case, no effort was made to involve or communicate with other stakeholders about the PD intervention's success as it was clearly well outside of the corporation's rigid command and control hierarchical structure where it is taboo for lower level staff to figure things out for themselves outside the clearly articulated operational guidelines. Simply put, acclaiming the PD intervention a success would be the equivalent of announcing that the Merck executive failed to provide all of the answers and therefore really did not know what they were doing.

There is a question of ethics; PD could be perceived as manipulative in certain environments. In others, crossing organizational boundaries, traversing levels and stepping outside of strict and proven operational procedures could in itself be seen as unethical.

The psychological contract in the salaried relationship to the firm implies that individuals give up control over their own destinies and sacrifice their latitude for independent action. Further, the psychological weight born by employees, who are obliged to buy into the traditional standard model that is a socially engineered, top-down and authority driven approach to manage uncertainty and risk through meticulous planning, direction and control (Pascale, Sternin and Sternin, 2010), is enormous. To get around the psychological contract and adherence to the standard model in corporations in order for PD to work is a social change challenge in its own right. For a PD intervention to have a fair chance of succeeding in the private sector, a corporation would need: a) to be open to a participative active listening as opposed to authoritative telling process; that b) requires giving up control; c) is relatively expensive and

time consuming; d) is a bottom-up approach; with e) results that are both unpredictable and unknown.

A question that needs to be explored is: How to engage stakeholders in the conversation to question established cultural norms, particularly in the corporate environment?

Are there differences between the North and South with respect to the ease of PD implementation?

Keith Ruddle suggested that PD is more difficult in the North because of the following fundamental characteristic differences:

North	South
- Wide-spread individualism	- Collectivism
- Many options to choose from	- Limited or few options
- Disconnected social systems	- Close social connections
- Lack of community (“we”)	- Strong sense of community
- High levels of competitiveness	- Only way to survive is to work together

Can one get the organization or community to learn how to do PD on their own, and thereby tackle new problems using the same process?

This means competence transfer in the PD “expertise” by the facilitators. There is a paradox in PD claiming solutions come from within the community, and yet there is a need for outsider facilitation with highly refined skill. While PD thwarts replication, there are process lessons that can be shared to accelerate interventions. The curbing of MRSA in Vetran’s Hospitals in the US is a case in point. Six hospitals volunteered to go ahead allowing a network of PD consultant trainers to work with hospital teams of volunteers. Lessons learned were carefully documented and shared with other hospitals who, based on their own unique contexts, decided what could be tried in the new site. Within a few weeks, new sites found themselves at the stage it took original sites many months to achieve.

In spite of the high level of interest in PD (it has been taught in Harvard MBA and MPA and Oxford-HEC CCC programs for many years; claims have been made that it has been applied in over 40 countries; several high profile article have been published on PD; it was spotlighted at the 2009 Davos Economic Summit, etc.) there is little if any demand for the services of the few facilitators qualified to apply their skills on PD projects. Even international funding organizations who advocate the approach and fund huge traditional development projects offer only miniscule if not symbolic stipends for PD interventions.

How best to foster social learning?

Indisputably, learning and change take place in a social context. PD's power derives from the fact that it embraces the social system from the beginning and sees it as the means to an indigenous solution (Pascale, Sternin and Sternin, 2010). Several questions about fostering social learning emerged during the Oxford PD workshop:

- How do we create social situations that enhance engagement in a social goal, so that the community goes on a journey together?
- How does the notion of tipping point apply? (Going from threat to the power to accomplish something.)
- What is the role of facilitation, how not to over-engineer the process and leave space for emergent phenomena? Some participants during discussions reported that poor facilitation resulted in PD failures.
- Is there a critical mass for uptake to happen? Is it a question of individual experience or organizational culture? For example, combating malnutrition in Vietnam had a large number of participants whereas the curbing of female genital mutilation in Egypt had remarkably few with little if any evidence of scaling up.
- What is the role of leader authority vs. social control in influencing uptake of new practices or not? This question prompts us to ask about the types of organizations in which PD thrives vs. those where success has been elusive.
- Is an evidence-based approach enough, in situations where people do not agree about what works and what does not, particularly where there are boundaries between social groups? What constitutes an acceptable form of evidence, particularly to those stakeholders that are accountable to others for the performance of a system?
- People do not necessarily learn from good ideas. What more can we learn about what aids the translation process?

