

Challenging Assumptions

By Robert Hicks, PhD, is a clinical professor of organizational behavior and founding director of the executive coaching program at the University of Texas at Dallas School of Management
robert.hicks@utdallas.edu



John McCracken, PhD, is a clinical professor of health care management and founding director of the University's graduate business program for physicians.
jfm@utdallas.edu



Being an effective coach/leader requires that you both support and challenge the person you are helping. This means supporting and challenging them in their thinking as well as their actions.

The "four square" coaching model (Figure 1) illustrates how these concepts work together. In this Coach's Corner we'll focus on the Challenge for Thought component and, specifically, how to help people when they make limiting assumptions that get in their way. In future columns we'll focus on other quadrants of the model.

Assumptions are different from facts. A fact is objective and can be independently verified. Assumptions are subjective and become part of our thinking as a result of our individual experiences. They are the result of our idiosyncratic interpretation of reality. The most interesting thing about assumptions is that we often treat them as facts, even though they're not.

Assumptions often can be empowering. For example, if I assume my colleagues will listen to what I have to say, I'll be more likely to offer my point of view. If I assume that people are basically trustworthy, I'll tend to interact with others in a more open and trusting manner.

But what happens when our assumptions—based on faulty interpretations—are limiting? Note the following dialogue:

Chief of Staff: "Whatever happened with that discussion you were going to have with your department chairman?"

Physician: "I haven't had it yet. I put it off because she won't like what I have to say and, knowing her, she'll hold a grudge. Plus, she'll probably marginalize my position to the rest of the department."

Chief of Staff: "I thought you said it was important to have the discussion."

Physician: "Well it is, but the last time we disagreed about something she pushed back hard and didn't want to cooperate. She says she wants to work together but she really thinks I don't know what I'm doing."

Figure 1.





A speculative assumption is a subjective interpretation about the meaning of something based on what other people have said or done. It often involves “mind reading.”

In this short interchange, the physician made several assumptions that limited him from taking action. Before examining how to coach him through it, let’s define two of the most common types of limiting assumptions:

1. Possible fact assumptions
2. Speculative assumptions

A possible fact assumption is a belief about the likelihood of an event or circumstance occurring, often about other people might say or do. If it occurred, it would be a fact, but otherwise it’s just an assumption: “She’ll probably marginalize my position to the rest of the department.”

A speculative assumption is a subjective interpretation about the meaning of something based on what other people have said or done. It often involves “mind reading,” making a negative interpretation of someone’s motivation, thinking, or behavior even though there are no convincing facts that support that conclusion: “She really thinks I

don’t know what I’m doing.”

When a possible fact assumption is empowering, e.g., “They might actually support my idea if I speak up,” there’s no need to challenge it. The same holds for a speculative assumption such as “He gave me an important project; he must really trust me.”

But when you hear these types of assumptions presented as limiting, they provide an opportunity for you to move into the Challenge for Thought mode as a coach. There are two techniques for dealing with a limiting assumption:

1. Reality-test the probability of it being true.
2. Replace it with a “freeing assumption.”

Let’s illustrate.

At one point in the example the physician says: “I put it (the conversation) off because she won’t like what I have to say and, knowing her, she’ll hold a grudge. Plus, she’ll probably

marginalize my position to the rest of the department.”

Notice that this statement contains two possible fact assumptions; “She’ll hold a grudge” and “She’ll probably marginalize my position to the rest of the department,” as well as a speculative assumption; “She won’t like what I have to say.”

This presents a coaching opportunity to challenge the person’s thinking. In this situation, induce the person to reality-test their limiting assumptions with questions like:

- “What specifically won’t she like about what you have to say?” “How do you know she won’t like it?”
- “What leads you to believe that she’ll marginalize your position to the rest of the department?”
- “On a scale of 1 to 10, how sure are you that she’ll marginalize your position?”

The purposes of these questions are not to argue about the truth of what the person is saying but to help them examine the assumptions they are treating as objective facts. The person may, upon reflection, stick with the strength of their belief.

But alternatively, as they raise their implicit assumptions to conscious consideration, they may revise them in a way that leads to more positive alternatives. Remember, when you are in a coaching mode you are a thinking partner. Your role is not to debate but to raise questions for the person to think through so that they can make conscious decisions and actions rather than just reacting.

Let’s look at how to interject a freeing assumption into the conversation. Referring again to the above conversation, the physician made the statement, “She says she wants to work together but she really thinks I don’t know what I’m doing.” Notice the speculative assumption, “She thinks I don’t know what I’m doing.”

Building a freeing assumption begins with the question, “What might you be assuming that is stopping you in some way?” The purpose of this question is to let the person identify what, in their thinking, might be stopping them. The next step is to challenge the limiting assumption using the following steps:

1. Hypothesize: “If you knew . . .”
2. Create a positive opposite assumption: “that she actually believes that you know what you’re doing . . .”
3. Create a forward thinking question: “. . . what would you do differently going forward.”

So the conversation might go as follows:

Chief of Staff: “I thought you said that the discussion was important to have.”

Physician: “Well it is, but the last time we disagreed about something she pushed back hard and didn’t want to cooperate. She says she wants to work together but she really thinks I don’t know what I’m doing.”

Chief of Staff: “I have a question for you: “Given what you just said, what might you be assuming that’s stopping you in some way?”

Physician: “Well, I guess it’s the assumption that she thinks I don’t know what I’m doing.”

Chief of Staff: “If you knew that she thought that you did know what you’re doing, even though she may disagree with you from time-to-time, what would you do differently going forward?”

Physician: “If that were true, I’d move forward with the conversation.”

Chief of Staff: “Well, you have a choice between two assumptions. One is that she doesn’t think you know what you’re doing, and the other is that she does.”

Which assumption might serve you best?”

Physician: “I guess if I assumed she believes I know what I’m doing it would help me move forward. That doesn’t mean we’ll agree but at least I could give it a try.”

While not all challenges to a person’s thinking (and the embedded assumptions) will produce a change in their attitude about a situation or what they’ll do going forward, many times your intervention as a thinking partner (a coach) by challenging their thought will provide a positive benefit. To take advantage of such coaching opportunities remember these hints:

1. Stay alert for limiting assumptions.
2. Reality-test their validity.
3. Suggest freeing assumptions when appropriate.

And by the way, you may even want to “coach yourself” with these techniques.



Master of Medical Management

Change is coming. Will you lead or follow?

Carnegie Mellon prepares physician healthcare leaders for the future with innovative management and technology skills, to advance your career and your organization. Ranked 4th in the country by Modern Healthcare magazine, our program is taught by world class faculty. Our convenient blend of distance and on-site coursework allows you to complete your degree in 18 months.



“In my distance course physicians will learn how to streamline operations and boost productivity by mapping census information, patients, equipment inventories and other infrastructure information about their organizations.”

Kristen Kurland
Teaching Professor
Instructor, Infrastructure Management

Carnegie Mellon

www.heinz.cmu.edu/mmm
lizyauch@andrew.cmu.edu
412-268-9456

The MMM degree was developed in partnership with the American College of Physician Executives