

Polarity Thinking: Another Tool in Advancing the Knowledge of Registered Dietitian Nutritionists

ONE HALLMARK OF A FIRST-rate leader is the ability to work amid viewpoints seemingly juxtaposed, transcending perceived differences in pursuit of a shared vision.¹ Regardless of their specialty, registered dietitian nutritionists (RDNs) are finding themselves called to lead with more frequency and to lead in more diverse environments—from volunteer positions within the communities they serve, to their work environments, to their own home lives. Balancing one's specialized expertise amid a team of specialists, a community ripe with diversity, and a family bustling with its own activity represents a *polarity*—interdependent pairs of values or factors that require each other over time for people and communities to thrive.² Learning to distinguish polarities from solvable problems, a time-tested concept now in vogue as Polarity Thinking, will equip RDNs with yet another tool in their efforts to help advance patients' health through nutrition, becoming stronger leaders within their professional and personal lives along the way.

Marcy Kyle, RDN, LD, CDE, FAND, a certified diabetes educator at Pen Bay Healthcare in Rockport, ME, pointed out that after participating in an Academy of Nutrition and Dietetics workshop on the topic, she returned to her own organization and presented the tenets of Polarity Thinking to her own chief executive officer, who warmly received the ideas offered in this format. Although many recognize the challenges generated by polarities, paradoxes, or either—or thinking, the value of placing a specific name to

the idea for the purpose of analysis and replication cannot be understated. Practice in recognizing, and managing, differing viewpoints only increases one's value in a field blossoming with diversity and complexity, she observed.

Liz Monroe-Cook, PhD, a consulting psychologist and owner of Monroe-Cook & Associates in Chicago, IL, specializing in the use of Polarity Thinking to help organizations ranging in scope from the Academy of Nutrition and Dietetics to business and government clients to individual executives, said mastery of this concept is fundamental to leadership in general and beneficial to any organization seeking improved efficiency in the face of complexity.

"To me, the only limits to the applications are the limits of our own thinking," she said, noting that individuals whose education included a study of multicultural communication strategies might recognize the underlying principles of Polarity Thinking, as do private-sector professionals with experience working with clients from other cultures.

Sandra Gill, PhD, associate dean for strategy in the College of Business at Benedictine University and member of the Academy's board of directors, remarked that in today's organizations of scientists and specially trained professionals, knowledge management and intellectual capital often are more valuable than the hard assets of the organizations in which they work. She described Polarity Thinking as a discipline that heightens the value of professionals working in such environments.

"I certainly think it's a very helpful framework or perspective," she said, adding that there are many very direct uses and applications. Polarity thinking is a perspective to strengthen one's perception of the whole, or the system, beyond its individual people or parts, Gill said. It helps one to perceive polarities among interdependent

aspects, to more clearly attend to the endorsement of or support for an idea, initiative, or decision, and resistance to same; and it provides a process for more effectively managing these tensions toward the more constructive solution.

The fact that the basic concepts have been in practice for more than 2,000 years lends credence to the idea that they can be applied to modern settings, particularly those involving health care. Given that the Academy has defined leadership as "the ability to inspire and guide others toward building a shared vision,"¹ it only makes sense that a better understanding of how different perspectives can contribute to a shared vision will help one in that endeavor, just as it is equally necessary for a human to both inhale and exhale as they live a breathing life.

WHAT IS A POLARITY?

Polarities are defined as interdependent pairs of values or points of view that are very different, and may appear as opposites, even competitors, yet need each other over time to reach a higher purpose or outcome that neither can reach alone.² The most basic example is that of exhaling and inhaling, both of which must occur for the process of respiration to work. Neither pole can exist entirely on its own, even though they appear to compete for their very existence while in action. In addition to the Taoist metaphor of yin and yang, another example Monroe-Cook offered is that of mission and margin, in which an organization must balance the qualitative value of its mission against the quantitative needs of cost control. Many health care providers, for example, are in a continuous balancing act, working to fulfill their mission of serving low-income patients without the ability to pay while keeping their

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own revenue stream sufficient to maintain operations. Budget cuts that might appear to increase the organization's financial margins may simultaneously erode its ability to achieve its core mission, she pointed out. Neither margin nor mission can ever exist independently of the other and, thus, the polarity, unlike a problem, is not something to be solved, but rather a set of factors to be managed over time.