PD as a new standard model?

While Pascale, Sternin and Sternin (2010) clearly stipulate the PD is one among a broad set of participatory change tools that is particularly useful for adaptive work embedded in social complexity, it is not a new standard model. At another point they state: "PD is an approach, not a model". Further, they make "...no claim that the PD process is the only, or indeed the best, approach for addressing intractable problems". However, during the Oxford PD workshop, three positions were expounded with respect to PD:

- PD as a means to change from one standard model to the next in a social setting;
- PD as a model of how to manage organization change and foster learning and innovation; and

- PD as a standard model of intervention, involving a more or less specific set of principles and skills.

An important aspect of PD is that it replaces normal practice or known technical or programmatic approaches and solutions (i.e. the standard model) when a community is faced with a wicked problem requiring an adaptive solution. However, one could say the PD inspired solution then becomes the new standard model, which is paradoxical. It is not apparently as clear as some people think. The question remains: Is PD a new standard model or is it an expression/application of a specific skill set?

In contrast with the standard model, PD is problematic because evidence is based on what the community wants to look at which is not necessarily the kind of evidence that either management or academics are accustomed to looking at. Therefore it may not be the appropriate information upon which to base sound decisions or draw academically sound conclusions. The question “Can we determine what management and academics need as evidence with respect to potential PD applications?” was posited for further reflection.

Given that standard models persist even when there is repeated evidence they do not work, it would seem that stakeholders have a vested interest in the model. The work of PD therefore appears to include working on dismantling the standard model at the same time as enabling the development of new solutions.

Scaling, diffusing or amplifying PD

- How to get uptake of new behaviors in a broader context?
- Who are the actors of diffusion?
- Why do some innovations not spread, is it a question of context, capabilities, or other factors? What is required for incremental innovations to cascade or accumulate and become disruptive innovations?
- What about the need for trust in social networks?
- Can PD be considered a movement about changing the power dynamics in social systems, about democratizing organizations and communities throughout the globe?
- Who decides on purpose, what is right, what the group needs to aim for?
- Is “scalable” standard model language that is antithetical to PD? (Because, among other things, PD depends on self-discovery in every community.)
- Most if not all examples of PD involve micro-solutions. The PD process is often depicted as helping people over an imposing wall but not altering the wall itself (see PD website). This suggests that micro-solutions are the aim rather than fundamental cultural or social change which might entail reconfiguring the wall. Can PD lead to more than micro-solutions? One participant’s response to this question was that PD is not looking for

“something” but for “someone” who has stepped outside the norm (often at some level of personal risk) and done something different.

How PD answers some of the limitations of deficit-based and diagnostic/expert models of change intervention

- Asset-based approaches like PD, by focusing on what works well, energize the members of the social system to want to engage with the change. Deficit-based approaches can de-motivate people before they even start.
- PD promotes democracy in the social system, by empowering its members to act to change, which can sometimes mean questioning the existing power structures, that is, the guardians of the norm.
- The power of expertise can also be counter-democratic; PD provides an alternative (although one could debate the potentially manipulative nature of some PD interventions).
- PD may achieve greater sustainability than some diagnostic/expert approaches, as appropriation is enhanced through involvement of multiple stakeholders and the use of solutions that emerge from within the social system. The expert solutions can be rejected (“not invented here” syndrome) or the graft may simply not take.
- PD could be more innovative as the system boundaries can be perceived differently, i.e. the deviant solutions can come from the broader social system which some of the community members have links to.
- However, it is important to note that there are a large variety of diagnostic/expert and deficit-based approaches, and they are not all anti-democratic or disempowering. They can also use collaborative and social learning methods and work with the resources in the social system. Examples are: process consultation, organizational learning, action research/learning, group coaching, and many others.
- PD is one of many change tools. Can we more carefully delineate when, where, why and in what situations are appropriate for a PD intervention?

