

# Further Reflections on Diagnostic and Dialogic Forms of Organization Development

Robert J. Marshak

*American University*

Gervase R. Bushe

*Simon Fraser University*

To start with, it may be useful to describe our respective positioning within this discourse. Bushe's theory and practice is primarily dialogic (e.g., Bushe, 2009; Bushe & Kassam, 2005), whereas Marshak's is more diagnostic informed by discursive theories (e.g., Heracleous & Marshak, 2004; Marshak, 2006a, 2009). So a number of the tensions identified by Oswick and Wolfram Cox have been very much alive in the collaboration that produced this article. The joint article became a vehicle to refine, develop, and sharpen our initial thoughts on something we had both been noticing and talking about with regard to organization development (OD) in our respective professional circles (e.g., Bushe, 2005; Marshak, 2005, 2006b). Over the course of preparing various versions of the article, giving presentations at professional conferences, and considering the comments of reviewers during the peer review process, we learned a great deal about how others view the broad field and history of OD and where we needed to either better explain or document our argument. This process also reaffirmed for us Lewin's dictum stating that the way to understand a system was by trying to change it. Our initial attempts, both separately and together, to articulate the broad outlines of the argument presented in our article helped educate us on how and where we needed to be clearer in our thinking and presentation, especially with academic audiences. As we worked on the article, two principle aims emerged.

First, we wish to initiate and legitimate a discussion in the academic and practitioner communities about the premises and practices, both explicit and implicit, associated with various types of OD. We want to move the recurring and almost obsessive debates within the OD community about value orientations between "traditional" and more recent forms of OD to a consideration of possible differences in underlying philosophical premises as well. In doing so, we are more concerned about opening a space that invites inquiry into the ways in which OD premises and theories, and not just practices or techniques, have differentiated in the past two decades. As we noted in our article, "These philosophical and theoretical differences are not well represented in current OD textbooks, curricula, and certificate programs nor (based on our experiences in the classroom, at conferences, and in the field) are

they well understood by practitioners, especially newer practitioners” (Bushe & Marshak, 2009). Rather than seeking a specific end result or complete agreement with our observations and arguments, the principle aim of this article is to foster further inquiry, dialogue, and debate.

Second, following from the above and more specific, we wish to draw attention to the dominant framing of OD and OD practices as following a more or less monolithic set of premises established during the formative years of OD in the late 1940s to 1960s. This includes a consulting approach tied to an action research methodology and variously described as including the stages of entry/contracting, data collection/diagnosis, data feedback/intervention, evaluation/assessment, and termination/closure (e.g., French & Bell, 1999). Furthermore, this consulting approach is based on a set of humanistic and democratic values coupled with the social science thinking of the day, especially about organizations as open systems. Roughly considered as founding values, premises, and practices, this constellation has endured for more than half a century as a form of de facto answer to the question of “what is OD?” Subsequent developments in the social sciences and the social technologies of change have, in our view, been mostly presented as additional types of interventions without acknowledging their very different underlying premises. So, an important aim for us is to draw attention to the dominant and implicit discourse within the field and how this may be limiting or confining developments that are based on very different underlying ontological and epistemological positions. Whether this would lead to a revolution in the field or “just” serious reflection in the practitioner and academic communities leading to new research, new possibilities, and new practices is not our principle concern. It is clear, of course, that we would like to see the official canon about OD shift to include more of the perspective we present in our article and, in that sense, challenge the status quo.

Given those aims, we are delighted to be published in *The Journal of Applied Behavioral Science* along with two excellent commentaries from Professors Oswick and Wolfram Cox. Their commentaries are exactly the kinds of reactions we hoped for and we also hope just the beginning of the kinds of reflective discussions we called for in our article. Next, we would like to respond to a few of the ideas in these commentaries. Our intention here is to expand on our thinking and reasoning versus some kind of rebuttal to their very useful insights and perspectives.

### **What’s in a Name?**

To begin, both Oswick and Wolfram Cox comment on our positioning of dialogic forms of OD as being “new” and, therefore, at least implicitly, as being somehow better than diagnostic forms. Here, we run into two of the things we learned in trying out different versions of our analysis. In presenting and testing out our ideas, we separately and together repeatedly ran into difficulties with (a) naming the two forms

of OD in order to be able to talk about them and (b) noting the temporal sequencing of their relationship, that is, chronologically one came after the other and is therefore both “more recent” and “newer.” We found that no matter what they were called, someone had an objection or added unintended meanings of one’s own, for example, classical and postclassical, traditional and newer, and modern and postmodern forms of OD were all objectionable for one reason or another. When we once specifically named the emerging practices as new, we found this was rejected primarily because if they were new, then the rest of OD was “old.” If old, then it was also out of date and no longer relevant and should be rejected.

It is difficult to argue with both Oswick’s and Wolfram Cox’s observations about the inherent intellectual problems of models that dichotomize and contrast. It should also probably be admitted that Bushe is of the opinion that dialogic OD may indeed be a more effective form of OD in more collaborative forms of organization and in more turbulent environments (Bushe, *in press*), whereas Marshak holds a more contingent position. Yet, it seemed to both of us that to accomplish our aims, we had to articulate and name two contrasting types as a way to launch this conversation and have taken great pains, apparently not successfully, to make a synchronic presentation of these ideas.

