CULTURE AND DIALOGIC OD

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WHAT IS CULTURE AND HOW DOES IT WORK?

The simplest way of thinking about culture is to liken it to personality and character in the individual. As we grow up, we learn certain ways of behaving and have certain beliefs and values that enable us to adapt to the external realities that face us and give us some sense of identity and integration. As groups and organizations grow, they undergo the same kind of learning process. The initial beliefs and values of the group's founders and leaders gradually become shared and taken for granted if 1) the group is successful in fulfilling its mission or primary task and 2) if it learns how to manage itself internally. The group's culture consists of its accumulated learning, and if the group builds up a history, the beliefs, values, and norms by which it has operated gradually become taken for granted and can be thought of as shared assumptions that become tacit and non-negotiable.

However, as organizations grow and age, they also develop subunits, in which the learning process described above occurs as well, since they have different tasks and issues of internal integration. Therefore, an organization will eventually develop both an overarching culture and subcultures that will vary in strength and degree of congruence with the total organization culture.

The strength of a given culture or subculture depends on several factors:

- The strength of the convictions of the original founders and subsequent leaders;

- The degree of stability of the membership and leadership over a period of time; and
- The number and intensity of learning crises that the group has survived.

The stability of the leadership and membership is the most critical in that high turnover, especially of leaders, would keep the organization from developing a shared set of assumptions in the first place. Beliefs and values would continue to be contested between various sub-groups which would prevent the kind of consensus that would, over time, lead to shared tacit assumptions. How well the organization succeeded would then depend on the degree of interdependence of the tasks of the subgroups. As coordination needs increase, subcultural alignment becomes more critical.

The *content* of a given culture is generally the result of the *occupational* culture of the founders and leaders of the group or organization. Since the mission or primary task of an organization is to create products or services that society wants and needs, successful organizations usually reflect some congruence between the core technology involved in the creation of the products and services and the occupational skills of the founders and leaders. Thus, a computer company tends to have been founded by electrical engineers, a chemical company tends to have been founded by chemists and chemical engineers, and a bank or financial institution tends to have been founded by people trained in the management of money. There will be many exceptions, of course, such

as IBM, which was founded by a salesman, but ultimately there will be congruence between the core technology and the core occupations of the founders and leaders.

An *occupational* culture can be thought of as the shared beliefs, values, and norms of an occupational community, based on their formal training and practical experience in pursuing the occupation, leading to shared tacit assumptions that govern the occupation. In the traditional professions, such as medicine or law, these beliefs, values, and norms are codified and formalized, including codes of ethics designed to protect the vulnerable client from professional exploitation. Underneath these codes are the tacit assumptions such as "a doctor must do no harm," or "a scientist must not misrepresent data." As organization development (OD) has evolved, the field has sought to professionalize themselves by developing formal educational and training programs for future OD practitioners and codes of practice and ethics designed to reassure clients and set standards. These codes are sometimes expressed legally and enforced through licensing procedures. OD has not reached that status though some of its subsets of practitioners are licensed counselors, social workers, or coaches.

The process by which this happens is the same as in the growth of other group cultures. OD founders and leaders, such as Kurt Lewin, Lee Bradford, Rensis Likert, Ron and Gordon Lippitt, Eric Trist, A.K. Rice, Tommy Wilson, Harold Bridger, Elliot Jacques, Doug McGregor, Chris Argyris, Richard Beckhard, Herb Shepard, Warren Bennis, Bob Blake, and Bob Tannenbaum—to name a few of the first generation of forerunners—have shared certain beliefs, values, assumptions, and practices that they have taught to successive generations.

However, as this long list of OD leaders indicates, the process of forming consensus around occupational norms takes longer and is more complex because the client systems respond differently to different practices that come from the same occupational community. And in this way an occupation spawns subgroups and subcultures in the same way that a given organization does. For example, the Tavistock group, built around A.K. Rice and Wilfred Bion, developed very different theories and assumptions about how to work with groups and organizations than the Lewinian group that developed in Bethel, Maine, or the Human Potential group that evolved in California around Bob Tannenbaum and John and Joyce Weir.

Even the OD group working in Bethel eventually divided over the issue of whether to stay focused on leadership training and community building or to become more individually oriented. Within ten years, this group had divided into at least two factions—those wanting to continue to work with organizations and managers and those who saw in sensitivity training the potential for "therapy for normal individuals" and who allied themselves with the human potential movement.

