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What is This?

Revisioning Organization Development

Diagnostic and Dialogic Premises and Patterns of Practice

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This article identifies a bifurcation in the practice of organization development (OD) that is not fully acknowledged or discussed in OD textbooks or journal articles. Forms of OD practice exist that do not adhere to key assumptions and prescriptions of the founders of OD. Some of these dialogical forms of organization development practice are described and contrasts and similarities with the original, diagnostic, form of OD are analyzed. Practices that define dialogical forms of OD are identified with a call for increased acknowledgment of this bifurcation in OD research, practice, and teaching.

Keywords: organization development; change theory; social construction

In recent years there has been a great deal of commentary and controversy about the state of organization development (OD). Current critiques tend to focus on the underlying value system of OD and whether the more traditional humanistic values espoused by the founders of the field are still relevant and actionable or should be replaced by more pragmatic business considerations articulated by newer practitioners (D. L. Bradford & Burke, 2004, 2005). Some wonder if OD is dead or dying (Cox, 2005; Harvey, 2005). In these discussions, different trends or orientations to the practice of OD are primarily attributed to differences in underlying values, possibly connected to shifts in business needs and expectations as well as generational differences (Worley & Feyerherm, 2003).

Absent in the discussions about value orientations, however, is any clear recognition that in the past 20 or 25 years a different kind of OD practice has emerged whose underlying assumptions are not consistent with some of the original, basic

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premises of OD. In this article, we describe more than half a dozen popular and successful OD practices that are based on differing philosophical notions than those assumed in foundational OD theory and practice, for example, more constructionist than objectivist in orientation. 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. Some of the contributions of this article are identifying some of the alternative premises and assumptions that have been found useful by consultants and clients and beginning the process of articulating the broader principles that make them effective.

Many post positivist innovations in philosophy and science have been incorporated to some degree in OD theory and practice, for example, social constructionism (Barrett, Thomas, & Hocevar, 1995), postmodernism (Boje, 1991), the new sciences in biology and physics (Wheatley, 2006), complexity theory (Olson & Eoyang, 2001; Stacy, 1992), critical theory (Carr, 2000), and various narrative and linguistic turns (Heracleous & Barrett, 2001; Marshak & Grant, 2008; McConkie & Boss, 1994; Oswick, Grant, Michelson, & Wailes, 2005). However, we think it is fair to say that these newer theoretical orientations to social reality and organizational change are underrepresented in OD textbooks in comparison to the behavioral, humanistic, and open systems theories that helped shape the original formulation of OD in the 1950s and 1960s. Practices congruent with post-1960s theories also tend to be framed as developments rather than departures, thereby tacitly downplaying the import of their differences in both theory and practice. In a similar observation about what's changing in OD, Mirvis (2006) noted the failure "to account for dramatic changes in OD's science base that challenged prevailing theories and the assumptions behind them" (p. 83).

In this article, we are trying to open up the possibility that there are 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. 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 especially when people without much theoretical background try to combine, for example, objective diagnosis with self-organizing interventions.

The originators of these newer OD practices may or may not be explicitly aware of the contrast in basic assumptions we explore here; in most cases they do not discuss them. These different OD practices have emerged, we think, because of a general shift in the popular awareness and acceptance of the new theories and premises on which they are based and because they work—that is, they provide consultants with new ways of improving organizational effectiveness while staying true to OD's humanistic value base. This article intends to give voice and a beginning coherence to this new form of OD and bring its underlying assumptions into the mainstream of teaching, research, and practice.

In the following we review some of the basic assumptions underlying the kind of OD that is currently widely taught and found in OD textbooks, what we label in this article *Diagnostic OD*. This is followed by a description of some of the current organizational change and consulting practices that we believe point to the rough outlines of a new, *Dialogic* form of OD. We then contrast some of the basic assumptions about people, social systems, and change found in Diagnostic and Dialogic OD. We discuss why these newer practices should still be considered OD despite their differences with some of the original, foundational premises, specifically the ways in which Dialogic OD adheres to the original values and aspirations of the field. In the last sections, we identify some of the common features in various forms of Dialogic OD practice and then discuss some of the implications associated with these developments for research, practice, and teaching.

Foundational Assumptions of Diagnostic OD

The original formulation of organization development has a strong positivist orientation based in mid-20th-century social science. Many of the founders of OD were professors at highly ranked universities with strong research orientations like the Massachusetts Institute of Technology, Michigan, Yale, University of California–Los Angeles, Boston University, and Case Western Reserve. The classical OD approach to action research as a data-based change method presumes the existence of an objective, discernable reality that can be investigated or researched to produce valid data and information to influence change. In the first part of Lewin's famous dictum, no action without research and no research without action (Marrow, 1969), he meant empirical research about the system should precede attempts to change it. Many of the founders of OD argued that one of the core tasks of a change agent is the creation of valid data (e.g., Argyris, 1973; Beckhard, 1969; Bennis, 1969). Valid data are assumed to reflect or mirror an underlying objective reality, a deeper structure that underlies the surface things OD consultants and people see. This commitment to empirical, scientific inquiry may well be why OD is one of the few fields of consulting practice to also be recognized as a scholarly discipline. Very few recognizable fields of business or organizational consulting have resulted in that; there are not many, if any, masters' degrees in Total Quality Management or process re-engineering, for example.

