Process Consultation Revisited

Taking a Relational Practice Perspective

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Process consultation as conceived and reformulated several times by Edgar Schein constitutes a seminal contribution to the process of organization development in general and to the definition of the helping role of the consultant in particular. Under the pressure of a pragmatic turn in organizational change work, the practice of process consultation was fading away during the eighties and nineties. In some particular training and organizational consulting contexts nevertheless, the foundational principles and practices of process consultation are experienced to be more relevant than ever before. A relational constructionist theoretical lens, an emphasis on joint consultant–client practices, and a proper contextual embedding constitute a relational practice perspective that embodies in a new form and language those foundational ideas.

Keywords: *process consultation; relational practice perspective; organization development; relational constructionism; quality of relational practices; contextual embeddedness*

This article acknowledges the pioneering contribution of Edgar Schein in the development of the laboratory training methodology. Schein was indeed among the founders of the "laboratory training" learning method, later called T-group, together with pioneers such as Kurt Lewin, Kenneth Benne, Leland Bradford, Warren Bennis, Ronald Lippitt, and also Chris Argyris (Marrow, 1969). Stimulating reflection on joint here-and-now group experiences was considered as one of the core processes that made the T-group an innovative educational approach. In an autobiographical essay, Schein (1993a) describes his first T-group experience as "an incredibly potent experience for me that forever changed my view of the field" (p. 8). From that moment on till the present, Schein has been focusing on how to build helping relationships between consultant and client (system). This focus is clearly present in his work on process consultation (Schein, 1969b, 1999a) and his more recent work on dialogue (Schein, 1993b, 2003).

In his seminal work on social change processes, Schein conceptualized the unfreezing phase in the Lewin change cycle as the outcome of disconfirming experiences or lack of confirming experiences among the actors involved. Throughout their interaction, actors confirm or disconfirm the balance in the triangle "self-image–perception by others–perception of the context" (Schein, 1969a, 1999b, 2002). Interaction process reflection is considered to be at the heart of the change process. Beyond the interpersonal and group level, Schein extended this discovery into the "invention" of organizational psychology as a research and practice field. Indeed, Bernie Bass and Edgar Schein wrote the first two textbooks with the title *Organizational Psychology* (Bass, 1965; Schein, 1965).

Making interventions that foster this process learning (e.g., Probst & Büchel, 1997) in interactive contexts can be considered as the essence of what Schein called process consultation, in training intervention as well as in mere management contexts. Schein made the first formulation of process consultation in the first Addison Wesley series on organization development (OD; Schein, 1969b). He was coeditor with the late Richard Beckhard of the OD series, which has published more than 30 volumes thus far. With the concept of process consultation, Schein tries to explain what really works in intervention efforts during change processes (in interaction, in groups, in organizations). And this "What works?" can be circumscribed as being involved and engaging, observing, becoming aware, and reflecting on the ongoing interaction, relationships, and experiential processes so that the self-steering capacity and ownership of the client (system) can be enhanced. Process consultation means working in the present reality, in the ongoing interaction (Schein, 1987), and understanding "the ebb and flow of that reality moment to moment, shifting roles as necessary" (Schein, 1999b, p. 70).

The concept of process consultation remained strongly linked with the contribution of Schein (revisited edition in 1999) and faded away elsewhere. Developed during the sixties, when memories about T-groups were still vivid, it hardly survived the new orientations in organization development during the seventies and eighties, when the emphasis on problem solving and structural and strategic approaches were considered more important than the mere processual or micro approach. Process consultation was substituted during the nineties by eclectic coaching and facilitating approaches from very diverse perspectives. The original process emphasis, originated in the T-groups, got merely lost in the functional and instrumental approaches demanded by the business schools' students and alumni. Indeed, today process consultation is predominantly conceived as one type of OD intervention method (Cummings & Worley, 2005) or as a family of OD interventions (French & Bell, 1998) alongside many others that is especially suitable when dealing with socioemotional processes and problems in work groups and organizations (e.g., dysfunctional conflict, deficient group processes, poor communication, and ineffective behaviors and norms). Defined this way, process consultation has become just one of the intervention techniques or instruments in the OD consultant's tool bag instead of a general philosophy or action principle that underlies *each* intervention effort during change processes.

Although there is a lot of material available on "good" and "bad" process, the concept and practice of process consultation itself has always been and still is difficult to grasp. Schein himself stresses this point in the preface of the revisited edition of process consultation (Schein, 1999a) contemplating that colleague advisors and managers still do not understand the essence of process consultation: it is not a technique or a collection of interventions for working with groups, it is not a model for nondirective counseling, and it is not an occupation or full-time job. Process consultation is essentially about building a helping (client–consultant) relationship through a continuous effort of "jointly deciphering what is going on" (Schein, 1999a, p. 6) in the ongoing interaction, relationship, and situation to make coauthored choices about how to go on. In the concluding chapter of *Process Consultation Revisited*, Schein underlines the importance of keeping a sharp eye on the helping nature of the relationship: "When all is said and done, I measure my success in every contact by whether or not I feel the relationship has been helpful and whether or not the client feels helped" (Schein, 1999a, pp. 242-243).