The field of OD today is, therefore, considered to be more of a confederation of subcultures trying to become a single occupational community rather than a profession in the more traditional sense. It is missing a core content that would be embodied in a formal training program and licensing process, and there is little consensus on what is an appropriate or inappropriate form for working with client systems. The same statement applies to the larger field of consultation, especially management consultation, where it is obvious that consulting

companies and individual consultants are quite diverse in what they advocate is the "correct" way to deal with clients and what they think the goals of consultation should be.

Within this confederation there has grown up in the last ten years a kind of further distinction that may or may not ultimately lead to two different OD cultures—what Gervase Bushe and Robert Marshak (2014) have identified as "*Dialogic* OD" as contrasted with "*Diagnostic* OD". In some of my previous critiques of OD as in the third edition of this handbook, I made several points which, I now realize, apply primarily to diagnostic OD and reflect some growing subcultural occupational differences within the broader OD confederation.

DIALOGIC AND DIAGNOSTIC OD

The basic distinctions between these two types of OD have been well spelled out by Bushe and Marshak (in Section 5) so I will not repeat here their analysis but rather discuss what I see to be the differences in the evolving cultures of these two sets of practices and how this impacts work with organizational cultures.

At the most fundamental level, many OD practitioners start with the tacit assumption that organizations can be improved, and there is an ideal model of what that improvement would entail. From McGregor's Theory Y to Maslow's and Argyris's concepts of self-actualization, OD has held up a set of humanistic values that are constantly expressed as making work a more fulfilling activity that engages the whole person not just "his hands." Some practitioners make these values quite explicit, but others are conflicted about them when they encounter complex organizational situations that seem to require an even higher level pragmatic value of improving what the

organization is trying to do even if that involves some personally unpleasant activities.

I encountered this issue early in my career when I realized that the T-group was a laboratory in which neither the participants nor the staff knew exactly what would be learned and, therefore, touted as our ultimate goal a "spirit of inquiry" and "learning how to learn." However, when we analyzed group behavior, it was clear that we disapproved of groups "shutting down" a member, interrupting members, or, in other way violating some of the norms of civility. A model of good group behavior clearly emerged and was valued.

My learning occurred when in my working with the Operations Committee of Digital Equipment Corporation (DEC) in the mid 1960s when I discovered a group that violated just about every concept of good group behavior I had brought with me from my training in Bethel (Schein, 2003). I focused on pointing out as best I could the dysfunctional behavior of constantly interrupting each other, emotional arguments, shouting, putting others down, and so on. I got nowhere with this approach; therefore, I gave up, sat back, and began to wonder why a very smart group of successful electrical engineers were so rude. That is when I first encountered organizational and occupational culture.

DEC was a young, very successful company that had adopted many of the academic norms that one should not trust an idea unless it can stand up to any amount of criticism. This group was, after all, fighting for its economic survival and growth. Its members were not only smart but very passionate about their ideas and had low impulse control. I did realize that if ideas were important that their constant interruption was keeping ideas from being fully heard. So at one meeting I went to the flipchart and when

person A started into an idea, I started to write it down.   Needless to say, the idea was interrupted immediately, but at this moment, I did something different.   I turned to person A, locked in on his eyes and said: "I did not get all of that…what was the rest of your idea?"

To my relief and amazement the group shut up while person A finished his thought, and I was able to write it all down.   When another idea came up, writing it down again controlled the group, and we discovered that having the full ideas in front of us made it easier to discuss them and decide how to proceed.   What had happened from a cultural point of view is that I had finally figured out a key element of the DEC culture—it was about processing ideas, not about being nice to each other. I had finally helped them by helping them process ideas not telling them how to behave. I had abandoned my ideal model of what a group should be and what human discourse should be and begun to help them with their need to make better choices among idea alternatives.

To me this was the moment where I think I conceptualized what I later called "Process Consultation" (1969, 1999) reflecting the reality that I was now helping them with their process in the context of their culture and that humanistic values or ideal models of group or organizational behavior became irrelevant. This did not mean that I gave up my humanistic values, but it did imply that I had to resolve in my mind whether this group's need to solve problems and make decisions was more important than being nice to each other.   In fact, when their leader would from time to time rudely and angrily criticize one of his subordinates in public, we would all cringe and wish that this did not occur.   But none of us knew how to change that behavior until we sat down and figured out that his rants were likely to occur when he was anxious about

something; therefore, the solution was to reassure him when we first saw symptoms of growing anxiety.

