Revisioning OD Project: Orientation for Researchers

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The purpose of this document is to provide an overview for interested researchers on the project’s background, goals, and methods. This should answer most of your questions but please don’t hesitate to contact me with any further questions you may have.

Project Background
Over the past five years Bob Marshak and I have written a number of articles identifying a bifurcation in Organization Development (OD) practice that is not well recognized in OD books and articles but is alive and well in OD practice. Simply put, we think an increasing number of successful OD practitioners are doing OD in a way that deviates from some basic tenets of the field, most notably, that a “diagnosis” should precede any intervention. A short overview can found in the attached document “Dialogic OD: Turning Away from Diagnosis“. What follows is a brief description.

By “diagnosis” we mean the act of analyzing a system to find the causes (“facts”) of a problematic situation. This analysis usually involves consultant driven interviews, surveys, observations, and document review, followed by the consultants presenting their results and recommendations to an organizational leadership group in order to develop plans to rectify the problematic situation.

We have titled the alternative approach, “dialogic.” We don’t intend, through this label, to identify with any particular notion of “dialog” or discursive practice – we intend to cast a big tent. In general, what we label dialogic change processes do not seek the facts, analysis of the facts, solving a predefined problem per se, nor use of an actual or implied diagnostic model. The metaphor or image of an organization is more that of an ongoing “conversation”. Differences are more than different points of view or misperceptions to be corrected by the facts. Differences are alternative realities that mix to generate new possibilities influenced by


2 We tried a number of other labels that got more resistance, like “New OD” and “Postmodern OD” and we are not tied to any label but we do need some way of identifying this distinction.
power and power dynamics. Words are not just a way to convey meaning, but the creators of meaning. These new practices do not inquire to assess a system against prescriptive models of health, justice, or effectiveness. Instead they view inquiry as a process that creates social reality. We believe many of these OD practices have been influenced by post modern philosophies, social construction, discursive studies, and complex adaptive systems theory.

Scoping What Is and Is Not an OD Practice
This raises an issue about what is OD and what is not OD. I want to propose some guidelines with the acknowledgement that these are open for debate as we move forward on this research project. Marshak and I propose that OD is found in a set of common values. Three that we have highlighted are:

Greater system awareness is encouraged and facilitated. The change method works to increase the knowledge of system members about the system, usually through facilitating events where the system is an object of inquiry and discussion.

Concern for capacity building and development of the system. An OD method not only attempts to achieve a change target, it attempts to develop the system’s efficacy and increase its capacity to survive and prosper. Normally, there is a value toward reducing client dependence on the consultant. These first two qualities of OD differentiate it from “change management”, which normally attempts to install a change without much concern for participant inquiry or capacity building of the system.

Consultants stay out of content and focus on process. An OD practitioner would probably not be giving a client business advice or providing an opinion on decisions. Such change agents would most likely emphasize their neutrality and encourage system members to decide for themselves.

Familiar examples of Dialogic OD methods are Appreciative Inquiry, Open Space, Conferencing, and World Café. They are familiar because people have written about them. Other less familiar ones can be found on the attached list. One caveat, however, is that these change methods can be used in a diagnostic framework. Even though all have been written about, most have received very little or no academic scrutiny. In addition, I think there are many more OD innovations out there, especially in the last decade, that have not been written about.

For purposes of this study I’d like us to cast a wide net and then winnow it down if necessary. Everything is clearly not an OD practice, but we wish to avoid not including some of the newer practices because they somehow don’t fit our historic understanding of what is OD.

Project Goals
1. Create a pool of case studies of OD methods that do not rely on data collection, diagnosis and feedback.
2. Begin to catalogue the variety of dialogic OD methods in use and develop a taxonomy.
3. Study what in these methods actually leads to change. This includes developing clearer notions about the contingencies that effect dialogic change models and, perhaps, some ideas about the interplay of diagnostic and dialogic methods in varying change situations.
4. Catalyze a network of researchers and practitioners interested in writing about these change methods.
5. Create better research models for OD scholars to study dialogic change processes.
6. Generate a sound, theoretical foundation for dialogic change methods that can inform practitioners in their use.
7. Identify commonalities in dialogic change practice potentially leading to a generic dialogic change model.
8. Help OD textbook writers, and by extension, OD training programs, understand the differences between diagnostic and dialogic OD processes, and produce dialogic models and cases to help students learn about dialogic change practices.