Several reasons can be identified why process consultation is often misunderstood and why it had difficulty surviving the various developments in OD thinking. First, the concept of process consultation is used in two different meanings by Schein (1987, 1999a). It refers to both the continuous process of building a helping (client–consultant) relationship and to a specific consultation role (doctor–patient model, expert model, and process consultancy model) that is enacted during the process, depending on the joint assessment of which role is most helpful at present. Second, empirical research on process consultation is rather scarce (e.g., Cummings & Worley, 2005; Kaplan, 1979). And third, although Schein is championing clinical and qualitative approaches (1995) and is using a symbolic–interactionist approach (Schein, 1999a), there seems to have been a lack of vocabulary and conceptualization of the relational processes that are at work. Maybe this lack of proper theorizing of what really works in ongoing interactions for change makes the survival and diffusion of process consultation hard. A relational practice perspective on intervention and change processes can offer this kind of theorizing and can help catch the dynamics going on in process consultation. This perspective is introduced in the second part of the article. Subsequently the concept of relational practice, and its relationship to process consultation, is illustrated using an in-depth comparative case of a change process in a consulting firm and a health care organization. We conclude by discussing the added value of a relational practice perspective by arguing how our findings go beyond and actualize Schein's work on process consultation.

Taking a Relational Practice Perspective

At the end of his book *Process Consultation Revisited* (Schein, 1999a), Schein wonders about his stubbornness about writing again and again about the value of

process consultation. Organizational consultants keep telling him that they have to make formal diagnoses, write extensive reports, and make sound recommendations. "Why don't we apply in organizational consulting the learning we have acquired in other helping professions: about client involvement, about people having to learn at their own pace, about helping clients to have insights and solve their own problems?" (Schein, 1999a, p. 247). Building a relationship with the client—Schein calls it "a helping relationship"—is for him the first and absolutely necessary condition for any help or learning to take place. It is beyond the scope of this article to discuss the factual and successful application of these principles in the other helping professions. Here we want to focus on the conditions and possibilities to enhance the actual practice of those principles in organizational consulting work. Beyond framing it as a helping relationship, we want to deepen further the question, "What makes those principles work?" By substituting the concept process consultation with the vocabulary *relational practice*, we want to stress mainly three additional accents in the process: introducing the theoretical lens of relational constructionism, focusing on (the quality of) enacted practices, and bounding the context characteristics. Our intention is to actualize the process consultation philosophy and practice in new thinking about organizing and changing organizational processes.

Since the seminal work of Kenneth Gergen (1982, 1st ed.) on human sciences as a social construction, a number of authors have joined in to develop their perspective on social constructionism (among others, Gergen, 1994; Hosking, 2006; McNamee, 1998; Shotter, 1993, 2004; Shotter & Katz, 1996). Social reality is considered as a mutual negotiation of meaning among all actors involved by sharing understanding of contexts. Not only shared cognitions (Weick, 1995) but also a mutual enactment of relationships creates the social reality (Gergen, 1994). Recent authors therefore prefer the concept of relational constructionism to emphasize the relational essence of social reality construction. The quality of the relational processes—one-sidedness or reciprocity—is constitutive for the inclusion or exclusion of social actors in the resulting social network. This paradigm underscores precisely Schein's emphasis on the relational work during consulting and learning activities. Schein is yet stressing the role of feedback and reflection as a mechanism to reconstruct self and others' perception as intrapsychic processes. A relational constructionist perspective puts the mutual relational work right in the center of attention. Schein could probably give a better answer to consultants who want to measure and write reports instead of engaging in relationship building when he considers organizations no longer as entities or objects but rather as ongoing joint projects of relational negotiation. It is an entative view versus a dynamic view on organizing (Hosking, 2004). But changing is essentially relational work. Therefore we want to propose relational constructionism as a proper theoretical approach to ground the essence of process consultation.

The second aspect we want to stress in substituting process consultation with the language of relational practice is a return-to-practice perspective. A group of scholars in organization theory, inspired by philosophers such as Wittgenstein and Bourdieu,

sees the essence of organizing in the enacted collective practices of knowledge and relationships (Gherardi, 2000; Orlikowski, 2002). Joint practices are considered as the carriers of knowledge, learning, and change rather than the reflection or mere "talking about" getting organized. In the relational constructionist approach, Shotter (2004) stresses the turn to practice in our language practices of talking and writing: "withness (dialogical)" talk versus "aboutness (monological)" talk. It is the difference between talk that moves and talk that leaves us unmoved. Language is considered as action rather than representation. He distinguishes a relationally responsive language practice from a representational–referential form. In consulting behavior, it means that an intervention gets its effective meaning from the actual reciprocal practice between consultant and client rather than from the cognitive reflection. A relational practice is positioning and moving the interacting partners. Change is enacted in the intervention and not some kind of output or result of it. The here-and-now approach concerns the actual "doing things to each other" and not just the reflection on the here and now. What works in consultation is the quality of this reciprocal interaction. Schein has not made the quality features of practices explicitly clear in his work on process consultation; a relational practice perspective does.