My point is that in the 25 years of working in DEC, *helping* was defined in many different ways that often had little to do with ideal models or humanistic values. If it made me too uncomfortable, I should get out. If I stayed, I should work with them on their issues. My conceptualization of this as "Process Consultation" is, as I now understand it, one of the key assumptions of "Dialogic OD" that the consultant must facilitate the organization's efforts to improve its functioning but that the consultant does not know at the outset what the nature of that improvement will be. In pure dialogic OD, this conclusion would be reinforced by the adoption of a more general model of human society as being perpetually socially constructed and reconstructed and, therefore, by definition no one would know "the answer" for a given problem.

It is, of course, not necessary to take the extreme either/or position on whether problems are ever solvable or not, and whether culture itself is always socially constructed. As OD practitioners, we can work with the distinction made by Heifetz between problems that cause immediate crises but have solutions which he calls "technical problems" and problems that are perpetually bubbling up but have no immediate solution because they exist in a dynamic perpetually changing, socially constructed context which he says require "adaptive" processes (Heifetz, 2009).   The broad argument might then be made that diagnostic OD is all about solving technical problems and dialogic OD is all about helping clients to adapt to their complex ever changing environment. The practitioner must, therefore, be diagnostically agile in determining what kind of problem or issue the client is facing.   That

leads to the question of how are Diagnosis and Intervention connected?

DIAGNOSIS AND INTERVENTION

Much of the OD and traditional consulting literature takes it for granted that, before one makes an intervention, one should make some kind of diagnosis of what is going on. That diagnosis is typically based on several factors: 1) The OD practitioner's insights based on prior education and experience, operating in the form of mental models and organizational stereotypes that structure expectations, predispositions, and communication filters; 2) The OD practitioner's personal style and preferences operating as predispositions to perceive the new situation in a way that is comfortable for that person; 3) Supplemented by the here-and-now "online" interpretation of the spontaneous reactions of the client to whatever the consultant does; and 4) The consultant's reactions to what the client says and does leading to formal or informal activities by the consultant in the form of questions, surveys, or observation periods designed to elicit data (most models talk about a "stage" of data gathering) that are then interpreted by the consultant as a basis for deciding how to intervene.

It is my belief that the first and second factors, the OD practitioner's theoretical biases and personal style, are inevitable and ever-present sources of whatever diagnostic insights the practitioner possesses. I also believe that the third factor, the immediate "online" interpretation of here-and-now events as the consultant and client interact, *is the only valid basis for diagnostic insights*. And, by implication, it is my belief that the fourth factor, the active diagnostic activities that practitioners engages in for "gathering data" are, in fact, *interventions* in disguise that, if not

treated as interventions, change the system in unknown ways and, thereby, invalidate whatever is found by the interviews, surveys, or observations in the first place. In other words, formal diagnostic processes launched by the OD practitioner through surveys, assessment processes, tests, or interviews may be neither scientifically valid nor good practice when we are dealing with human systems that have cultures and are perpetually evolving.

In stating this so bluntly, I am de facto allying myself with *dialogic* OD. In contrast, the model of OD as a set of stages beginning with contracting, then doing data gathering and then intervening is in fact the model of *diagnostic* OD in which the cultural assumption exists that there will be an answer that can lead to expert solutions. The diagnostic model would, as in "action research," argue for involving the client, but it would also be understood tacitly that the OD practitioner's knowledge and experience would influence how the client thinks and what solution might be developed.

When we engage in any kind of interaction with another person or group, whether in the role of a consultant, friend, casual acquaintance, or stranger, we are in a process of dynamic, mutual influence that simultaneously reveals data to be interpreted and learned from and changes the situation as a result of the interaction. Even if we take a completely passive listener's role, like the psychoanalyst sitting in a chair behind the patient on the couch, our silence is still an intervention that influences the patient's thoughts, feelings, and behaviors. When therapists talk of transference and counter-transference, they are talking of the reactions both in the patient and in the therapist, through their ongoing interaction.

For some reason, in the OD field, many practitioners have deluded themselves that they can engage in data gathering *prior to intervention* and have, thereby, created a monumental fantasy completely out of line with reality, that data gathering *precedes* intervention rather than being one and the same process *simultaneously*. When I first wrote about process consultation and then Helping (2009), I always found it necessary to distinguish these three fundamentally different helping roles: 1) The Expert who provides information that the client needs; 2) the Doctor who makes a diagnosis and then prescribes a remedy; and 3) the Process Consultant who stays in the dialogic role of helping the client to solve a problem or achieve whatever it is that the client aspires to.