In many writings and virtually all OD textbooks (e.g., Brown & Harvey, 2005, Cummings & Worley, 2009; McLean, 2005), the purpose of this data gathering is described as diagnosis—the organization exists as an entity that needs examination prior to prescribing remedies. "Diagnosis is a highly desirable, if not essential, precursor for informed and effective organization development and change . . . interventions" (McCulloch & Cronshaw, 2008, p. 89). That formulation links with another

element of classical OD, the emphasis on the organization as an open or living system. One of the impetuses to the rise of OD was the emergence of open systems theory (Katz & Kahn, 1966; Von Bertalanffy, 1967) and the contrast of this organic metaphor with the more mechanistic, scientific management view of organizations prevailing prior to the 1960s (Burns & Stalker, 1961; Morgan, 2006). Regardless of whether one might argue that OD still treats organizations mechanistically, in foundational OD theory and contemporary writings, organizations are viewed as adapting to their external environment just as groups and people inside organizations adapt to their environment. One of the first books in the classic Addison Wesley OD series in the late 1960s was a version of Lawrence and Lorsch's (1969) seminal work on organizations as open systems. Early formulations of OD are virtually all based on positivist open systems premises, which continue to be prominent in OD treatises and textbooks. When viewing organizations as if they are like living systems, it makes sense to build models of optimal organizing in a given environment and compare a given team or organization to them. It also makes sense to assess them against standards for "healthy" organizations and to prescribe interventions or treatments based on an "objective" diagnosis.

What we refer to as *diagnosis* in this article is the attempt to gather data to compare a given team or organization against a prescriptive model or desired future state. Methodologies congruent with these assumptions, such as classical OD action research, sociotechnical systems analysis, survey feedback, task-oriented team development, and SWOT (strengths, weaknesses, opportunities, and threats) analysis are then employed to help guide problem solving, decision making, and action planning. The assumption that there are objective data that can be used in a process of social discovery, therefore, is a central aspect of the change process in Diagnostic OD. As we next discuss, these bedrock premises and practices are now being challenged by newer OD practices operating implicitly or explicitly from other assumptions.

Emerging Dialogic OD Practices

We now describe a set of practices that we believe differ enough from classical, Diagnostic OD in philosophical and/or theoretical ways to merit being considered a bifurcated form of OD. None of the practices to be discussed here differ on all dimensions or exactly in the same ways. Instead, they form a loose or fuzzy set of premises and practices we believe should be considered different enough from foundational premises and practices to merit their own identity, development, and inquiry.

We begin by noting that practice always demands utility, and OD tends to develop through the interplay of attempts at planned change bumping up against social science theory. What we are calling *Dialogic OD* has not always emerged from conscious attempts to apply theory to practice. Some of these newer OD practices began from identifying what worked for accomplishing change without any real theory.

Of all the new OD practices, the ones most clearly articulating a stance different from the positivism of Diagnostic OD are appreciative inquiry approaches (Cooperrider, Barrett, & Srivastva, 1995; Cooperrider & Srivastva, 1987). Firmly grounded in Gergen's (1978) critique of positivism in social science, appreciative inquiry assumes there is no inherently real form of social organizing to be discovered. Instead, social organization is open to infinite possibilities constrained only by the human imagination and collective will. Rather than attempting to diagnose and manage change levers, appreciative inquiry seeks to evoke new ideas that will compel self-organizing change (Bushe & Kassam, 2005). Instead of objective facts, the data for this inquiry are the narratives (stories) people hold about the best of . . . whatever the inquiry is about (Ludema, 2002). Rather than diagnosis after the data are collected, appreciative inquiry begins from the moment of first contact between consultant and client to frame inquiries that will generate positive change (Cooperrider & Whitney, 2001). Some have labeled appreciative inquiry to be another form of action research (e.g., Cummings & Worley, 2009). Depending on how broadly one defines action research, one could agree. However, to the degree that OD textbooks define *action research* to mean classical OD data collection, diagnosis, and intervention following the phases of the OD consulting model, then including appreciative inquiry as a variant of that definition is at a minimum misleading.

Other successful forms of Dialogic OD are Search Conferences and Future Search, which are designed to help large groups arrive at agreements about the future they want and actions to achieve it (M. Emery & Purser, 1996; Weisbord, 1993). Whereas data are certainly gathered and used in these approaches, it is more for the purposes of presenting multiple possibilities and perspectives than bringing objective "facts" to bear on the situation or producing an objective diagnosis against an ideal model to change behaviors. Instead the greater emphasis is on reaching new social agreements or adopting new mindsets and, therefore, new realities to guide future actions. Future Search processes have also been influential in the emergence of certain variants of appreciative inquiry (Ludema, Whitney, Mohr, & Griffin, 2003).