In Table 1, the most typical concrete and observable characteristics of high-versus low-quality relational practices are listed. Most of the aspects are self-explanatory and are discussed throughout the text. The mutual creation of energy or continuing motivation and the development of the experience of co-ownership is particularly important. The best examples of high-quality relational practices stem from daily live activities, maybe especially in the sphere of art, recreation, and sport activities: a free dance, a good conversation, an improvisation theatre, a ball game, a celebration.

A third aspect we want to emphasize is the importance of a proper contextual bounding. As mentioned above, the T-group approach and the related process consultation could not survive in a lot of training and organization consulting settings during the eighties and nineties. Often, there seemed to be too large a gap between the largely functional and instrumental context already in place and process consultation. Schein does not stress the importance of a proper contextual embedding; a relational practice perspective puts it in the center of attention, as will be illustrated in the comparative case. However, even in a learning setting inspired by sensitivity training principles and process consultation, we have noticed the importance of this contextual embeddedness. The authors of this article are associated with a 2-year advanced OD professional development program, Consultancy in Groups and Organizations (CIGO), a collaboration between Hasselt University (Belgium), University of Leuven (Belgium), and Case Western Reserve University (United States), where process-oriented practices constitute the core activities since the early seventies up to today, especially the intensive group training experience during the opening week. We have always been watching carefully the boundaries of this program as a cultural island: intake of candidates, group composition, group learning norms and appreciative support, attendance over a long time span, continuous

Table 1
Concrete and Observable Characteristics Defining Low-
and High-Quality Relational Practice

Low-Quality Relational Practice	High-Quality Relational Practice	Inspiring Authors
One-sidedness in relationship	Reciprocity between the actors' contributions	Bouwen, 2001; Bouwen & Taillieu, 2004
Talking about: distant, disengaged, or uninvolved, unresponsive interaction that leaves speakers unmoved and possibly evokes generalizable understanding	Talking with: sensitive, engaged, or involved, reflective, and responsive interaction that moves speakers and possibly evokes actionable knowledge	Beer, 2000; Shotter, 1993, 2004
Statements are vague and not illustrated	Mutually open, concrete, and illustrated communication	Argyris & Schön, 1978
Mutual questioning, testing, and contradicting of statements is not possible or avoided	Mutual questioning, testing, and contradicting of statements is possible and stimulated, allowing for deep or double-loop learning	Argyris & Schön, 1978; Schön & Rein, 1994
Mutual blaming, defending, and complaining	Jointly talking in terms of possibilities and energy-giving forces	Cooperrider, Whitney, & Stavros, 2003; Quinn & Dutton, 2005
No possibility of jointly becoming author and owner of a task or project	Joint authorship and co-ownership of a task or project	Schein, 1999a, 1999b; Shotter, 1993, 2004
Dominant voices control the interaction; other voices are kept silent and are excluded	Multiple voices can be raised, heard, and are included	Bouwen & Hosking, 2000; Hosking, 2004, 2006
Talking from outside the here-and-now interaction	Talking from within the here-and-now interaction	McNamee, 1998; McNamee & Gergen, 1998

open mutual confrontation and authenticity, coaching of field experiences, parallel emphasis on group maturity and personal growth, and a high-quality learning community. The setup of this program reflects a careful and continuous boundary management and renegotiation of development goals. The development of a "mature learning group" during the 1st week is an important condition for the success of the rest of the program. During this 1st week a relational context of learning relationships is built, in which all relational practices that follow are embedded. The cultural values of this way of working are quite different from the pragmatic or functional values practiced in a lot of social and business organizations. Argyris' distinction of a model II (two-sided reciprocity) versus a model I (one-sided control) world may apply here (e.g., Argyris & Schön, 1978). In change consulting work in organizations, as illustrated later in this article, it is also important to consider the fit with the relational context of any particular organization.

Our reformulation of process consultation as relational practice work may constitute a more tangible and progressive approach to start the change work of bridging the gap between client and consultant and between the actual and desired state. The art is the designing, in a given context, of high-quality relational practices that can carry the change process. The cognitive–reflective and confrontational–emotional demands of process consultation can be a difficult threshold. Within a relational practice perspective, the emphasis is more on doing the relationship than reflecting on it.

Beyond Process Consultation Toward Engaging in Relational Practices

Most characteristics of high-quality relational practices apply also to process consultation, when we focus on the openness of communication, the development of mutual trust, and the actual building of a relationship. However, there are differences both in the position actors take and in the orientation and goal of the collaborative interaction. Both perspectives are discussed, showing how relational practice work fits with and goes beyond Schein's process consultation.