However, I found myself arguing a very central principle that the human process with the client must always start in the process consultant role and must start with *Humble Inquiry (2013)*. The reason for this conclusion is that the helper cannot know what kind of help is needed and what role to be in without first establishing a relationship that elicits a feeling of security in the client and motivates the client to reveal what is really bothering him or her. That may be just one question or hours of relationship building but the helper is intervening all this time to create a trusting relationship as a prerequisite to further helping. Until I know what the problem or aspiration is, this is by definition a *dialogic process* because I don't know the outcome and the client may not know either until we have interacted for some time.

If it turns out that the problem is a technical one that the client and I believe has a solution, then I must use my agility to drop into the right role to be helpful. Again two examples from DEC make this clear. The

Operations Committee meetings never got through their agenda. I asked a question to which I did not know the answer, hence by definition, this was "humble inquiry:" "Where does this agenda come from?" Surprisingly the group members did not know, it was just there when they got to the meeting. The boss said that his assistant prepared it, but he did not know how she did that so they called her in, and she explained that she took items by phone in the order in which they were called in. This news raised a lot of knowing eyebrows. They decided to keep her doing that but also decided at every meeting they would first rearrange the items by importance before they started to discuss them. I considered this good process consultation that would fit into the dialogic framework since none of us knew the outcome.

But the group still never got through their agenda because they put off some of the more complex strategy items to the end and never got to them. These were Friday afternoon meetings and I "knew from experience" that they needed a different kind of meeting to deal with these items, so I asked a pointed question which, in retrospect, fits better into the model of *diagnostic OD* and shifted into a "doctor" role: "Should you have a different kind of meeting to discuss the policy issues?"

The group immediately responded "yes" and proposed that they alternate Fridays for "fire fighting" and "policy" items. At this point, I felt completely in the doctor role in "knowing" that Friday afternoons was not a good time for heavy policy questions. I said, still in questioning mode but with a confrontative intention, "Shouldn't the policy issues be discussed away from the office where you have more time?" I "knew" of many successful "retreats" that companies were using for such purposes. Evidently, I struck the right key because the President immediately

volunteered his cabin in Maine for a weekend overnight. Others in the group also had houses in New Hampshire and Maine so the group decided on the spot to start quarterly two day meetings to tackle the big questions, called them "Woods Meetings" and launched what became a 25 year quarterly tradition. The engineering group decided a few years later to also have such retreats and called them "Jungle Meetings." If I had the time, I was to join such meetings and to be, from their point of view, the "helper" which turned out to include the "doctor" role of helping the internal designers of these weekend meetings formulate an agenda that would enable them to move forward. The insider OD people knew what problems really needed to be addressed, and it was my job to help them design a meeting that would work on the issues constructively.

THE U.S. CULTURE OF DOING AND MEASURING

In summarizing the previous section, I was simultaneously both diagnosing and intervening throughout this process, even when I was in the doctor role. That conclusion leads to the interesting question of why the *diagnostic* OD practitioners and theorists keep seeing the process as a series of stages of contracting, diagnosing, intervening, and then terminating (e.g. Gallant & Rios, 2014). The answer to that question might be cultural, in this case the U.S. culture with its pragmatic obsession with doing things, accomplishment, efficiency, timeliness, and individual achievement. With those concerns comes the need to measure and assess accomplishment, and with that need comes the need to break what is an integral systemic process into definable and measurable components.

The OD function is, after all, being performed primarily is western, capitalist

countries so one would expect that the larger culture of Do, Tell, and Measure individual accountability would override the values of Ask, Listen, Relate, Collaborate (Schein, 2009, 2013). I am well aware that my book *Humble Inquiry* is, in a sense, counter-cultural in asking even bosses to accept their dependency on subordinates and to build personal relationships with subordinates if they are in complex interdependent tasks There are two different cultural issues involved in thinking about this. The first issue is that tasks to be performed are increasingly complex, interdependent, and adaptive (often uncertain outcomes). In many such tasks as in a surgical team, there is a clear hierarchy and power differential, but the higher status person is nevertheless at various times dependent upon the collaboration and open communication of the subordinates, especially if a mistake is about to be made.