In this way, the polarity often can appear to be a paradox. For example, a wellness model of health care suggests that for providers to be successful, they must help prevent the medical issues that would require future payments by the patient. This might strike some as working oneself out of business, but as reimbursement models shift from the pay-per-procedure model to one that rewards prevention, successful providers will increase their own value by eliminating the need for some of their own services. Thus, this balancing act represents a polarity, in accordance with the mission of many not-for-profits that struggle with maintaining profitability while maintaining their not-for-profit mission.

One notable difference between a polarity and what some refer to as a paradox is that the relationship itself is not necessarily illogical at any level, because both poles are requisite for the whole to exist. Both poles working in conjunction create synergy, a unique life force to that whole.

Barry Johnson, PhD, founder of Polarity Partnerships LLC and author of the proprietary consulting program of Polarity Thinking, has explained that most people recognize these situations by many different names. "Rather than use either paradox or polarity, I will use the term interdependent pairs because I think it is more descriptive of the central phenomenon."³

Johnson further explains that the idea of paired phenomena being interdependent is central to life, such as is the case with breathing—inhaling and exhaling. This metaphor lends itself easily into the field of organizational management as stakeholders grapple with centralization processes designed to integrate units into a whole while maintaining enough decentralization so as to operate. Johnson said all people and, thus, all organizations operate on

such balances, and so the questions that follow are often those focused on how well the balance is achieved and managed.

Monroe-Cook explained that when discussing polarities, such as that which exists between inhaling and exhaling, or mission and margin, one should avoid using the term *versus*. Just as one would not think of breathing in terms of an inhalation versus an exhalation, the poles of genuine polarities are not in competition; rather they ebb and flow together. How well they do this depends on the efficiency with which they are managed.

The term *Polarity Thinking* and the subsequent model for managing this phenomenon was created by Johnson³ in 1975, whose review of his own work leads him to believe that not only can it increase organizational efficiency, but it can be applied to one's personal life as well. "Whether we call it Paradox, Dilemma, Polarity, Tensions, Dual Strategies, Positive Opposites, The Genius of the 'And,' Managing on the Edge, Yin and Yang, Interdependent Pairs, or some other name, there is an underlying phenomenon that works in predictable ways."³ Johnson posits that the better this dynamic is leveraged, the better the outcome will be.

Although a basic awareness that polarities exists might be relatively common, use of the Polarity Thinking model has to be learned, particularly in terms of the Polarity Map, which offers a visual guide for individuals and organizations working their way through a myriad of ideas toward a shared vision or goal.⁴

Polarity Thinking

The Polarity Map (Figure 1), designed by Johnson, represents a visual guide with which an organization can navigate specific challenges. Professionals accustomed to the frequently used SWAT (Strengths/Weaknesses/Assets/Threat) analysis will recognize the general idea of pairing a visual aid with focus groups for the purpose of strategic planning. Placed at the top of the tool is the organization's overarching goal, or "Greater Purpose," which is contrasted by the visual's bottom-most block, which states the "Deepest Fear." Each pole is given a neutral name and

is then placed side-by-side within the square. Because the nature of a polarity is interdependence, each pole has an "Upside Value" coupled with a "Downside Fear," and the synergy running between each either can be used for productive and positive ends, or can result in stagnation. The two lower quadrants represent the negative results that could occur if either of the poles is ignored. In this way, there is a 100% guarantee that negative results will occur if either pole is completely neglected.²

An example of a common interdependency found within health care organizations is that between cost and service. In Figure 2, one sees that group energy crosses between the two poles, reflecting the idea that the two never truly collapse into one, but are an interdependent pair held together, creating synergy. Energy crossing from one pole to the next generates a degree of tension, which can lead some to erroneously believe they must choose between the two poles. This is a false choice, because neither cost efficiency nor quality service can exist without the other. Neither is sustainable as an absolute.