Process consultation is first of all a professional role perspective from the position of the helper consultant. In process consultation it is explicitly a meeting of a consultant or some officer and a client or follower. It is the encounter of some kind of professional or educator with the intention to bring some support or service or contribution. Typical for process consultation is the framing of the relationship as a helping relationship. The attention of the helper consultant is on deciphering observable events that guide intervention possibilities (Schein, 1999a). Schein's view on consultation is mainly cognitive–psychological. Carefully observing and feeding back to the client are seen as important mechanisms to offer help. Stimulating talking about and reflecting on joint here-and-now group experiences, on the relationships being developed, and on how to do things differently is seen as the core working principle of a good consultation session. Reflectively talking about the frames of the client (system) and offering more appropriate frames to help the client reframe the situation (to help himself) are central. A good intervention simultaneously allows both the helper and the client to diagnose what is going on. The consultant is involved in the client's inquiry process as a clinical inquirer and the process is primarily driven by the client's needs (Schein, 1995). Basically, this comes down to "the helper help[ing] the person, group or organization that needs help." Process consultation also has a strong problem-solving orientation (Schein, 1999a, 1999b). Change is seen as a result of joint consultant–client analyzing, diagnosing, and remediating.

The relational practice view is above all a practical performance perspective from the position of all actors involved. The emphasis is on engaging in a joint activity, where both sides have a contribution and a proper stake in the encounter. It is a more inclusive perspective. It stresses the importance of enacting reciprocal relationships

between mutually responsive coactors. Attention centers on jointly produced activity or co-constructed events that are strongly embedded in context. The view underlines that relational practices are continuously embedded in a specific historical–relational context that is always partly actualized in the interactions actors engage in. Interaction and context are coproduced (e.g., Bourdieu, 1980; Hosking, 2006; Lave, 1993). This contextual embeddedness is the source of new possibilities, but it also constrains what can follow (Hosking, 2004). Other concepts used to indicate this relational context are "broader networks of relationships" (McNamee, 1998), "organizational culture" (Schein, 2004), and "the smell of the place" (Ghoshal & Bartlett, 1999). Coactors are jointly involved in each other's inquiry process as partners. The process is driven by mutually acknowledging and supporting each other's needs. "Simultaneously helping yourself and others" is considered as a core working principle. Within process consultation the shaping of the reciprocity is more imbalanced. It is the consultant helper who engages in the inquiry process of the client as a clinical inquirer; they are not equal partners. Similarly to process consultation, a relational practice perspective works with the here-and-now interacting but stresses more the embedded nature of practices in a particular relational context. Simultaneous enactment of engaging, experiencing, and reflecting within joint practice is central. A consultation session is considered good if partners are not only reflecting on how to do things differently but really do things differently, that is, more jointly and generatively, enacting more relational quality (see Table 1). There is more emphasis on doing things together than on reflecting or diagnosing. Framing and reframing is jointly done. Within a relational practice perspective, the quality of interaction and relationships is seen as the most active carrier of the quality of organizing and change processes (e.g., Bouwen, 1998; Shotter, 1993). This way, relational practice work has a more solution-focused appreciative orientation (e.g., Cooperrider et al., 2003). Changing is coengaging in generative practices. The focus is on possibilities and new opportunities. The joint action is going where the energy is. The context is involved mainly through the joint activity in which the actors engage. The essence of good relational practice work is doing things together in such a quality way that all actors involved benefit from the practice. In Table 2 the different accents of process consultation and relational practice work are summarized.

In the fourth part of the article the relational practice lens, and its relationship to process consultation, is illustrated by an in-depth comparative case of a successful and unsuccessful change process, respectively, in a health care organization (CARE) and a consulting firm (CONSULT).

Illustrating a Relational Practice Perspective: an In-Depth Comparative Case

Both cases concern a fundamental change process that is intensively facilitated by consultants during a time period of approximately 2 years. Similar high-quality

Table 2
Comparison Between Process Consultation and
Relational Practice Perspective

Process Consultation Perspective	Relational Practice Perspective
Professional role perspective from the position of helper consultant	Practical performance perspective from the position of coactor
Core focus: building helping relationships	Core focus: enacting reciprocal relationships
"Helping" metaphor: being helpful as consultant, teacher, parent, spouse, etc.	"Responsiveness" metaphor: being mutually responsive as coactors
Consultant's attention is on observing and giving back to the client	Attention is on jointly produced activity or co-constructed events embedded in context
Clinical inquiry of the client: "the helper helps the person or entity that needs help"	Coactors are jointly involved in each other's inquiry process: "simultaneously helping yourself and others"
Working with here-and-now interaction	Working with here-and-now interacting embedded in context
Stimulating talking about and reflecting on joint group experiences and on the relationships being developed	Simultaneous enactment of engaging, experiencing, and reflecting; doing things differently together
Problem-solving orientation	Solution-focused appreciative orientation
Mainly cognitive-psychological view on consultation	Interactionist view on consultation
Essence of good process consultancy: helping the client help himself	Essence of good relational practice work: doing things together in such a quality way (see Table 1) that all actors involved benefit from the practice

relational practices, when looking at the here-and-now concrete interventions and interaction characteristics (see Table 1), were set up to shape the change process toward a new organizational structure and functioning. However, the concrete context-bounded actualization and assembling of the relational practices, and consequently the effects of the relational practices on the change process, is very different in both cases. In CARE the change process is successful according to the actors involved, in CONSULT the change process is rather seen as a failure. First, the two organizations and their respective change processes are portrayed concisely. Next, a number of working relational practices and the importance of a proper contextual boundedness are illustrated.