**Project Methods**

My intent is to create a loose, self organizing network by generating opportunities for interested researchers and practitioners to connect. Once connected, it is up to the researcher and practitioner to agree on the scope and depth of the ensuing study. These could take many forms but my hope is that each researcher will, at the very least, produce a description of the OD method and a commentary on it.

These will be put into a pool that will be made available to everyone who contributes to it. This pool of cases, commentaries and research studies should provide fodder for more developed papers and analyses. If the project is successful, a network of researchers will emerge with common interests in publishing papers, edited volumes and books on these change methods.

Research projects can vary in scope and scale. At one extreme, a researcher might simply interview a practitioner about his or her methods (case) and then reflect on that information from a more theoretical and academic perspective (commentary). At the other extreme, a researcher might partner with a practitioner to put an empirical research study in place to assess the effects of a change project. Somewhere in between, a researcher might observe a practitioner during a project. The possibilities are limited only by the imagination and energy of researchers and the agreements they can negotiate with practitioners and their client systems.

I assume that, on balance, there is more in it for the researcher than the practitioner to participate in a study of their practice. Research is what we do, not what practitioners do. So it is up to the researcher to initiate contact, generate commitment and move the project forward. I also assume that matches are more likely to bear fruit if the research and practitioner are located close to each other (or the practitioner has a major client where the researcher lives) and they like each other. The process I envision is:
• I will send out a list of all interested researchers, with contact information, to you. This list will be periodically updated.

• When I find a practitioner who appears to meet the criteria for Dialogic OD, and who is willing to be studied, I will send their name and information to the entire list. You, of course, are encouraged to also recruit suitable practitioners for you to write a case about or to add to the list for others to contact.

• Those interested in contacting that practitioner will identify themselves to the entire list. They must wait one week after indicating an interest before attempting contact in case more than one researcher is interested.

• If more than one person is interested, all interested researchers will have to negotiate amongst themselves how they want to handle that. They may decide to do it together, or that one among them is better suited to the practitioner, or something else.

• The researcher(s) will reach out to the practitioner, make contact, and initiate a discussion of what they want to do together. Once an agreement is reached, a simple description of the anticipated study will be sent to me.

After the study is completed the researcher will forward all useful data, including case and commentary, to me for uploading to a database. After their first contribution they will gain an ID and password to be able to access everything in the data base.

In contact and conversations with practitioners, it is important for the researcher to recognize that we need them more than they need us. Their practice is their livelihood, and they don’t get paid to do research. Their first priority with be to their clients, not us, and how much access we can have to studying their practice will depend on their clients. Every effort should be made, early in discussions, to ascertain what incentives might exist for the practitioner to participate in this project and to generate more of a partnership than a subject/researcher relationship. Participants who co-author cases and commentaries can also have full access to the data base.

This project will initially start up in North America, however, people in many other parts of the world have already signaled an interest in contributing. I assume that the project’s methods will evolve and develop over time. I encourage all feedback and suggestions for how to shape the project to more effectively accomplish its goals.

Case Descriptions – Basic Categories
The intent is to develop descriptions of change practices, not descriptions of practitioners. It is likely that most practitioners will have more than one change practice they use. If there is more than one practice of interest, different cases should be written for each practice. It is also likely that practitioners will be innovative in their consulting and not every engagement will use exactly the same method. In such instances, a case might document a specific application, or attempt to generalize the method over a set of applications.
All cases and commentaries should indicate the authors name, contact information and date of writing. Studies are encouraged to go beyond the basic categories listed below, but every case is expected to use the following headings and subheadings to allow for easy comparison and data mining.

1. Suggested name for OD method
2. Name of practitioner(s)
3. Practitioner background (education, experience)
   3a. Internal or external practice
   3b. Geographical location(s)
   3c. Industries
   3d. Functional or hierarchical levels of most clients
4. Description of change practice (each case should describe a single method)
   4a. Scope and scale of change practice related to this method
   4b. Types of clients
   4c. Types of issues
   4d. Contracting and entry processes
   4e. Consulting and change models (or any models) the practitioner utilizes
   4f. Consultant roles and activities during change process
   4g. Key client roles and activities during change process
   4h. Key activities and sequence of activities
   4i. Methods for assessing success
5. Description of theory of practice
   5a. Theories, concepts and/or models the practitioner uses in explaining their methods
   5b. Their assumptions about consulting and change that guide choice of actions
   5c. Basic assumptions about humans and the world the practitioner articulates in supporting their theory of practice
   5d. Questions the practitioner has about their method
6. Evidence of successful change
   6a. Data based support for success
   6b. Anecdotal evidence
   6c. Other indicators?