This becomes evident through the use of the tool, which demonstrates that a focus on cost to the neglect of service yields a potential loss in customers and subsequently revenue. Conversely, an overcorrection to the service side to the neglect of cost can generate more gross revenue but potentially lowered net revenue because of poor pricing. This could ultimately cause problems for those trying to afford the heightened service. This is the result of stakeholders viewing the polarity as a problem, and it leads to a solution termed a "fix that fails."³ An organization trapped in this mode of thinking will see swings back and forth between the negatives of the poles as it attempts to correct the uncorrectable rather than managing the balance.

Thus, looking at the upside of either pole as a solution to the problem makes no sense. Successful organizations can instead shift from having proponents of either pole battle one against the other to a paradigm in which the culture pursues the upsides of both while avoiding the negatives of each. This is referred to as a "dual strategy."³ Failure to do this, or the

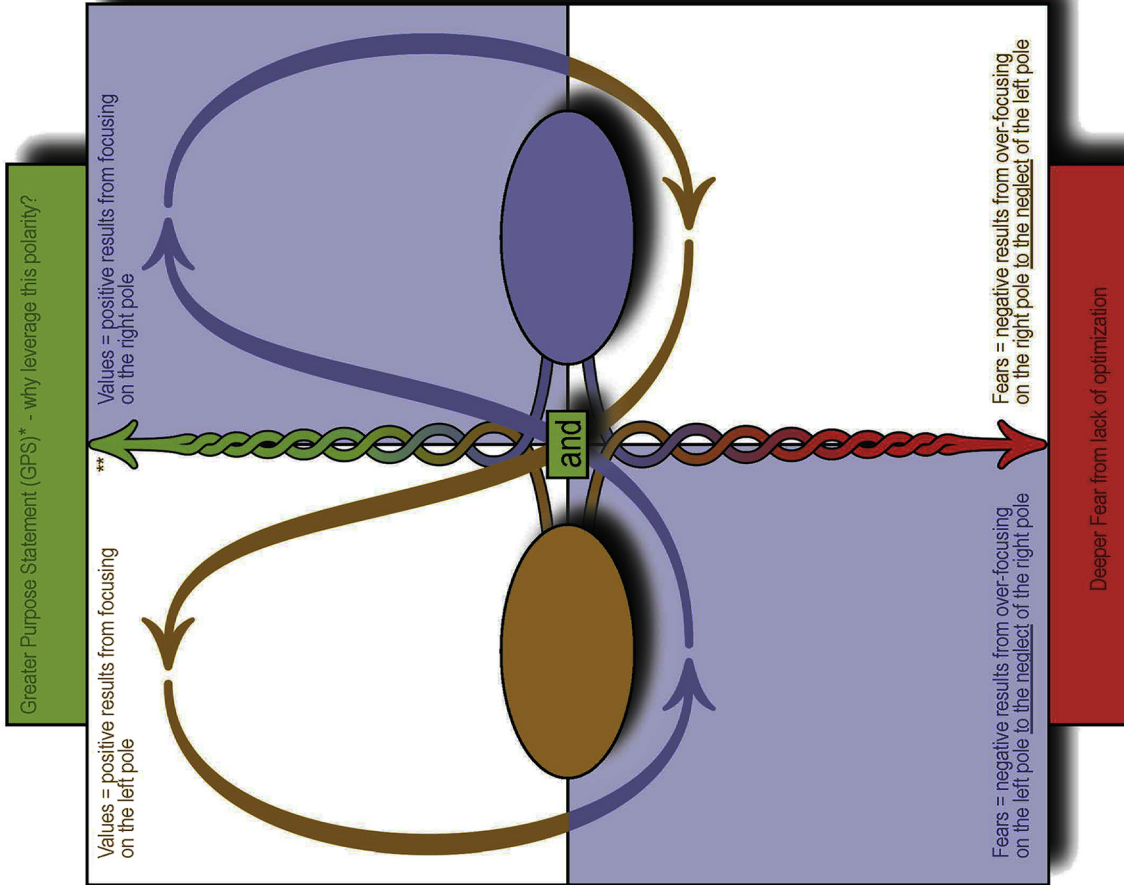
Polarity Map®

Action Steps

How will we gain or maintain the positive results from focusing on this left pole? What? Who? By When? Measures?