Change in CARE and CONSULT

CARE is a Dutch health care organization that provides care and support to adults and children with mental handicaps (clients). The organization consists of 450 coworkers who work in several regional divisions. CARE is a value-driven organization with an explicit and shared mission that accentuates the welfare, involvement,

and participation of both clients and coworkers. The change process is an in-depth internal team-oriented transformation to face up to the external pressure of scale enlargement in the health sector. CARE works on organization development and in doing so tries to preserve and even to strengthen its mission and identity. Most visible nevertheless are the structural changes. First, a management team was formed to support the managing director, who participated in the 2-year advanced OD professional development program CIGO mentioned above. Second, team coaches, who merely supported social workers, became team leaders with more coordinating and supervising responsibilities. Third, the central administration was consolidated and improved. To enact these changes, a number of relational practices interventions were set up: for example, implementing of learning groups; organizing large group interventions to inform, involve, and align coworkers and to make them the coauthor and co-owner of the change process; codesigning an evaluation of the change process toward further continuous organizational development.

CONSULT is a Belgian consultancy firm that supports organizations in the field of Total Quality Management (TQM) in the broad sense. Apart from 10 permanent coworkers, CONSULT works with a network of freelance consultants. Similarly to CARE, the change process is profound. It concerns a transformation of the vision, team working, and internal organization to reposition the organization to deal with the increasing pressure of the consultancy market. Formerly, expert training through open training programs in the CONSULT facilities was given primary attention. Because of market changes, and associated changes in the professional aspirations of the CONSULT members, the current organization mainly offers in-company consultancy and training. Another important parallel with CARE is that the managing director of CONSULT participated in the same process-oriented development program CIGO as the director of CARE. As in the CARE case, different relational practices can be distinguished: for example, having meetings to (re)formulate the mission, vision, and strategy; creating new forms of leadership and task distribution; and evaluating the open training programs and introducing a more client-centered view on TQM.

Designing and Assembling Relational Practices Within the CARE and CONSULT Change Process

A number of high-quality relational practices, with observable working effects in the here and now, can be illustrated for each case. It is beyond the scope of this article to discuss all relational practices that have shaped both change processes. Some of the above-mentioned high-quality relational practices of CARE are discussed, followed by those of CONSULT. Next, the quality of the overall relational practices of CARE and CONSULT are compared in detail.

The implementation of learning groups within CARE. During the change process of CARE, learning groups were designed within and between various hierarchical

levels: the team leader with his or her team, team leaders from different divisions, the manager with his or her team leaders, and the management team. These learning groups were set up at a monthly basis and lasted 3 hr per session. Process consultants facilitated these learning groups until this practice became self-steering and fully owned by the participants themselves.

From the beginning, these learning groups were jointly negotiated as legitimate spaces, where learning through sharing experiences constituted the most important and explicit goal. Participants met, reflected, and experimented actively with their daily work issues, (here-and-now) interactions, mutual relationships, emotions, how they were functioning as a group, and the organizational change process. The learning was around the here-and-now ongoing relational practice, the jointly created role-plays, and the joint practicing of new, more generative ways of relating and enacting the change process. The learning experience was directly connected to actual organizational practices. Participants worked directly on the improvement of recent real-life cases. Hence, the classical problem of transfer was strongly reduced through the richness and context boundedness of the learning practice itself. Enacting, experiencing, and reflecting on common relational practices was the permanent learning ground. Participants exchanged concrete and personal experiences in the group and experimented with new forms of interacting that were more supporting of the joint learning goals. Continuously keeping a sharp eye on the level of authenticity, transparency, and reciprocity enacted in the ongoing interactions is an important working principle of the learning groups. This can be illustrated by the open way a conflict episode between the managing director and a member of the management team was dealt with in the learning group. All participants, including the consultant, reflected on each other's perspectives and framed and reframed their understandings of the ongoing situation. Gradually they developed a more differentiated and shared image of the situation that opened up new space to continue in a constructive way.

Over time, learning group participants developed a strong sense of co-ownership of the new learning form. The facilitating consultants stimulated participants to become increasingly engaged and relationally responsive in the joint practice of the learning group. This way they made themselves gradually superfluous. The consultant remained "low key" (Schein, 1999b), by putting aside own judgments, and intervened only if he felt he could stimulate more enacting of reciprocal and generative relationships. The team leaders and the team members gradually incorporated this consultation behavior. They expanded their (inter)action repertoire to enhance the interactivity and reflexivity and thus the quality of the ongoing process. One team leader expressed "what works" in the learning groups as "now we are talking directly *to* each other, and we are really testing new possibilities, instead of talking *about* each other behind each other's back" (e.g., Shotter, 2004).