We would like to reinforce, therefore, that what we are trying to accomplish with our argument in this article is to open up the possibility that there are now different enough forms of OD in terms of theoretical and philosophical premises, and not just practice technologies or underlying values, to warrant closer inquiry and recognition in the official literature(s) of this field. To restate the view presented in our article, we believe that right now in most academic and practitioner publications there is only one, monolithic OD, presumed to be practiced using variations of the same foundational premises. In our experience, this leads to confusion and misunderstandings among consultants and clients and has retarded the work required to elucidate the underlying theories inherent in different forms of practice.

### **How Much Differentiation?**

An additional and related question is the degree of differentiation that we are proposing between diagnostic and dialogic forms of OD. One dimension of that is articulated by Wolfram Cox (2009) in questioning whether or not we have differentiated things enough:

As such, their article is both bold and somewhat timid as it offers a new way of thinking about contemporary developments without upsetting the applecart; without questioning in any way the core values for which OD stands as a way of thinking about organizational change and intervention. (p. 375)

The other dimension is raised by Oswick in wondering if the two forms can be melded or combined: "Although I can accept that there are certain circumstances where combining dialogic and diagnostic practices may be unhelpful or suboptimal, I nevertheless believe that there is scope to integrate them in ways that are complimentary and beneficial" (Oswick, 2009, p. 371). These add implicit images of spatial as well as temporal differentiation to the explicit philosophical and action differences we propose in the article.

In terms of whether we have differentiated things enough, or perhaps enough to imply a revolution in OD theory and practice, our answer is that we hope we have differentiated premises and practices enough to compel a revision of the OD narrative such that future re-visionings might be more likely.

At the same time, there is another aspect of our argument that was not highlighted in the original article that we wish to highlight here. First, we are attempting to articulate a significant enough differentiation within OD to legitimate the recognition of at least two different forms of premises and practices rather than one monolithic field. We are also asserting that these two different forms should both be considered part of OD and not separate consulting approaches, such as process consulting and expert consulting (Schein, 1969) or organization development and change management (Worren, Ruddle, & Moore, 1999). In biological terms, we are suggesting something more like two species and not separate families. For us, what makes diagnostic and dialogic forms both still OD is the significant overlap in underlying values. As a consequence, and to highlight our point, we are asserting the primacy of underlying values, and not types of intervention, as what distinguishes something as being part of OD versus some other form(s) of consulting (Marshak, 2006c). So, although we are asserting differentiation within OD, we are also asserting that it is the tacit agreement on underlying values that unifies different forms of OD. We think it is important for the official literature of the field to draw attention to both the differentiation in the past 20 years in premises and practices and the ongoing adherence to a loosely defined and mostly tacit set of values governing change and change approaches in organizational systems.

The question of whether or not diagnostic and dialogic forms can be melded or combined raises a number of considerations related to differentiating them in the first place. From our experiences in working with intergroup dynamics as well as confluence in systems prone to denial of differences, the first step is differentiation to legitimate differences, and then integration to meld or seek commonalities. Given our belief that currently the official OD canon is underdifferentiated, the emphasis in our presentation is to make the case for the existence of two forms of OD. Once that assertion is accepted as plausible, then we can start asking questions about how they might be melded, combined, or any gray space in between.

There is an additional consideration concerning melding, combinations, and/or sequencing of diagnostic and dialogic OD that we wish to raise to help further the discussion. As noted earlier, the phases of OD consulting are dominantly described

as some version of entry, contracting, data collection, diagnosis, feedback, action planning, intervention, evaluation, termination, or recycle. We believe there is a tendency in the literature and training of OD practitioners to suggest that these phases, which were originally developed based on diagnostic premises, apply to all forms of OD (e.g., Tschudy, 2006) and, furthermore, that the practices we label as dialogic OD are often portrayed as if they are an intervention choice that is made following the phases of contracting and diagnosis rather than a different form of OD beginning with entry. In other words, implicitly, first there is traditional contracting and objective diagnosis and then a decision is made to implement a dialogic intervention such as open space technology. This confounding of approaches, we believe, is one of the dilemmas with how OD is portrayed in a great deal of the literature and training in the field. Instead, we argue that there is a difference from the very beginning in dialogic premises and practices, and although there may appear to be similarities in the phases of diagnostic and dialogic OD, these superficial similarities mask much deeper differences. Thus, from the moment of entry onward, the practices involved in engaging a system in dialogic inquiry, establishing and facilitating a container for meaning making and self-organization, and implementing any resulting changes need to be understood as related to, but philosophically different from, the practices associated with diagnostic OD.

Our concerns about confluence aside, the question of possible sequencing of diagnostic and dialogic approaches raised by Oswick is an interesting one and certainly worthy of research and further discussion. Recognizing the potential for limitations associated with an OD consultant's competencies, skills, and preferences, a sequence wherein a dialogic approach leads to the identification of a specific goal followed by a diagnostic approach to achieve that desired outcome, seems plausible. The other sequence wherein a diagnostic approach is followed by a dialogic one seems less plausible. Of course, this type of questioning, and the research that can flow from it, is only possible if we first allow the thesis that different forms of OD exist. Then, we can ask if, when, and how they may differ in effectiveness when practiced separately or in some combination.

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**Robert J. Marshak** is scholar in residence for the AU/NTLMSOD Program in the School of Public Affairs at American University, and maintains a global consulting practice.

**Gervase R. Bushe** is an associate professor at the Segal Graduate School of Business, Simon Fraser University, and the president of Clear Learning Ltd.