Open Space (Owen, 2008) is another popular and successful OD practice that does not employ diagnosis. Instead it creates a container that allows for a bottom-up identification of the interests and motivations latent in any large group and helps people with common interests find each other and make agreements about the future. World Café (Brown & Issacs, 2005) has some similarities to Open Space in creating a bottom-up process for identifying what is latent in a large group. In the case of World Café, however, what it helps identify are latent mental models through a more structured process and nuanced facilitation than Open Space.

The widely used Technology of Participation of the Institute of Cultural Affairs in the United States is designed to help groups in conflict develop common ground to jointly plan and take action (Oyler & Harper, 2007; Spencer, 1989). Their four-stage ORID process (objective, reflective, interpretive and decisional) is based on a model of the natural flow of human thought processes. Although it begins by seeking what

"facts" are known to participants and then encourages them to reflect on those facts, there are no data collected independent of people's beliefs, assumptions, or stories nor any encouragement to diagnose the system. Instead the process attempts to generate a practical vision and surface underlying contradictions before agreeing on strategies for attaining that vision.

What may be labeled *discursive* or *conversational* approaches to working with people, groups, and larger social systems also base their change processes less on trying to diagnose and define the current system than on developing narratives, stories, or conversations that aid in the establishment of more effective or just patterns of organizing (e.g., Marshak & Grant, 2008). Bushe's (2009) work on organizational learning explicitly assumes that there are multiple realities in any group and that attempting to agree on one interpretation of the variety of experiences people hold is counterproductive to changing dysfunctional patterns in collaborative work systems. Instead, this model asserts that change happens when people become aware of the variety of stories people have about themselves and each other and understand their own part in creating unproductive patterns of interaction. Oliver's (2005) work on reflexive consultancy considers how people can introduce transformation in meaning and action without silencing, oppressing, or marginalizing the multiple beliefs, discourses, and values found in any given organization. Narrative approaches to conflict management have recently emerged, offering quite different premises and methods for intervening than more traditional, interest-based methods (Kellett & Dalton, 2001; Winslade & Monk, 2000). A related track comes from applications of solution focused therapy, which emphasizes the power of words and language and the importance of changing mindsets for creating lasting change (P. Z. Jackson & McKergow, 2002). In all of these approaches, the OD consultant is working from explicit or implicit premises about how language shapes social reality and that interventions need to directly address discursive phenomena to affect strategies, structures, systems, leadership, rewards, and so on (Barrett et al, 1995).

These are some examples of newer OD practices that we believe differ enough from foundational premises in similar ways to merit classification as a category, form, or type of OD in textbooks, journals, and the broader literature. A closer look at the differences between these newer forms of OD and classical OD follows.

Contrasting Diagnostic and Dialogic Organization Development

One of the important ways Diagnostic and Dialogic OD differ is that most of the newer OD practices emphasize a view of human systems as dialogic systems (Boje & Khadija, 2005) or meaning-making systems (Bushe, 2009) rather than biological or open systems. In classical OD, the biological metaphor inherent in the open systems model encourages people to think of organizations as a collection of structures

and processes adapting to or, in more complex formulations, coevolving with their environment. From this point of view it makes sense to try and figure out the optimal mix of processes and structures in a given kind of environment. It's then appropriate to try and copy successful innovations from one firm into another firm with similar conditions or sharing the same ecological niche. It also makes sense to use diagnostic models that assume there are optimal kinds of organization–environment fit. Proponents of dialogical forms of OD don't necessarily dispute that organizations can be described as open systems, they are just more mindful of the limitations. Because collective sensemaking about structures, processes, leadership actions, change models, interventions, and the like are idiosyncratic to whatever group or organization they are applied in, attempts to simply copy an innovation or change process from one system to another system, without thoughtful leadership adapting to local conditions, will usually result in unwanted outcomes. Ideal models of group or organizational functioning meet the same fate because organizational members will attribute their own meanings to whatever leaders or consultants roll out, thus making diagnosis and intervention against an ideal model more a matter of constructing a world than discovering one.

Objective data collection and accurate diagnosis as formal steps in these newer OD practices appear to be less prevalent for at least three reasons. Pragmatically, the speed at which things are changing in most organizations makes attempts at data collection and diagnosis difficult or irrelevant (Eisenhardt & Martin, 2000). In turbulent environments or under conditions of hyper growth, by the time a diagnosis is completed too many aspects of the organization have changed.

Secondly, diagnosis entails a problem-centric approach to action research, where the assumption is that the organization is broken and needs fixing. This makes organizational members more wary and ultimately more resistant to change (Boyd & Bright, 2007). Dialogic OD processes tend to rest on an opportunity-centric (Boyd & Bright, 2007) approach that starts from common aspirations and shared visions, making engagement in the change process more appealing.