The organization of large-group interventions within CARE. As mentioned earlier, the process of including and excluding voices in relational practices is a central

concern when taking a relational practice perspective. It was also a central concern in the organizational change process of the health organization CARE, in which various actors were involved gradually using large group interventions. After a first report was made by an external audit agency, in which several recommendations for improving the organization were proposed and discussed, consultants facilitated a first 2-day-long large-group intervention for all leading staff, that is, the managing director, the management team, and the team leaders. Here the recommendations of the report were jointly discussed: "Can we agree on the directions of the proposed change and if so, how do we proceed?" All actors involved agreed with the proposed changes, and decisions were made to translate the changes into concrete actions. A mixed coordination and design group, in which a diversity of perspectives was involved (managing director, two members of the management team, two team leaders, an external consultant, and two caregivers), was set up to monitor and coordinate the change process and design subsequent large-group interventions to enact the change process. Three workgroups were set up and a joint practice between team leaders and the management team was initiated to make new job descriptions for both groups. By involving actors this way, withness (dialogical) talk (Shotter, 2004), coauthorship, and joint ownership are stimulated.

Six months later, a second large-group intervention was set up in which all relevant stakeholders (caregivers, parents, and relatives, supporting staff, clients, team leaders, management team, and director) were brought together in 2 days (200 persons a day). The days were cofacilitated by several consultants. The goal of this relational practice was to create involvement and ownership of the change process, to energize and engage participants, and to celebrate and strengthen a sense of solidarity and unity. Participants enacted energizing and reciprocal practices through appreciative interviews and group reflection about the life-giving forces of their work and CARE. Participants were also invited in groups to actively and creatively design the basic values of CARE with the help of applied improvisation theatre. The creatively "doing together" resulted in a lot of energy to go forward. The large-group intervention ended with jointly formulating priority action points to enact the desired change process. The design group collected the main results, which were fed back shortly after the event. To consolidate the change process, an evaluation meeting was planned a few months later.

The organization of a 2-day-long revitalization and strategy intervention within CONSULT. Similar to CARE, CONSULT also engaged in relational practices in which the whole organization was involved. The director had developed a strategic model in advance and wanted to test whether his model was seen as feasible and could be accepted by all organizational actors. However, together with an external process consultant, the decision was made to set a few steps back. All CONSULT members were invited to a 2-day-long strategic weekend, allowing creation of co-ownership and relational responsibility about strategic issues and about the vision of

CONSULT. Participants were the director, three board members, six consultants, a freelancer, a client, five supporting staff members, the external process consultant, and PhD researchers. Typical illustrations for the relational practices being set up can be identified. First, participants engaged in appreciative interviews in pairs about recent high points in daily work experience. This proved to be a mutually energizing and rewarding activity. Participants were really involved and moved by each other's stories. Their question to each other was, "What exactly gave you energy concerning this high point?" Next, three groups were formed. Concrete experiences and associated energy-giving factors were discussed and written down on a flip chart for plenary presentations. Starting from the identified energizers, participants jointly generated an ideal dream image of CONSULT in small groups: "Picture CONSULT in 10 years; it is the perfect organization to work in; the collaboration among coworkers is very good; we are the market leader and the benchmark for other companies. What characteristics (structures, way of interacting, internal organization) would be in place?" The dream images were drawn on a flip chart and presented plenary. A lot of energy was generated. The images were questioned, contradicted, and complemented with other views. The meeting ended with jointly discussing priority action points to make the desired future come true in joint actual practice. The decision was made to do an evaluation in 6 months.

Although there was a lot of energy in the here and now, and participants engaged in reciprocal interactions, this energy declined later in the process mainly because of one-sided interactions from the chairman of the board of directors. Issues concerning vision and strategy temporarily ebbed away. However, in the course of the change process, the need was felt again to explicitly continue developing a shared vision that could be supported by all organizational members.

Designing a group meeting for formulating a new vision. After one of the actors had introduced the idea of working on the question "What does quality mean for each of us?" a consultant was involved to help in the cocreation of a common vision based on the individual quality stories. Similar to the strategy weekend, the appreciative nature of the question can be seen as a generative metaphor that made an important opening for engaged and reflective interactions moving all actors. It stimulated a generative way of engaging in relation with each other.

For example, the management assistant said that for her, quality comes to life when she is surrounded by people who respect and trust her. Her story became more tangible when her colleagues and the consultant reformulated her idea, supported what she said, and in fact engaged in interactions so important for this management assistant's daily work.

Another example is the story of the director who equaled quality with discovering possibilities for standing "between" people instead of "above" them. When he indicated that he had the feeling of losing the connection with coworkers, mutual testing of assumptions was induced, allowing for deep learning to take place.

The appreciative relational practice of sharing stories about quality was further-more characterized by interventions (from consultant and coworkers) such as self-reflection, reciprocity between contributions, and open and concrete communication. The consultant stimulated these interventions but kept a low profile to let the group members take their process more in their own hands.

In the next step, the group formulated the idea to visualize the separate quality stories in the image of a sun. Common values were placed in the heart of the sun, where personal accents were placed in the sunbeams. Using the metaphor of the sun, pasting Post-its on the image, and discussing it allowed all actors to do things together, beyond merely reflecting on quality. This joint relational practice in which all actors experienced coauthorship and co-ownership was associated with a high energy level that was created right on the spot. Finally, arrangements were made to follow up the meeting to further concretize the organizational vision.