Action Steps

How will we gain or maintain the positive results from focusing on this right pole? What? Who? By When? Measures?



Early Warnings***

Measurable indicators (things you can count) that will let you know that you are getting into the downside of this left pole.

Early Warnings

Measurable indicators (things you can count) that will let you know that you are getting into the downside of this right pole.

Figure 1. Polarity map. Reprinted with permission from Polarity Partnerships, LLC, ©2012.

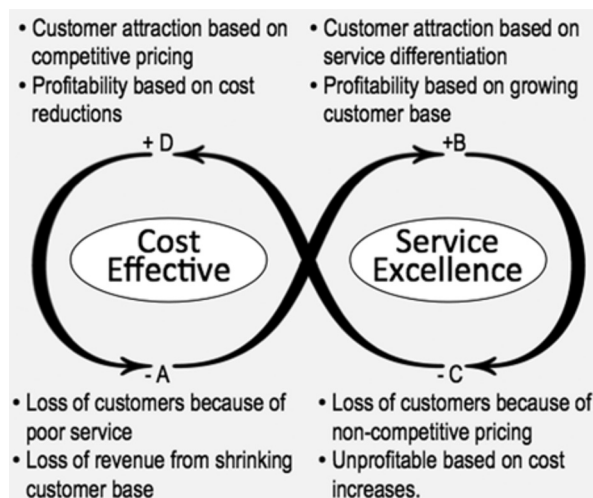


Figure 2. Polarity infinity loop. Reprinted with permission from Polarity Partnerships, LLC, ©2012.

assumption of a zero-sum approach, can result in a tripling of the damages: loss of invested time and energy trying to choose one pole over the other, the downside of the winning pole's extreme, and the downside of the losing pole's extreme. Conversely, when an organization simultaneously pursues the upsides of both poles while combatting the negatives of each, it creates a positive, reinforcing cycle that is sustainable.

Gill, whose own professional experience includes higher education as well as health care consulting, said the nonprofit realm is particularly sensitive to the polarities of cost and service, as well as mission and margin.

"We've all heard it before—no margin, no mission. That's a classic polarity," she said. The missions of nonprofits are often so noble in ideals that some people question the need, or even appropriateness, of having a margin. But organizations simply cannot operate on the ideals alone any more than an organization can operate without a mission, she said.

Gill said Gestalt thinking is among the concepts that share lineage with Polarity Thinking, referencing interviews between Johnson and others on both topics. The underlying concept in Gestalt theory is that the sum is other than its parts, she said.⁵

"It literally has a life of its own," she said, likening the idea of energies described in Johnson's model to the unique individuality a set of parts assumes once configured into a whole,

be that a relationship or corporation. "Polarity Thinking is an excellent reminder to look at the big picture, the Gestalt," she said.

This model is particularly useful in complex scenarios involving multiple stakeholders with divergent interests, she said. In situations in which there is no truly right answer, all alternatives are necessary to some degree. The model, with its visual aid, helps one stand above the discussion and gain perspective, thus avoiding the instinct to slip into either—or thinking, she said.

"It can save me from myself," she laughed, describing the natural motivation to simply pick a side and move on when faced with such dilemmas.