The second issue, a more complex cultural one, is that many cultures do put more of a value on relating, on groups, on loyalty, and on dependency, but not necessarily downward across rank and status barriers. A boss in such cultures may be even more resistant to accepting his or her dependency on subordinates even if the task clearly requires it. The dilemma for the OD practitioner then is how to design a diagnostic/ intervention process that values humble inquiry for purposes of relationship building but not across status or hierarchical barriers, and especially not downward.

Of course, the astute reader will note that in making this point I have lapsed back into my expert/ doctor model in assuming that in a relational culture the same kind of boss behavior is needed to open communication channels. One year at MIT, we had a German middle level executive who was very formal

and was often teased by his American peers about this. He finally retaliated one day by saying: "Look guys, when I go into my boss's office I bow, I click my heels, I shake his hand, but then I tell him the truth." Another example along the lines of how open one can and should be occurred in a competition simulation game among executives. The game involved some negotiation in which an American Jesuit priest lied to gain advantage for his team which won. Several Catholic managers from a South American country were so outraged that a priest would lie, game or not, that it destroyed the relationships between some of the group permanently and led to abandoning the game. The big lesson for me is not to try to do OD in another culture without an insider to work with you and advise you how diagnostic or dialogic to be. Yet another example that illustrates cultural complexity was the heartfelt complaint of a woman from India that in her company in the U.S. they were much "too open" talking about things that she felt uncomfortable about, yet expecting her to be equally open.

WHAT IS OD'S MODEL OF ORGANIZATIONAL FUNCTIONING?

How we end up doing our OD work will inevitably reflect our own mental models of what is an organization and what constitutes improvement in how it functions. My mental model has evolved from focusing on total *corporate* culture, the things that everyone in the organization agrees on, to worrying more about *occupational* cultures and three kinds of *generic subcultures* that seem to arise in all organizations and reflect the very nature of organizing.

1. **An operator culture,** *the line organization that delivers the basic products and services*. This would be production and sales in businesses, nursing and primary care in hospitals, the infantry in the army, and so on. These units are always built around people and teamwork and are embedded in the organization. The operators come to believe that they are the key to performance because they have to innovate and cope whenever there are surprises or events not anticipated by the formally engineered processes.

2. **An engineering or design culture,** *the research and development function and/or the design engineering function.* This group is not necessarily identified with the organization but is embedded in the larger occupational community that constitutes their profession. It is their job to design better products and processes, which often means engineering the people out of the system through automation, because it is people who, in their view, make mistakes and foul things up. These are the design engineers in business, the experimental surgeons in the hospital, and the weapons designers in the military. Their solutions are often expensive, which reveals the third critical culture.

3. **The executive culture,** *the CEO, whose primary job is to keep the organization afloat financially*. The CEO culture is also a cosmopolitan culture that exists partially outside the organization in that the CEO is most responsive to the capital markets, to the investors, to Wall Street and the analysts, to the board of directors, and, paradoxically, to the CEO's peers. CEOs believe their jobs to be unique.

For any organization to function well these three sub-cultures must be aligned and collaborate, not compete for resources. The Dialogic OD practitioner will realize that in order to become aligned the organization must

be able to: 1) sense and detect changes in the environment; 2) get the information to those subsystems that can act on it, the executive and operating subsystems; 3) be able to transform its production processes; 4) develop the capacity to export its new productions; and 5) close the cycle by observing accurately whether its new products, processes, and services are achieving the desired effect, which is again an environmental sensing process.

The OD practitioner can be helpful around any of these five processes and, most importantly, make the organization aware of its general subcultures, its cultural biases based on the occupations of its members, and its need to worry about the alignment of these subcultural biases.

SUMMARY

To take culture seriously, we must start with understanding our own occupational culture in which we are embedded and that we take for granted. Having understood that, we can then examine the cultures and subcultures of our client systems and decide whether or not there is enough value congruence to proceed with the project. If we pass that test in our own minds, we can proceed to help the client by intervening in a helpful, constructive way to build a relationship with each part of the client system that will reveal cultural strengths and weaknesses on the path to helping the clients with whatever problems they want help with.

This process must start by intervening in a *Dialogic OD* manner using Humble Inquiry to build a relationship with the client that enables us to determine how best to help. We can then decide whether to continue in a dialogic manner or shift to being an expert or doctor in the more *Diagnostic OD* process. That, in turn

will be determined by our joint assessment with the client of whether we are dealing with a technical or adaptive type of problem.

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