**Commentaries**

Commentaries should contain reflections on the case and ideas about change processes stimulated by the case. The following are examples of what a commentary might contain:

- Assessments of the extent to which the method is OD or something else and why
- Assessments of the efficacy of the method
- Assessments of how “different” this method really is from conventional diagnostic OD
- Assessments of how the method is different or the same as other methods (specified)
- Thoughts about the key change levers in the method and how they might be generalized
• Thoughts about how the method is consistent with existing change theory and research
• Thoughts about how the method differs from existing change theory and research
• Thoughts about the important mediators and moderators of the method’s effects
• Thoughts about situational contingencies that would affect the method
• Thoughts about inconsistencies between practitioners espoused theory and theory in use
• Thoughts about ways the method might be improved
• Thoughts about the philosophical or scientific basis for the method
• Thoughts about the generic change model underlying the method
• Thoughts about ethical issues or value dilemmas raised by the method
• Thoughts about researching the method more effectively
• Reflective thoughts generated by exposure to the practitioner and the practitioner’s model, method, or practices.

Use of Cases and Commentaries
It is expected that the pool of cases and commentaries will be used by all researchers to advance their understanding of OD and inform their research and writing. Authors of cases and commentaries are, of course, able to publish them, or papers or books related to them, at their own discretion. No one, however, is allowed to publish an article where more than 20% of the material is based on someone else’s case and commentary without permission of that author. Publications that utilize material from others’ cases and commentaries are expected to cite them appropriately. It is hoped that the project will catalyze networks of researchers co-authoring publications.

Signing up for the Project
Interested researchers should send an email to Dr. Gervase Bushe, Beedie School of Business, Simon Fraser University indicating their interest in being in the pool of researchers, along with a current CV and or professional resume. They will then automatically get practitioner postings as they become available.

Email: bushe@sfu.ca
The central point of this chapter is that some OD practices have moved away from the “scientism” or “modernist” mindset of the founders of the field and are taking us in new directions. Practitioners of these new forms don’t do much in the way of “objective” data collection and diagnosis. What is emerging is more in line with interpretive, social constructionist, and other post-modern philosophies. However, much of this shift in practice is not being written about, and when it is, there isn’t much awareness or discussion of how fundamentally different some of the assumptions behind what Bob Marshak and I have labeled “Dialogic OD” are from conventional, “Diagnostic OD” (Bushe & Marshak, 2009).

My intent in this chapter is to bring to our collective awareness this important evolutionary shift in OD practice so that we can think about it, talk about it, study it, and, we hope, become more effective at what we do. I’ll identify what is common about these newer practices and point out how they violate key tenets of traditional OD practice. I will argue that they are OD, because they adhere to the basic values of OD. I think these new, dialogical OD practices are emerging because they are more successful at promoting transformational change in contemporary organizations and conclude with some thoughts on why that may be.
KEY ASPECTS OF OD BEING VIOLATED BY NEW PRACTICES

OD emerged in the 1950s from attempts to apply the social and behavioral sciences to issues of leadership, teamwork, and change, so it’s not surprising that at its core OD assumes there is something real and tangible about organizations that needs to be studied before prescriptions for change are made. In every contemporary OD textbook, and in many of the models in this book, practitioners are advised that a *diagnosis* needs to be made before any action is taken.

In some very successful OD practices, things are being decided and done well before any diagnosis is made, and in some cases there really isn’t a diagnosis called for. In this book, one example is Mirvis’s “learning journeys.” A set of activities is designed without any “diagnosis” used to stimulate personal and group reflection. No “data” are collected or analyzed; rather, people reflect on their subjective experiences. Another example is Appreciative Inquiry. One of the core principles of AI, the simultaneity principle, posits that change happens the moment the practitioner engages with the system and that fateful decisions and choices are made up-front, before any “data” are collected. This doesn’t mean that the practitioner isn’t observing things going on and making decisions based on those observations, but it does mean that nothing “scientific” is going on.

While most of these newer processes talk about a phase of “inquiry,” there are no attempts to structure data collection in ways that are “objective” or would meet any test in Nadler’s (1977) classic OD text on the topic. Some people describe the “discovery” stage in AI as though it were a data-collection stage resulting in a diagnosis, but research shows that such approaches to AI don’t result in transformational change. Instead, transformation requires the emergence of new ideas, particularly generative metaphors, during the AI process, and taking a data collection and diagnosis approach to the discovery phase of AI can work against that (Bushe & Kassam, 2005; Cooperrider & Srivastva, 1987).