Tradition and Innovation

Kyle observed that RDNs face a number of polarities across the many fields of nutrition in which they work. Among them is the challenge of balancing tradition and innovation, which some might recognize as knowledge and discovery. The ongoing struggle to innovate amid a changing society while staying true to a particular scope of field is one that RDNs know well. Kyle pointed out that, traditionally, RDNs were looked at in relatively narrow terms. Those working in institutional settings were seen as specialists, off in a corner, in that institution. With the growing emphasis on wellness, and the emergence of entities such as accountable care organizations, RDNs are now being valued as members

of dynamic teams with increased collaboration. Those working in public schools may find themselves battling obesity in the classroom through education initiatives as often as in the kitchen, and the same is true of those in private practice. A specialist in diabetes education herself, Kyle said balancing these innovations with tradition, maintaining the integrity of evidence-based nutrition practices in the face of a changing landscape, one ripe with information distributed via social media sites and other online venues, is important. The question inevitably arises of when to change and when to remain the same.

In terms of the Polarity Map, consider that tradition offers many positives: clear values, established practices, safety, security, and comfort. The negatives might include diminished competitive edge, dullness, unresponsiveness, and missed opportunities. Conversely, innovation brings such positives as fresh ideas, possible competitive advantages, new energy, engagement, and adaptability. Negatives include possible confusion, costly mistakes, heightened learning curve, and thinning of resources. As is the case in any such dynamic, each pole will have its champions, some of whom might have a personal or professional interest in advancing their cause. One of the values to using a Polarity Thinking paradigm is that the process allows participants to articulate those issues and work toward achieving a reasonable awareness that positives and negatives both exist, in conjunction with potential synergy.

That said, the reality is that organizations quite often get stuck in the middle of a zero-sum approach that can leave them susceptible to choosing one or the other, tradition or innovation. This of course leaves them temporarily with all of the positives associated with that polarity, but also all of the negatives. Meanwhile, the goal is to capture the positives of both. Steps to working through this process begin with recognizing the positives of the pole in which the organization is stuck, and recognizing the potential negatives associated with the other sides. Openly ask stakeholders how best to achieve the positives of both sides, and then shepherd the discussion toward the shared vision, that being the higher purpose of

the organization. Failure to acknowledge the legitimacy of each side, both positive and negative, often can lead to a more solid entrenchment of the proponents of each, all of whom agree only on the idea that the other side does not fully understand the situation, or worse, that an incompatible set of motivations are at play.

The reality is that neither tradition nor innovation can exist in isolation. All traditions were once an innovation, and all innovations build on the knowledge and structure provided by former traditions. Innovators must embrace tradition as the founding block for future developments, and traditionalists need to advance the core principles of said traditions to keep their practice relevant amid changing technologies.

Individualized Care and Standardized Care

Along those same lines, innovations in the health care field are trending toward more personalized care, which must be balanced with national standards amid growing diversity. Kyle noted that this reflects another common polarity—whole and part—that in the case of RDNs might be better described as individualized care and standard care.

In her own role as a specialist in diabetes education, Kyle pointed out that the rampant growth of that particular disease has stakeholders from all angles interested in prevention. The US population contained approximately 79 million cases of prediabetes in 2010, but in 2012 that increased to 86 million, a shocking jump, she said.

RDNs using medical nutrition therapy to prevent diabetes are extremely valuable as payers are becoming increasingly willing to pay for these services. Intensive behavior treatment programs such as the type she employs are proving to be extremely effective. However, although many private insurance payers are reimbursing for this, Medicare is currently not, she said. In time, it is hoped that these innovations will become a tradition of sorts, and Medicare might pay for them. In the meantime, this type of individualized care has to be documented in such a way that it can become the standard, all the while relying on the individualized approach that allows a provider

to treat the patient's particular individuality. The entire realm of medical nutrition therapy provides ample opportunity for RDNs, but again, treating the individual patient can be a challenge in the face of stiffening national standards.

This same polarity manifests itself in public health, institutional, and school settings as RDNs work with populations that are becoming more diverse. The tastes of a community might change qualitatively given an influx of Latino members, or perhaps a demographic shift toward either younger or older populations. The dietary guidelines regarding specific nutrients might be standardized, but the manner in which they are delivered might have to change. Failure to meet the needs of the individual in favor of the standardized tradition can result in another conundrum facing the global community—that of the overfed yet undernourished. Many overweight patients are in fact malnourished, she said, explaining that a myriad of reasons exist for this. Food and nutrition practitioners must keep this in mind while guiding individual patients toward their health goals. The individual's family dynamics and eating traditions must be accounted for to achieve the dietary standards requisite for health.