Thirdly, it only makes sense to collect data and diagnose as separate formal steps if one assumes that there is something objectively real and tangible independent of the meaning-making process to diagnose. Many of the dialogic forms of OD explicitly or implicitly assume that the social systems, social learning, and social processes responsible for organizational performance do not have this kind of tangible reality. Instead, for example, any data collected are used not to identify the "factual" problem or the "truth" but to raise collective awareness of the multitude of perspectives and discourses at play in the system and/or the meaning-making process itself.

The prescription to diagnose before taking action is also being violated by some who still use a biological metaphor in explaining their work. The work of Richard and Emily Axlerod and their associates is a good example (R. Axlerod & Axlerod, 2000). They use the language of open systems to describe their process but they don't really treat organizations as living organisms to be studied. Like most of the

newer change processes we are describing, they are interested in inquiry—but that isn't really so much a diagnostic research process as "asking questions that focus our attention towards deeply felt, collective aspirations, creating hospitable conditions that invite the diversity of the system to step in and take initiative" (E. Axelrod, Cady, & Holman, in press). Their model is more interested in seeing what emerges than defining "what is" to prescribe "what ought to happen." A similar example is the work of Ralph Stacey (2000, 2007) and his associates at the University of Hertfordshire, who couch their models in the language of complex systems but do not offer prescriptive models of organizational functioning and are highly sensitive to the idiosyncrasies of human experience and sense making.

A third aspect of Diagnostic OD that contrasts with Dialogic OD is the focus on behavior—another influence of the times when OD was founded. In the 1950s, one of the dominant influences in psychology was behaviorism and this, along with positivist premises, helped lead researchers to focus on measurable behavior in their studies of people and organizations. For example, the subtitle of Argyris's (1973) first book on OD practice is *A Behavioral Science View*. Porras and Robertson (1992) described OD as a practice for "enhancing individual development and improving organizational performance, through alteration of organizational members' on-the-job behaviors" (p. 272). Brown and Harvey (2005) said that OD "includes a series of planned behavioral science intervention activities . . . to help find improved ways of working together toward individual and organizational goals" (p. 3). Finally, the subtitle to the French and Bell (1998) standard textbook on OD captures the essence of this orientation: *Behavioral Science Interventions for Organizational Improvement*. Whereas both Diagnostic and Dialogic OD are interested in changing actions and the consequences of those actions, their assumptions about how that happens differ. Dialogic OD doesn't seek to change behavior directly, as Diagnostic OD does. Instead, Dialogic OD focuses on changing the frameworks that guide what people think and say. The assumption is that people don't so much resist change as they resist being changed (Wheatley, 2006). By focusing on the symbols, images, and narratives used to make meaning, and changing those, changes in behavior are self-generated (Bushe & Kassam, 2005). Instead of emphasizing interventions related to changing norms, rewards, and motivations, the Dialogic OD consultant emphasizes changing the framings and meaning making that guide behavioral responses.

For many dialogic change models, a key source of change are generative ideas (Gergen, 1978; Schön, 1993). The classical, Diagnostic OD model assumes that change requires the participation of a cross-section of system members to analyze and understand the organization and propose changes to increase the organization's effectiveness (Lippitt, Watson, & Westley, 1958). The Dialogic OD model assumes that change comes from the emergence and widespread embrace by the whole system of stakeholders of new ideas, models, metaphors, and theories that "challenge the guiding assumptions of the culture, . . . raise fundamental questions, . . . foster reconsideration of that which is 'taken for granted' and thereby furnish new alternatives for social

actions" (Gergen, 1978, p. 1346). In Dialogic OD, change comes from changes in meaning making and new, associated decisions and actions people can and will take as a result of those changes in meaning.

Of note in most of these newer forms of OD practice is that the role of the OD consultant is somewhat different from that of the consultant working with data in classical forms of Diagnostic OD. Instead of facilitating project groups doing data collection and diagnosis, dialogic interventions are more choreographed events that create a "container" or enabling conditions within which stakeholders can share their views of social reality and seek common agreements in real time. The role of the consultant is to help create and maintain a safe and bounded space for interactions and to explicitly or implicitly attend to the political dynamics inherent in bringing together different stakeholders with different bases of power and beliefs. In this regard, there may be some similarities between dialogical forms of consultation and the role of the classic T-group facilitator (L. P. Bradford, Gibb, & Benne, 1964) but we have not seen that discussed in any of the Dialogic OD literature.

We echo the argument forwarded by Austin and Bartunek (2006) in their discussion of discursive or conversational OD practices and view dialogical forms of OD as falling predominately within Van de Ven and Poole's (1995) "dialectical motor of change" type. In the dialectical model, change processes involve confronting, engaging, or otherwise raising consciousness about alternative perspectives (paradigms, schemas, mindsets, social realities, etc.) leading to new syntheses, perspectives, or outcomes. In contrast, a great many of the Diagnostic OD interventions might safely be categorized as teleological in the Van de Ven and Poole typology. Teleological change processes involve identification of desired goals or end states and then purposeful planning to achieve them. These differences are summarized in Table 1.