The idea of diagnosis is based in a biological metaphor that is central to what we normally describe as OD, that is being violated by these newer practices, even by some who still use the biological metaphor. One of the big ideas that supported the early emergence of OD was that organizations are better thought of as open systems than closed systems, more like a live being than a machine (Lawrence & Lorsch, 1967). This approach resulted in much better methods of organizing, managing, and changing organizations, but it has run into some pretty severe limitations. The implication is that, if we could just understand all the interdependencies of all the processes and the varying impacts and co-evolutionary results of the environments we operate in, then we ought to be able to prescribe the right organization design, or leadership style, or change process.
Such a point of view makes the idea of diagnosis and prescription sensible and invites us, like the medical profession, to keep studying organizations to figure out the best way to diagnose, intervene, and manage their “health.” But there are at least two problems with this point of view. First, when you fix a biological organism, it stays healthy until something else changes. But as Karl Marx pointed out long ago, any solution to the problems of human organization contains within it a new set of problems. Second, experience in the field vividly demonstrates that if organization B (operating with the same structure in the same environment) tries to copy a successful innovation from organization A, it almost never has the same result. In fact, attempts to transfer transformational changes between sub-units of the same organization rarely succeed.

In most cases when OD practitioners have dispensed with diagnosis, it’s because they aren’t looking at organizations primarily as open systems, but as interpretive, discursive, or meaning-making systems (Bushe, 2009; Marshak & Grant, 2008). From this point of view, the reason an innovation works differently in organizations A and B is that people make different meanings of the innovation in those different organizations. As a result, practitioners of organizational transformation have turned away from treating organizations as if they were biological systems in their change methods, even if they still talk like they are.

If you look at Chapter Seventeen by Axelrod, Cady, and Holman, you will see, in miniature, how this transition is playing out in the field. They use the language of systems to describe their process, but they don’t really treat organizations as a living organism to be studied. Like most of these newer change processes, they are interested in “inquiry”—but that isn’t really so much a research process as “asking questions that focus our attention toward deeply felt, collective aspirations, creating hospitable conditions that invite the diversity of the system to step in and take initiative.” Their model is more interested in seeing what emerges than in studying “what is” in order to prescribe “what ought to happen.”

**SIMILARITIES IN NEW FORMS OF OD THAT MAKE IT DIFFERENT FROM CLASSICAL OD**

Perhaps the most important similarity in these new OD practices is that they assume organizations are socially co-constructed realities and, because of this, that there is nothing inherently real about how we organize, no ultimate truth about organizations to be discovered, and no model of the right way to organize independent of the people who make up any particular organization (Bushe & Marshak, 2008). There may be models of social process and organization
dynamics that practitioners find useful, but as Kenneth Gergen (1978, 1997) has forcefully argued, most if not all of those are culturally specific—they are more descriptions of how things work inside a particular culture than transcendent truths about human organizations. What if we took seriously the idea that the only limitations to how we organize are our imagination and collective agreements about what is expected and possible? Newer forms of OD seem to take that idea seriously.

What these new forms of OD have in common is a search for ways to promote dialogue and conversation more effectively and a basic assumption that it is by changing the conversations that normally take place in organizations that organizations are ultimately transformed. Dialogical forms of OD are more focused on when, where, and how to promote the kinds of conversations they prescribe than on diagnosing the system against some kind of ideal model. When they engage in some form of inquiry as part of the change process, the inquiry’s purpose is to surface, legitimate, and/or learn from the variety of “realities” that co-exist in the system. All these approaches assume that there isn’t one “truth” to how things are but a variety of “truths.” If we begin with the assumption that each human being creates his or her experience, then it follows that there will be multiple, competing, contradictory experiences in most groups of people. From this point of view, “diagnosis” is rejected because it tends to privilege one set of experiences over another. In Dialogic OD the purpose of an inquiry is not to decide what the right way to describe the system is or ought to be, but to bring to awareness people’s own experience and all the different experiences contained in the system.