Comparing the quality of the overall relational practices of CARE and CONSULT. When observing the relational practices within the CARE change process, various concrete high-quality relationship characteristics are prominent. In most relational practices, there is a high responsiveness and reciprocity. Actors build on each other's contributions and take joint responsibility for the here-and-now process and out-comes: they experience coauthorship and co-ownership of the task, process, and out-come. They take a reflective stance and decipher what is going on and what should improve but do not stay (too) long in this reflective or talking about mode. Mostly, they are really doing and *practicing* new interaction alternatives and working methods in the here and now: "Let's try it out now and learn from it instead of stay-ing so 'cognitive' about it, so we can build on it further." They experiment; there is mutual questioning and contradicting going on about enacting new tangible possi-bilities for improvement.

In contrast to CARE, the relational practices of the CONSULT change process are strongly dominated by observing and reflecting on here-and-now interactions and relationships and giving feedback to each other about personal and group func-tioning. Seen from a process consultation point of view, actors develop high inter-actional quality in terms of observable interaction characteristics. They question each other; mutually contradicting and testing is possible and emotions are openly discussed. They stay in a reflective mode and talk most of the time about how to solve the problems at hand. In comparison with CARE, we observe that the actual *practicing* of new ways of relating and new work approaches and building mutually on each other's contributions occurs less frequently. Within CONSULT, it seems that actors are reproducing with each other process consultation interventions. There is a lot of cognitive–psychological inquiry work going on. However, creating new alter-natives and experimenting with concrete new work forms—actually "doing things to each other"—is often missing. Although there are some differences in the concrete way that the relational practices of CARE and CONSULT are enacted, these quality

differences are not sufficient to explain the very different effects of the relational practices in the change process. It is only through in-depth interviews with all actors involved that the importance of the context-bounded actualization of relational practices becomes clear.

Contextual Features in Relational Practices for Change

In this paragraph, we illustrate how relational practices are always embedded in contextual features. When comparing relational practices from CARE to those from CONSULT only by examining observable characteristics as summarized in Table 1, we could conclude that both cases engage in some similar high-quality relational practices. Moreover, the managing directors of both organizations participated in the same advanced professional development program for group and organizational consultants that is inspired by Schein's process consultation principles. Consequently, they are very sensitive to the quality of the relational practices in their organization as an indication of the overall organizational health and vitality.

By using decontextualized discourse analyses of conversational episodes during both change processes, one would have concluded that both change processes were similarly successful because they share so many high-quality relational practices. However, in-depth interviews with the actors revealed that in CARE, people unanimously perceived the change process as being successful. In CONSULT, however, people tended to have a general lack of energy and a negative perception about the whole change process. Even if we asked them about relational practices that were—according to what we had observed—of high quality, actors were very skeptical and did not give us the impression that these practices were very helpful for the change process.

What is going on here? Different historical–relational contexts "do" different things to the same kind of observable interactional quality of relational practices. Even high-quality relational practices will not improve group or organizational functioning when embedded in a relational context that does not support collaboration. Table 3 gives an extensive overview of the constraining contextual features of CONSULT and the supporting contextual features of CARE.

First, the managing director in both organizations is perceived quite differently. In the change process of CARE, the managing director is seen as a legitimate authority figure. He is appreciated and accepted by nearly all members of the organization. When interviewed, one caregiver expressed this common feeling: "He is a warm-hearted managing director. Do you know that he knows every person's first name? We are an organization of approximately 450 people. Amazing, isn't it?" In the change process of CONSULT, the mutual perception of the relationship among the managing director and a large number of the organizational members is characterized by no real contact and by distrust, defensive reactions, lack of acceptance, mutual blaming, and complaining. Over time, this feeling has spread over the entire organization.

Table 3
Embeddedness of Relational Practices in a Historical–
Relational Context: Constraining Contextual Features of
CONSULT and Supporting Contextual Features of CARE

Contextual Factors of CONSULT Constraining High-Quality Relational Practices	Contextual Factors of CARE Supporting High-Quality Relational Practices
Distrust toward managing director, no real contact, no acceptance, mutual blaming, and complaining	Managing director perceived as a legitimate authority figure, accepted leadership on all levels
Managing director only speaks a process language and merely translates this to all coworkers	Managing director and management team are able to wear different hats: formal, informal, and juridical
Culture of reflecting without putting it into joint practice	Culture of doing (new) things; making the future together instead of talking about the past
No clear mission, vision, and strategy to guide (inter)actions	Strong and inspiring mission (values) and vision that is understood, subscribed to, and enacted in daily work
Culture of unbounded autonomy and freedom, of not keeping one's commitments to each other, no consequences	Freedom is embedded in principles, goals, and agreements (e.g., mission statement)
Financial problems making future insecure	Bright (financial) future
Atmosphere of ad hoc coping with problems	Emerging problems are consequently translated into possibilities and actions for improvement
Culture of stressing differences between persons and groups	Focus is on searching for similarities: bridges are continuously built between groups
No history of learning and development	Shared practices of learning and development on all levels
Lack of energy and a negative perception about the change process	Basic enthusiasm and energy among critical mass of coworkers
No perceived legitimate space to engage in deeper conversations; lack of formal job evaluation conversations and coaching	Mutually accepted learning space by means of learning groups, anchored in the organizational structure; individual and group coaching and job evaluation conversations are installed
Lack of (or low quality of) assembling relational practices, no follow-up	High-quality assembling of relational practices

A second important contextual feature is very much connected with process consultation. The director of CONSULT speaks a process language without being able to translate this to all coworkers. He emphasizes the process of jointly deciphering what is going on by mainly focusing on continuous reflection and feedback. In CARE, the director is able to speak different languages, depending on the specific situation. Moreover, emphasis in CARE is primarily on the practice of doing new things together, rather than on feedback and reflection. This is a clear example of the difference between a process consultation logic and a relational practice logic.