We believe that an identifiable shift toward these newer premises and patterns of practice, or the bifurcation point, occurred in the early to middle 1980s. For example, Open Space technology was first introduced in the mid-1980s (Owen, 1992), the first article on Appreciative Inquiry was published in 1987 (Cooperrider & Srivastva, 1987), and practice preceded publication. Some of the forces that probably contributed to this bifurcation were the rise of constructionist and cognitive orientations in the organizational sciences, the introduction of change management practices by the major consulting companies that challenged some traditional areas of OD practice, and increased interest in multicultural realities due to globalization (Marshak, 2005).

What's Similar in All Forms of OD?

Although the newer forms of OD do not embrace the full range of premises of many of the founders, they do embrace their humanistic and democratic values. Despite the concerns about different value orientations, we believe there is a bedrock set of values that holds all forms of OD together. In both diagnostic and dialogic forms of

Table 1
Contrasting Diagnostic and Dialogic Organization Development (OD)

	Diagnostic OD	Dialogic OD
Influenced by	Classical science, positivism, and modernist philosophy	Interpretive approaches, social constructionism, critical and postmodern philosophy
Dominant organizational construct	Organizations are like living systems	Organizations are meaning-making systems
Ontology and epistemology	• Reality is an objective fact • There is a single reality • Truth is transcendent and discoverable • Reality can be discovered using rational and analytic processes	• Reality is socially constructed • There are multiple realities • Truth is immanent and emerges from the situation • Reality is negotiated and may involve power and political processes
Constructs of change	• Usually teleological • Collecting and applying valid data using objective problem-solving methods leads to change • Change can be created, planned, and managed • Change is episodic, linear, and goal oriented	• Often dialogical or dialectical • Creating containers and processes to produce generative ideas leads to change • Change can be encouraged but is mainly self-organizing • Change may be continuous and/or cyclical
Focus of change	Emphasis on changing behavior and what people do	Emphasis on changing mindsets and what people think

OD, these values and ideals reflect the empowering and collaborative nature of OD practices, interest in increasing awareness about and in a system to change it, the facilitative and enabling (as opposed to expert) role of the consultant, and the underlying goal of developing and enhancing organizations and broader social systems.

Those with a dialogical perspective who are attuned to critical and postmodern theories may, perhaps, be more aware of limitations to attaining ideals like free and informed choice (Argyris, 1973), authenticity and congruence (Bennis, 1969), participative democracy (F. E. Emery, Thorsrud & Trist, 1969), and trust and collaboration (Tannenbaum & Davis, 1969) than were the pioneers. Critical theorists emphasize that any inquiry process contains seeds of domination and control (Fineman, 2006). For example, Kersten (2000), using Habermas' model of dialogue and the public sphere, argued that attempts by consultants to improve race relations in organizations actually reinforced the status quo. Emancipatory processes are "uncertain, contradictory, ambiguous and precarious" (Alvesson & Willmott, 1992, p. 446) and require a high level of reflexivity and self- and political awareness (Johnson, in press; Oliver, 2005;

Raelin, 2008). Still, OD consultants operating from dialogical premises attempt to use methods consistent with those traditional OD values. Like classical diagnostic practices, the newer Dialogic OD practices are highly participative and attempt to circumvent the power of entrenched interests to equalize the variety of interests represented in the system, giving them as much equal footing in the coconstruction of new relational and organizational realities as possible. Coercive and rational change processes are also eschewed in favor of normative re-educative ones (Chin & Benne, 1969). This is as much a pragmatic as a value-based position. Practitioners of these newer forms of OD argue that teleological attempts to mandate and implement a predetermined organizational culture or corporate values are more likely to have negative, unintended consequences (Harris & Ogbonna, 2002; Ogbonna & Wilkinson, 2003). Instead of "waterfall interventions" that follow vertical hierarchies, creating and facilitating containers within which whole systems "talk to themselves" and self-organize are more likely to be advocated in newer OD interventions.

One of the ways in which the differences between Dialogic and Diagnostic OD get obscured results from their common interest in fostering greater system awareness. In Dialogic OD, this occurs through intersubjective processes of inquiry. Because information and ideas are shared and discussed, these Dialogic OD processes are often equated with data collection and classical diagnosis. Whereas inquiry and data collection can be synonyms, the image of inquiry in Dialogic OD is sufficiently different from the vision of data collection in, say, Nadler's (1977) classic OD text on the subject that equating them obscures more than it reveals. What is similar, however, is an interest in processes that foster greater system awareness.

The role of the consultant in Dialogic OD is also consistent with Diagnostic OD's emphasis on facilitating and enabling others as opposed to providing expert advice (Schein, 1969, 1988). Like the Diagnostic OD consultant, the Dialogic OD consultant's expertise is in understanding human social processes and in offering change and decision-making processes and enabling conditions that support organizational goals and OD values. The underlying assumptions guiding the processes used by the Dialogic OD consultant in carrying out this role, however, appear somewhat different from those in Diagnostic OD. In Dialogic OD the consultant acts more as a facilitator of events and constructor of a container within which client systems engage themselves rather than being a central actor in diagnosis, intervention, and/or facilitation of interpersonal and group interactions—all hallmarks of Diagnostic OD. The consultant's relationship to the client system, however, is similar in both versions of OD. In both forms of OD, consultants stay out of the content and focus, instead, on processes while members of the system deal with the content. And the OD consultant in both forms is concerned with developing the capacity of the client system and not developing client dependence on the consultant (Cummings & Worley, 2009).