The when, where, and how to hold these conversations is less about diagnosis and more about creating the enabling conditions for successful conversations to take place. One of the biggest differentiators of these newer practices is how they think about and go about creating these enabling conditions. “Open Space,” for example, could be described as a set of enabling conditions for innovative ideas and motivations to find kindred others. Axelrod’s process of “collaborative loops” sets the enabling conditions as having a workshop with dissimilar teams that work together to create their own change processes following a prescribed sequence of activities. They have a set of prescriptions for increasing “engagement,” which they view as central to their change process (Axelrod & Axelrod, 2000). The “technology of participation” from the Institute of Cultural Affairs attempts to replicate their model of human consciousness in creating focused conversations among groups of people. A specific sequence, led by a facilitator, is used to create consensual decisions (Oyler & Harper, 2007). By contrast, World Café’s enabling conditions eschew the use of a facilitator, arguing that attempting to facilitate Café conversations reduces the quality of the conversations. Instead they use the image of a host and “etiquette” and prescribe a number of other unique enabling conditions, such as the creation
of hospitable space and tables covered in blank paper with colored crayons for doodling (Brown & Issacs, 2005).

Two further similarities in many of these new forms of OD are a focus on exploring common aspirations and the design of preferred futures as key outcomes of the change process. An assumption of Dialogical OD is that creating new images, stories, texts, narratives, and other socially constructed realities will impact on how people think and make sense of things—and that, in turn, will impact how they act. Look, for example, at Stavros and Saint’s SOAR framework or Amodeo and Cox’s “systemic sustainability” model. As Amodeo and Cox put it, “There must be conscious intent to engage the whole system in dialogue and synergistic relationships in such a way that mental models are surfaced; new knowledge, structures, processes, practices, and stories are collaboratively created and shared; and diverse stakeholder voices and perspectives are heard.”

This is a more profound difference from the classical form of OD than might at first appear. Conventional change processes try to change what people do based on new thinking done by someone else. In dialogical approaches, the focus is on eliciting new thinking in the targets of change themselves—new thinking that is not prescribed by some expert or action research team, but that emerges individually and collectively from going through the change process itself.

**WHY IT’S STILL OD**

Even though some newer forms of OD are discarding data collection and diagnosis, I would argue they are still OD because they adhere to key values of OD. First, they are highly inclusive and participative—in many cases more so than the traditional OD approach of creating small representative groups to work on behalf of the whole. Many of the newer approaches advocate involving every stakeholder in the change process. Second, they tend to emphasize processes of inquiry that result in the free and informed choice of participants. They may even work harder than previous forms of OD at attempting to create what Habermas (1984) called “the ideal speech situation”—a situation in which people feel free from any social constraint to think and talk and act.

Third, in these newer forms of OD, the role of the practitioner is the same: to guide the process and to stay out of the content. Just as set out by the founders of OD, the practitioner is not an expert in what the organization should do but an expert in how to help the organization figure that out for itself. This leads to the fourth similarity, the focus on the practitioner as someone whose job is to ultimately enable or “develop” the system. The images of development in these newer approaches still look the same as the humanistic images of development that are implicit in OD.
WHY OD IS CHANGING

Dialogic OD has emerged more from practice than theory—and theory needs to catch up. If practice is changing, it’s changing because, in some cases, it’s more effective to do things this way. I want to conclude with some ideas about why that might be. It might be that conventional action research processes have become too much a part of what normally happens in contemporary organizations to be transformational. It might be that “scientific” approaches to human systems only work in fairly homogeneous cultures. As our organizations become composed of ever more diverse people, the assumption that there is some social reality “out there” to be studied and understood becomes less tenable. It might be that in a world of persistent continuous change, the episodic change processes inherent in a diagnosis-treatment model are less effective, or that they take too long to get to a prescription, and the system has already changed too much for it to be valid. It may be that we live in a time when more organizational leaders are looking for something other than incremental, controlled change processes, and they recognize that planned transformation requires a much less controlled, emergent process.

For whatever reason, it seems an inescapable observation that a bifurcation in OD practice has taken place, and we therefore need more and better thinking about differences and similarities in the theory and practices of Dialogic and Diagnostic OD. For example, when is each kind most appropriate? What professional competencies are similar and different? Can they be combined in an intervention? These are just some of the questions we have to answer.

References


Examples of Dialogic OD Methods (depending on how they are used):

- Appreciative Inquiry (Cooperrider)
- Search Conference (Emery)
- Open Space (Owen)
- Complex Adaptive Systems (Stacey)
- Coordinated Management of Meaning (Pearce)
- World Café (Brown)
- Conference Model (Axelrod)
- Reflexive Inquiry (Oliver)
- Technology of Participation (Spencer)
- Dynamic Facilitation (Rough)
- Real Time Strategic Change (Jacobs)
- Art of Hosting (Berkana Institute)