1.8 COMPARING TWO APPROACHES TO SOCIAL SYSTEM INTERVENTIONS

A considerable amount of energy was expended at the workshop to differentiate PD from other approaches. At the end of the workshop a point was made that struck us as particularly relevant: it is probably more useful to look at what PD shares with other practices than what differentiates it. PD builds on a number of principles and practices that we know to be “good” practice in facilitating social change. PD is often called an **asset-based approach**, compared to the standard model’s **deficit-based approaches** – usually founded on diagnosis of what is wrong with a social system. There are probably many asset-based approaches that share

common elements with PD. However, PD combines them in a specific way and is not simply repackaging. It is suggested that asset-based and deficit-based approaches are not a dichotomy but more a spectrum, and the two could even be blended to achieve effective change interventions.

PD is most certainly asset-based in that it focuses on solutions and positive variants already existing within a community. Contrasted with deficit-based approaches, PD focuses on what’s working against all odds rather than on what’s wrong or what’s missing. The following insert compares the diagnostic/gap approach with PD, an asset-based approach.

	Diagnostic/gap approach	Positive Deviance approach
Starting point of intervention	Problems in the system for which there appear to be ready-made solutions	Intractable problems on which ready-made solutions have not worked. Existence of deviant behaviors that could constitute solutions
Focus of intervention	Focused on what is dysfunctioning in the system and therefore must be changed	Focused on what is working well (solutions that “deviants” have found to the problems of the system)
Position of change agent	External “expert” provides analysis of system, brings framework for interpretation, brings technical solutions	Analysis and solutions are internal to the system, facilitators ensure reflection is “bathed in data” and the “voices from below are heard”
Approach to learning	Guided discovery - working out how to improve the system based on the diagnosis (normative educative)	Act of discovery – social proof of solutions, then getting people to act their way into the new behaviour
Ambition of intervention	Whole system intervention - taking on multiple causes in a rational way (with risk of failure)	“Small win” intervention - helps people over the wall rather than dismantling the wall, provides resources to deal with immediate problems, gives people some head room before tackling the whole system
Approach to engagement	Burning platform for “unfreezing” (Lewin), creating a sense of urgency for change – which can result in loss of energy, de-motivation and stress	Positive psychology approach reinforcing sense of well-being, pointing to resources for change, caring and energy-giving

Some caveats apply to the forgoing table:

- Some diagnostic approaches are less “expert” led and more collaborative (cf. Schein’s process consultation, collaborative inquiry based intervention, etc.).
- There can be similarities between both approaches in “sitting in the marketplace”, that is getting a good understanding of the social psychology of the system, the local practices and the culture and power structures, to ensure the intervention is addressing the “right” problem, engagement is possible and solutions are useable.
- Systemic thinking is often common to both; the concept of latent solutions, appreciable through immersion in the system, is applicable in both approaches.
- Both often share democratic principles of intervention.

1.9 Conclusions

PD continues to make inroads into mainstream thinking. Chip and Dan Heath’s current bestseller *Switch: How to Change Things When Change is Hard* (2010) is a case in point. PD is the acknowledged foundation of the book only the authors find the term “positive deviance” awkward and replace it with “bright spots”. They ask the “miracle question” not the “somersault question”. They recognize that feeling not knowledge leads to change. Their recipe is the same. Practitioners, like Roberto Sacco, Aporia Advisors, Jane Lewis, Woodward and Lewis, and Jim Armstrong, The Governance Network™ are applying aspects of PD including community diagnostics, design and delivery to ensure authentic local ownership and sustainability of change.

However, academics and change consultants who come into contact with PD, explore and even apply it, are often left a little puzzled and unable to describe precisely what it is. As the Oxford PD workshop participants concluded, PD is not simply a repackaging of existing knowledge. It may be a novel combination of facilitation, use of community, organizational dynamics, and social learning that is useful, but only in certain circumstances. Even a great deal of examination, (albeit primarily from technocratic, scientific viewpoints), leaves us with a feeling of unfinished business. In other words, no matter how much we nip and tuck PD we are unable to make it fit familiar standard models.

The paradox is that if it did fit, we would have needed to reduce it to a technocratic intervention rendering it incapable of helping ameliorate complex social problems. Perhaps the remedy for our discomfort is to accept the fact that if we want to deal with complex social problems fruitfully, we need to get used to a variety of untidy approaches.