This emphasis on the consultant's role in capacity building links to the final characteristic both forms of OD share, an interest in development, though what it means to develop an organization is perhaps the least developed aspect of OD

theory. Two strong underpinnings of OD are models of human growth and development (e.g., Alderfer, 1972; Argyris, 1957; Maslow, 1954) and group development theory (L. P. Bradford et al., 1964; Schein & Bennis, 1965; Schutz, 1958). McGregor (1960) and Likert (1961, 1967), for example, helped birth the field of OD by applying the emerging ideas about human development to theories of management and organization.

Developmental models at the individual, group, organization, and interorganizational levels tend to share similar conceptions of what constitutes a more developed state (Bushe & Coetzer, 2007). There are, at a minimum, three common themes. First, a person, group, organization, or network is more developed the greater awareness it has of itself—it can talk to itself about itself. In an organization, this means that members can talk freely to each other about their perceptions of the organization. The less a person, group, or organization can talk to itself about itself the less awareness there is or the more defenses there are to self-awareness, and this is indicative of a less developed state. This characteristic of development appears in modern psychology starting with Freud and continues to this day. Early definitions of OD emphasized open communication (Beckhard, 1969), particularly the appropriate expression of feelings (Tannenbaum & Davis, 1969) and the reduction of power and status differences to allow for the free flow of information (Beckhard, 1969; Bennis, 1969). Secondly, in a more developed system, emotional, reactive behavior decreases and rational, goal-directed behavior increases. This showed up in early definitions of OD particularly around decision making and conflict resolution (Beckhard, 1969; Walton, 1969). Third, the more developed the system, the better able it is to actualize its potential. This idea of actualizing potential begins with Maslow's (1954) hierarchy of human needs and appears in OD as a concern with developing organizations that support human growth needs (Alderfer, 1972; Argyris, 1957), increase the effectiveness of people and groups within the organization (Blake & Mouton, 1969; McGregor, 1960), and increase the organization's capacity to achieve its purpose in its environment (F. E. Emery & Trist, 1973; Lawrence & Lorsch, 1969). Table 2 summarizes some of the similarities between Diagnostic OD and the newer patterns of practice, summarized here as Dialogic OD.

In sum, it is these important commonalities that suggest we are dealing with different forms of OD rather than different species of consulting and change altogether. Although the intervention strategies and practices of Dialogic OD may involve different premises about the nature of social systems and how they change, they also retain the core values and ideals of classical, Diagnostic OD such as free and informed choice, authenticity, integrity, participation, and collaboration. The role of the Dialogic OD consultant is also similar in important ways to the diagnostic one, although, as noted, the nature of the suggested processes and underlying premises may differ. Finally, Dialogic OD is as concerned with developing more effective groups, organizations, and especially broader systems as Diagnostic OD is, and they share implicit theories of what a more developed system looks like.

Table 2
Similarities Between Diagnostic and Dialogic Forms
of Organization Development

Strong humanistic and democratic values
Greater system awareness is encouraged and facilitated, although via very different methods
Consultants stay out of content and focus on process
Concern for capacity building and development of the system

Toward a Definition of Dialogic OD

One of the most important similarities in Dialogic OD practices is that they assume organizations are socially coconstructed realities and, as such, there is nothing inherently real about how people organize, no ultimate truth about organizations to be discovered, and no model of the right way to organize independent of the people who make up any particular organization. What if one took seriously the idea proposed by Cooperrider & Srivastva (1987), that the only limitation to how people organize is their imagination and collective agreement about what is expected and possible? These newer forms of OD seem to take that idea seriously.

What all these newer forms of OD also have in common is a search for ways to promote more effective dialogue and conversation and a basic assumption that it is by changing the conversations that normally take place in organizations that organizations are ultimately transformed. Dialogic forms of OD are more focused on when, where, and how to promote the kinds of conversations they advocate than on diagnosing the system against some kind of ideal model. When they engage in inquiry as part of the change process, the purpose of that inquiry is dialogic: to surface, legitimate, and learn from the variety of realities that coexist in the system. In Dialogic OD, the purpose of an inquiry is not so much to analyze how the system works but is more about increasing awareness of the variety of experiences contained in the system.