Ultimately, evidence-based care must be individualized to account for patient preferences, and as such it can be predictive for their own personalized information. Both standardized and individualized care are being embedded within the field of health information technology and managing systems; to support both equally will be as critical to achieving quality care as inhaling and exhaling are to the function of breathing.

In terms of the Polarity Map, standardized care contains many positives: evidence-based data, cost efficiency, replicability, and expectation of consistency in outcomes. The negatives associated with standardization might include lack of diversity, lack of innovation, missed opportunities for new ideas, and failure in patients with characteristics outside the norm. Individualized care likewise offers many upsides in the case of nutrition, in which all patients are completely unique individuals. This pole also might allow for wider variety and heightened

Polarities Common to Health Care

Candor—diplomacy
Change—stability
Framework-driven change—project-driven change
Individual competency—team competency
Margin—mission
Medical care—whole person care
Patient safety—staff safety
Patient satisfaction—staff satisfaction
Routine tasks—scope of practice tasks
Standardized care—individualized care
Technology innovation (high-tech)—practice innovation (high-touch)
Vertical—horizontal

sense of patient engagement or buy-in. The downsides include lack of replicability, possibly higher cost, diminished efficiency, and perhaps some confusion. Monroe-Cook observed that what holds this together is the “Greater Purpose Statement,” an ideal on which the group agrees, which provides the reason for making the effort to manage the tension produced by polarity.

WAY OF THINKING, WAY OF LIFE

Like a recipe, many of the challenges facing RDNs at work and home require a mix of many elements. Too much or too little of any one ingredient can ruin the end result, and leaving one out completely negates the process. Professionals recognize that choices concerning amounts are continuous, and with choices come gains and losses. Managing those decisions and the new choices that each brings is key to success. To that extent, the very nature of being a professional requires one to balance their work and home lives in a very similar manner to that explained by Polarity Thinking. Neither work nor home can exist independently for a professional to function.

For those working within the health care industry, this can be a struggle. Regulatory changes in recent years have radically altered not only the process by which providers are reimbursed, but in many cases, the very nature of their strategies. Treating more patients with reduced staffing

numbers, tailoring standardized practices to meet the needs of a diversified patient base, and juggling the resources of a nonprofit service with the budgetary realities of margins all add up to a great deal of stress for many. But the ability to distinguish between genuine, solvable problems and polarities is a must for leaders guiding their teams toward an established vision, just as it is equally important to do so in balancing the personal needs of the individual so as to better serve the group. Effective leaders are effective in part because they can both identify and manage polarities. Likewise, strong organizations are effective in part because they have systems in place to help manage the same.

Monroe-Cook said that one way to identify polarities is to first identify chronic issues.

“What are the things that come up over and over again?” she said, explaining that often, these issues continue to arise because they are manifestations of an underlying polarity

that cannot be solved. And not all polarities are simple. In fact, over time, many polarities can be shown to be part of three-, four-, or even five-factor interdependencies, she said. Using a visual tool such as the Polarity Map is a good way to maintain focus throughout discussions that require group agreements about the language used and the values being expressed, she said.

Gill was in agreement as she noted that this strategy works best when applied to complicated dilemmas without easily observed true/false or yes/no answers. For her, Polarity Thinking seemed a little abstract at first, but framing it in more concrete terms as compared with Gestalt Thinking helped. Gill noted that RDNs unaccustomed to such models might do well to check out multiple methods of explanation, because some might lean more toward the abstract and vice versa.

Either way, reaching outside of one's profession to help develop that profession, bringing the innovations of other traditions in as potential applications for

a standardized specialty, can be helpful. Added values to the Polarity Thinking model include increased communication and more exercise in the articulation of specific viewpoints, practicing the discipline of finding positives to differing points of view, and working toward an agreed-on goal. All of this is necessary for one to be successful as a leader, both in the professional realm and in life in general.

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