The context of CONSULT, in which relational practices are embedded, is furthermore characterized by uncertainty about the future of the company, a lack of a clear vision, and a culture of ad hoc coping with problems, of unbounded autonomy and freedom, and of no consequences for not keeping mutual commitments. The overall mutual perception of relationships and intentions is, "She [he] wants to make progress at the expense of me, I cannot trust her [him]."

The relational context of CARE is characterized by quite different features. There is a "basic enthusiasm and energy" and high job satisfaction. A strong inspiring mission and vision is understood, subscribed to, and enacted in the daily work practices by the critical mass of the organizational members ("the talk is walked"). Leadership is accepted on all levels. Problems that emerge are consequently translated into possibilities and actions for improvement. CARE has a history of setting up shared learning and developmental practices on all organizational levels as enactment of a strong organizational value, stressed continuously: "Personal development is organizational development and vice versa." The overall mutual perception of relationships and intentions is, "We are here to help each other to develop and in doing so, we simultaneously develop our organization." Finally, in CARE, explicit attention is given to assembling relational practices, whereas in CONSULT, the relational practices are set up, stand alone, and fade away.

The embeddedness of the relational practices in these different contextual features explains why the change processes of CARE and CONSULT are experienced so differently and seen by the actors as being respectively successful and unsuccessful. Similar observable interpersonal interaction qualities can thus have very different consequences on the change efforts, depending on the specific organizational context. A relational practice intervention therefore will simultaneously enact these contextual features into the ongoing change processes.

Conclusions

The main purpose of this article is to reconceptualize and to reframe the seminal work of Schein on process consultation by introducing a relational practice perspective. Although Schein kept working on a revisited version, emphasizing the development of a helping relationship as the necessary condition for in-depth organizational change, process consultation had a hard time surviving the instrumental turn of organization development during the seventies and eighties. The authors of this article nevertheless kept practicing the process consultation principles in intensive experiential group training sessions and organizational change work.

A new theoretical foundation in social constructionism and a practical turn to relational work in context can constitute a new grounding in the concept of relational practice. Social–relational constructionism goes beyond an objectified view on organizations and considers embodied relationships as the building blocks of all organizing work. The

emphasis is on "the doing" and the enacting simultaneously of meaning and membership in a community of practice. Through stressing practices among the actors, the context is also involved in the interaction. The consultant as an active practitioner is engaging and inviting other actors in high-quality relational practices to reconstruct or to re-create jointly a new social reality. A relational practice perspective goes beyond the mainly cognitive–interpretative work of negotiating a helping relationship, toward the mutual engagement of participating actors in high-quality relationships.

These particular qualities of relational practices are discussed, illustrated, and distinguished from process consultation as practices for creating co-ownership and testable transparency of ongoing joint developmental activities.

Two organizational change case studies have illustrated the relational practice perspective throughout the interventions in a health care organization and a consulting firm. Interventions as relational practices were introduced in both contexts and were reported based on participant observations. Similar high-quality relational practices, when looking at the here-and-now concrete interventions and interaction characteristics, were set up to enact the change processes of the two organizations. However, the concrete context-bounded actualization and assembling of the relational practices and consequently the longer term outcomes on the change processes were very different in both cases as reported during debriefing interviews. Although a high interactional quality of relational practices constituted the essence of key interventions in both contexts, the effects on the change process were quite different. In the health care organization, the relational practices for change were congruent with existing organizational practices. In the consulting organization, the relational practice interventions had difficulties connecting with the dominant way of working. The context specificity was not embodied enough in the change practices of the consulting firm, resulting in an unsuccessful change process.

The contribution of this article is to offer a new theoretical and practical grounding of Schein's seminal ideas on process consultation. There is, in present-day organizations, a high need for relational work internally with collaborating units and externally with a variety of stakeholders. A relational practice perspective may open new possibilities to connect consulting interventions with a turbulent and complex organizational context. The contextual demands and specificities have to be integrated adequately in the design and enactment of the relational practice interventions. The boundary management of a change project or a training program may be a critical task to connect the changing part of a system with the broader environment. This bounding among internal and critical external stakeholders may be designed and enacted in proper relational practices among the interfacing agents. If organizational consultation work can take the practical turn and the relational turn that we concretized in the relational practice perspective, then there may be a future for process consultation in the highly interactive and interdependent world of present-day organizations.

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