The when, where, and how to hold these conversations is less about diagnosis and fact finding and more about creating the enabling conditions for successful conversations to take place. Open Space (Owen, 2008), for example, could be described as a loose container or set of enabling conditions for those with innovative ideas and motivations to find kindred others. The Axelrods' process of Collaborative Loops sets the enabling conditions as (a) having a workshop with dissimilar teams who (b) work together to create their own change processes while (c) following a prescribed sequence of activities. This set of prescriptions for increasing engagement is considered by them to be central to the change process (R. Axelrod & Axelrod, 2000). Appreciative Inquiry uses storytelling of positive experiences among participants as an enabling condition to uncovering common dreams and aspirations (Cooperrider, Whitney, & Stavros, 2008). The Technology of Participation of the Institute of Cultural

Affairs is similar in its preference for crafting inquiries into what unites people rather than what currently divides them. But the process used to create focused conversations and consensual decisions among groups of people (Oyler & Harper, 2007) is quite different and requires specialized facilitation. By contrast, World Café's enabling conditions eschew the use of a facilitator, arguing that attempting to facilitate conversations reduces the quality of the conversations. Instead, World Café attempts to create a container for productive conversations by using the image of a host and etiquette and by prescribing a number of other unique enabling conditions, like the creation of hospitable space and tables covered in blank paper with colored crayons for doodling (Brown & Issacs, 2005).

Another similarity in many of these newer forms of OD is the underlying shared assumption, implicit or explicit, that creating new images, stories, texts, narratives, and other socially constructed realities will affect how people think and make sense of things and that, in turn, will affect how they act and, ultimately, organizational performance. Amodeo and Cox (in press) described their "systemic sustainability" Dialogic OD practice as a "conscious intent to engage the whole system in dialogue and synergistic relationships in such a way that: mental models are surfaced; new knowledge, structures, processes, practices, and stories are collaboratively created and shared; and diverse stakeholder voices and perspectives are heard." This may be a more profound difference from the diagnostic form of OD than might at first appear. In the diagnostic form, the OD consultant helps bring externally validated new thinking to the system about things like job design, team work, and communication. In the dialogic approaches, the focus is on eliciting new thinking in the targets of change themselves—new thinking that is not prescribed by the OD practitioner or action research team but new thinking that emerges individually and collectively from going through the dialogic change process itself.

In summary, we propose a set of four characteristics for categorizing Dialogic OD practice as shown in Table 3. First, Dialogic OD change processes emphasize changing the normal, everyday conversations that take place in the system (Barrett et al, 1995). This can be done in a variety of ways, including changing who normally takes part in these conversations, changing how people have these conversations, changing conversational patterns (Ford & Ford, 2008), changing the skills people bring to these conversations (Bushe, 2009) and by changing the framings and content of what the conversations are about (Marshak & Grant, 2008). Secondly, there may or may not be a data collection phase, but when there is, there is seldom the assumption that an objective reality or set of facts exist to be discovered or discerned. Instead, processes of inquiry are used to surface, legitimate, and/or learn from the variety of realties that exist in the system. In short, there is no attempt to objectively diagnose the system per se. Third, the aim is to generate new images, stories, narratives, and socially constructed realities that affect how people in the system think and act. The focus is not on the behavior to be changed but on changing intersubjective reality

Table 3
Basic, Shared Characteristics of Dialogic Organization
Development Practices

The change process emphasizes changing the conversations that normally take place in the system.
The purpose of inquiry is to surface, legitimate, and/or learn from the variety of perspectives, cultures, and/or narratives in the system.
The change process results in new images, narratives, texts, and socially constructed realities that affect how people think and act.
The change process is consistent with traditional organization development values of collaboration, free and informed choice, and capacity building in the client system.

and cognitive maps with the assumption that this will lead to new behavior. Finally, Dialogic OD is consistent with traditional OD values of collaborative decision making, giving people the opportunity to freely make informed choices and using the change process to develop and build capacity in the system.

Implications for Organization Development

Presently, OD practitioners and scholars discuss the theory and practice of organization development as if it is a single entity based on a common set of premises and beliefs. This is no longer a useful assumption and will be problematic for advancing theory and practice if the differing underlying philosophical and theoretical premises are not recognized. Based on the ideas discussed here, a fully articulated and legitimated Dialogic OD would be self-consciously based in constructionist and interpretive approaches in the social sciences. These newer forms of OD attempt to construct dialogic containers and methods of collective inquiry that directly affect consciousness or mindsets or prevailing belief systems more than behavior. They promote inquiry-based methods to encourage large and small groups to increase collective self-awareness and productive conversations. Their core methodologies are based more on generative and constructionist social and symbolic interaction rather than on problem solving and positivist action research.

Implications for Researchers

The theoretical basis of Dialogic OD needs to be more finely enunciated. Currently, those who promote Dialogic OD practices differ greatly in how much attention they pay to the epistemological and ontological premises from which they operate, and no unifying theory of change has been offered (which may be a good thing). There appears to be a rather large gulf between academics who study change from narrative and interpretive premises and OD practitioners who use dialogical methods. The former tend to provide intellectually coherent discourses that often don't seem to provide much leverage for managers and change agents (e.g., Dawson & Buchanan,

2005; Hardy, Lawrence, & Grant, 2005; Heracleous & Barrett, 2001; Reissner, 2005). Practitioners, like most of those reviewed here, provide useful techniques but not always coherent theoretical frameworks. Bringing these disparate worlds of organizational change together would be extremely useful for furthering scholarship in OD.

