

# Dialogical Inquiry: An Extension of Schein's Clinical Inquiry

Jean-Francois Coget  
California Polytechnic State University

## **Abstract:**

After examining the main principles and historical origins of Edgar Schein's clinical inquiry, this article introduces dialogical inquiry, an extension of clinical inquiry. Following clinical inquiry's main principles, dialogical inquiry adopts a dialogue over videotaped segments of behavior as its main tool. The goals of dialogical inquiry are (a) to raise participants' awareness about how they interpret work situations in the moment, so that they can increase their effectiveness and (b) to allow the researcher to build actionable academic knowledge. The process of dialogical inquiry has four phases: (a) a life interview with the participant, (b) shadowing and filming the participant in action in the work environment, (c) selecting episodes from the videotaped shadowing for discussion, and (d) a discussion with the participant about these episodes. Like clinical inquiry, and more generally action research, dialogical inquiry is intended to be a method that can help fill the gap between theory and practice.

**Keywords:** clinical inquiry; video; dialogue; action research

At a time when management scholars recognize the acute gap that exists between theory and practice (Bartunek, Rynes, & Ireland, 2006; Bennis & O'Toole, 2005; Hambrick, 2007; Rynes, 2005), Schein's contribution to methodology over the past 40 years (Schein, 1969, 1987, 1993, 1995, 1997, 2006) continues to help us redefine the way we do research. Inspired by the action research paradigm initiated by Kurt Lewin (1946a), and extended by applied social scientists such as Ron Lippitt, Warren Bennis, Frederick Steele, Leland Bradford, Chris Argyris, James V. Clark, Richard Beckhard, Charles Seashore, Bob Tannenbaum, or Samuel Culbert, to name a few (for more information, see Lee, 2002), Schein developed clinical inquiry (Schein, 1987) and process consultation (Schein, 1969) as he began to use his consulting with organizations as a basis for research. In this article, the method of clinical inquiry is extended to incorporate dialogue over videotaped segments of behavior as a main tool for raising clients' awareness. First, the principles of clinical inquiry are summarized. Second, the historical roots of Schein's ideas about clinical inquiry are traced back to Carl Rogers, Kurt Lewin, T-groups, group therapy, and Schein's experience in the army. Third, the benefits of video and dialogue for social science are discussed. Fourth, dialogical inquiry, an extension of clinical inquiry that incorporates dialogue over videotaped segments of clients' behavior, is presented. Fifth, this methodology is illustrated with an example. And finally, dialogical inquiry is discussed in reference to other action research approaches.

## **The Principles of Clinical Inquiry**

Clinical inquiry can be placed within the broader context of action research and organizational development. Reason and Bradbury (2008) define action research as "a participatory process concerned with developing practical knowing in the pursuit of worthwhile human purposes. It seeks to bring together action and reflection, theory and practice, in participation with others, in the pursuit of practical solutions to issues of pressing concern to people, and more generally the flourishing of individual persons and communities." Cummings and Worley (2005) define organizational development as "a system-wide application and transfer of behavioral science knowledge to the planned development, improvement, and reinforcement of the strategies, structures, and processes that lead to organizational effectiveness." Clinical inquiry can be considered as a particular form of action research that aims to further organizational development (Coghlan, 2000). Clinical inquiry relies on several principles that have been described by Schein in numerous publications (Schein, 1987, 1990a, 1993, 1995, 1997, 2001). Following is a summary of these principles.

First, like all forms of action research, clinical inquiry puts a greater emphasis on the subjective factors that shape a client or subject's<sup>1</sup> actions than on more objective factors. Traditional research focuses on factors that reflect reality accurately according to the researcher and are therefore considered to be more objective or "truer" than the subjective factors that clients attend to. However, individual and collective subjectivity often critically shape client actions. Clinical inquiry recognizes and accepts human bias and subjectivity, as it explores ways to improve organizational effectiveness and health.

Second, and peculiar to clinical inquiry as compared to other forms of action research (Schein, 1995, 2001), the creation of scientific knowledge is ancillary to the primary goal of clinical inquiry: to aid clients to address their problems through change and growth. This principle led Schein to conclude that the client needs to initiate the clinical inquiry process to ensure primary emphasis on the client's needs and enhance client cooperation with the researcher. According to Schein, when researchers are perceived as helpful, they gain legitimacy and access to deeper strata of data (Schein, 2001).