Studies of the processes and impacts of Dialogic OD need to take place. There is only a handful of published studies of appreciative inquiry and even less of Open Space, World Café, the technology of participation, collaborative loops, reflexive consulting, various discursive change processes, or systemic sustainability. The change claims of their proponents need to be examined and the results compared to those achieved using more classical, diagnostic approaches.

Because creating enabling conditions for different kinds of conversations to take place seems to be a key differentiator amongst the dialogical practices, this seems like an excellent area for OD scholars to investigate. What are the best enabling conditions? How are they created? What is the OD consultant's role in creating these? How, if at all, do T-group and process consultation skills support Dialogic OD? How do people best go from conversation to action? How does the design of enabling conditions affect the degree of change that ensues? Under what conditions are diagnostic or dialogic approaches the most appropriate intervention and most likely to succeed? Which practices can be usefully combined and which impede each other? These are just a few of the questions that cry out for more study once researchers acknowledge dialogic approaches as a differentiated set of methodologies worthy of their own research and development agendas.

Implications for Practitioners

As OD practitioners and educators, we believe differentiating the philosophical premises underlying diagnostic and dialogic practices would also be beneficial to practitioners. It would help provide a deeper and more coherent grounding to what is sometimes a confusing mix of classic orthodoxies and newer intervention practices. It would increase their ability to understand the basic assumptions from which they operate and help practitioners think more deeply about innovations in their own practice.

This would not only enable more reflective and coherent practice, it would help clarify needed intervention competencies with underlying change premises. Presumably, diagnostic approaches might require greater competencies in positivist data collection and analysis methods as well as project group facilitation skills, whereas dialogic approaches might benefit from greater skills in establishing and facilitating dialogic containers and generative conversations.

Importantly, greater clarity and differentiation could also help avoid unknowing mixing and matching of diagnostic and dialogic practices that in combination may be inappropriate, out of alignment, or even counterproductive. For example, Bushe's (in press; Bushe & Kassam, 2005) research suggests that using appreciative inquiry techniques while operating within the premises of what we are calling Diagnostic OD reduces the success of appreciative inquiry.

Implications for Teaching OD

Currently, students of OD are beset with a monolithic theory base that does not seem to adequately encompass or differentiate the variety of technologies, especially more recent technologies, of developmental change. Being able to provide clear differences in the theoretical bases to the variety of practices would go a long way to eliminating the confusion this creates.

Specifically, we think those who write OD textbooks need to stop squeezing all OD practice into the classical OD action research model (e.g., Brown & Harvey, 2005; Cummings & Worley, 2009; J. C. Jackson, 2006; McLean, 2005) and explicitly recognize that fostering greater awareness in a system is not always the same thing as objective and formal data collection and diagnosis facilitated or conducted by an external consultant. Indeed, among those who study and write about action research, alternative premises have shaped newer practices (Reason & Bradbury, 2001). If our argument is plausible, then there is also a need to catalog current OD practices that fit our definition of Dialogic OD so that we can start talking about it, assessing it, and learning from it. Those who have recently described the death knell for OD might consider that what they are seeing is a world in which the traditional Diagnostic OD model is perhaps challenged but in which new forms of OD are emerging that are positioned to make a difference. For everyone, it might be liberating to have a plurality of differentiated premises rather than implicitly talking and writing as if everything is more or less the same.

In differentiating types of OD, we caution that it is not necessarily the tool that determines what kind of OD is being practiced as much as it is the premises behind how the tool is used. For example, one might appear to use an interpretive, dialogic orientation but still do so within a traditional OD framework of diagnosis and intervention (e.g., Heracleous & Marshak, 2004; Schein, 1992). Dialogic OD approaches will not attempt to diagnose systems so much as attempt to create events and containers where organizational members can increase their awareness of the variety of experiences in the system and how social reality is being coconstructed in their system with the purpose of creating alignment and support for change.

Clearly, a range of competencies and skills in addition to, and sometimes instead of, the classic lists of OD consultant competencies will be needed by Dialogic OD consultants. Articulating these skills and competencies as well as the underlying philosophical and theoretical premises will be needed to add them to textbooks, curriculums, and training programs. The beginning of such a list can be discerned in Eisen, Cherbeneau, and Worley (2005).

We hope those engaged in scholarly practice and practical scholarship will consciously explore the implications of these newer premises and practices for OD. One of the strengths of classical, Diagnostic OD is the solid philosophical base on which it rests. It behooves contemporary OD scholars working with dialogical methods to articulate the philosophical bases for Dialogic OD. We can be testing alternative

theories in practice, looking for where the theory fits with OD and managerial experience. We can be creating and trying out practical applications from the findings of organizational researchers working from alternative premises and sharing these experiments through journal publications. This may lead us to be able to describe under what conditions Diagnostic OD is most appropriate and when dialogic forms are more appropriate for effective change and development of organizations.

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