The first two principles imply a third one: in clinical inquiry, data must be generated through an interaction process between the researcher and client. Traditional research methodologies emphasize the need for objectivity. Even in qualitative research, it is often assumed that the point of view of the subject can contaminate the more objective and removed point of view of the researcher (Miles & Huberman, 1994). Clinical inquiry adopts the opposite perspective. To help their clients, clinicians must understand their point of view by interviewing them and interacting with them.

Fourth, in clinical inquiry, as opposed to ethnography or participant observation, the researcher must attempt to change the system (Schein, 1987, 1993). Attempting to change a situation allows clinicians to validate the hypotheses they develop throughout the consulting process. Clinicians gather information and form diagnostic hypotheses about possible problems with their clients. They develop solutions to these hypothetical problems, still in conjunction with their clients, and then test these solutions as they implement changes to the system, which leads them to confirm, disconfirm, or refine their initial hypotheses. Several iterations are needed for a problem to be solved. Compared to knowledge created with traditional research methods, the knowledge created through clinical inquiry is more "actionable" (Argyris, Putnam, & Smith, 1985).

Fifth, in clinical inquiry the role of the researcher is that of a process consultant rather than an expert or a doctor (Schein, 1990a). Experts and doctors solve problems that their clients are aware of but do not have the expertise to solve themselves. Both models assume that the client is willing and able to accurately communicate necessary information, will accept the consequences of receiving an answer or cure, and that the expert or doctor has the ability to solve the problems. Based on his consulting experience, Schein finds that these assumptions are often not met. Process consultants therefore adopt different assumptions: (a) the client, although knowing something is wrong, cannot precisely identify the problem, (b) the client does not know what kind of help is available or relevant, (c) the client must participate in the diagnosis and is actually often part of the problem, (d) the client knows best what the solution to a correct diagnosis can be, and (e) the client will learn from the process how to solve future such problems.

Sixth, clinical inquiry involves exploring a wide variety of factors that may be implicit or unconscious in an organization, a team, or an individual. Schein learned through his broad consulting experience that the real problems a client faces are often not the ones identified initially. An organization's culture or an individual's psychological system often turn out to be the origins of the set of symptoms that motivated the client to initiate the clinical inquiry (Schein, 1990b, 1996). In the pursuit of what Schein refers to as "organizational health," the researchers must raise their clients' consciousness about the characteristics of their psychology or of the organizational culture

that caused problem. This is where experts and doctors find their biggest limitations, as these models risk broaching an organizational problem too literally. The next section explores the historical roots of Schein's ideas about clinical inquiry.

## **The Historical Roots of Clinical Inquiry**

Reflecting on his life, Schein (2006) acknowledges the many influences that shaped his thinking. Carl Rogers was Schein's first lasting influence. Of particular inspiration was Rogers's belief that a therapist must take a patient's point of view seriously and reflect it back to the patient through active, empathetic listening, mirroring, and unconditional acceptance instead of giving expert interpretations (Rogers, 1951, 1958, 1959). In line with these Rogerian principles, clinical inquiry emphasizes the importance for the researcher to establish trust with the client. Trust is developed as the researcher facilitates a consultation process in which clients generate information that eventually allows them to solve their problems (Schein, 1969).

Schein (2006) also acknowledges his indebtedness to group and family therapy, which reject the notion that individual problems can exist in isolation of a social system. When parents come to a family therapist to discuss their "problem child," the therapist knows that he or she will have to investigate the roots of the problems in the parents, the siblings, and the family system (Nichols & Schwartz, 2007). Throughout his consulting experiences, Schein realized that this systemic view holds true for organizations as well. When a client comes to a clinician with a "problem person" in mind, the clinician should suspect that larger systemic problems will be discovered (Culbert, 1996; Schein, 1997). The clinician must thus investigate a wide array of factors and people in the organization to get an opportunity to identify the roots of a problem.

T-groups, or Laboratory Training, originally inadvertently discovered by Kurt Lewin and institutionalized by work performed at the National Training Laboratory (NTL) institute (Coghlan & Jacobs, 2005), were another strong influence on Schein (2006). T-groups emphasize the "here and now" experiences of participants as they interact with each other and receive feedback about their impact (Schein & Bennis, 1965). Schein's (2006) experience of T-groups revealed a stark contrast between his academic understanding of group processes and his "here and now" experience of them. This contrast is still sorely reflected in today's divide between management theory and practice (Bartunek et al., 2006; Bennis & O'Toole, 2005; Coghlan & Jacobs, 2005; Hambrick, 2007; Rynes, 2005). In T-groups, Schein acquired the notion that learning, and ultimately change, are more strongly harnessed in experiences than in abstract knowledge (Schein, 1993; Schein & Bennis, 1965).

Kurt Lewin's ideas influenced Schein beyond T-groups. One of Lewin's many lasting contributions to psychology is the notion that behavior is a function of both the person and the situation, which led Lewin to integrate psychology and sociology, giving birth to social psychology (Lewin, 1939, 1946b). Lewin inspired Schein to adopt a pluridisciplinary approach and use a wide array of methodologies, including survey research, statistical analysis, and rich qualitative observation in the field (Schein, 2006).

Fresh out of his PhD program, Schein joined the Army to work as a social psychologist. This experience provided a capping stone to integrate all of his other influences (Schein, 2006). First, it reinforced his pluridisciplinary perspective. As he worked with endocrinologists, Skinnerian behaviorists, ecologists, statisticians, psychiatrists, and clinical psychologists, Schein gained an appreciation for their different insights. Second, Schein's assignment to interview brainwashed American POWs, aside from providing Schein with academic fame for his work on coercive persuasion (Schein, Schneier, & Barker, 1961), strengthened his conviction that interviews and field research provide far more interesting and relevant data than the typical psychology experiment. The next section discusses two tools, video and dialogue, that can be used to complement clinical inquiry.

## **The Power of Video and Dialogue**

Unrelated to clinical inquiry, video and dialogue have been recognized as important tools in social sciences. Video is particularly useful for the study of complex interactions in real-world settings, especially as the equipment for filming, editing, storing and analyzing video becomes ever more affordable and easy to operate (Jordan & Henderson, 1995). Video diminishes the bias that researchers or participants invariably bring to the reconstruction of an event. When discussing an event, individuals build a story that reconstructs a logic that was not necessarily the one at work in the moment (Argyris, 1976; Weick, 1995) and emphasizes particular details at the expense of others. Although the operator of a camera also introduces bias by choosing to focus on particular aspects of a situation, video records are considered to be less biased than an individual's reconstruction of an event from memory (Jordan & Henderson, 1995). A video record can also be viewed and analyzed an unlimited number of times, including in slow motion, allowing for a fine-grained analysis of minute details that could not be all recalled by even the most well-trained observer. Video thus constitutes a rich record of interactions that can be used for a variety of research or training purposes.

Video has been used in "participatory video," a type of action research that promotes people-centered community development (White, 2003). Participatory video involves training and empowering members of a community to author their own video documentaries about social issues of importance to them. The participants then view each other's documentaries and start to understand and discuss each other's perspective, which initiates social change. Video is also being used in a variety of training programs, such as leadership training (Campbell, Lison, Borsook, Hoover, & Arnold, 1995) or sports training (Emmen, Wesseling, Bootsma, Whiting, & van Wieringen, 1985). Video provides a rich and relatively unbiased basis for trainers to give feedback to participants about their actual behavior. Video has become a powerful tool for trainers and action researchers to facilitate learning and change.

Parallel to the use of video, dialogue has been recognized in social science as a tool that can facilitate change. In Scandinavia, Gustavsen (1985) has advocated the practice of democratic dialogue as an action research tool to facilitate large-scale workplace change. More recently, researchers in complexity theory have recognized the importance of structured dialogue to bring about profound organizational change (van Eijnatten & van Galen, 2002). At the individual level of

analysis, the power of dialogue has been emphasized in psychodynamics, which adopts the ontological assumption of “perspectival realism” (Orange, 1995). Each individual’s perspective on a phenomenon is necessarily partial, although correlated with objective reality. Dialogue allows a therapist and a client to coinvestigate reality and expand their perspectives on it. The therapist’s capacity to empathize with the patient and the development of a trusting relationship are paramount to the achievement of a productive dialogue (Kohut, 1959; Rogers, 1958). Within the workplace setting, the one-on-one practice of coaching also relies heavily on dialogue as a tool to bring about individual change (Ting & Hart, 2004).

Combined, video and dialogue could prove useful to process consultants to investigate issues at the intraindividual level of analysis. The next section describes dialogical inquiry, an extension of clinical inquiry that incorporates dialogue over videotaped segments of behavior as its central feature.

### **Dialogical Inquiry: An Extension of Clinical Inquiry**

Dialogical inquiry is a method that involves the shadowing and filming of clients in their everyday work situations and a discussion about the video record that aims to raise the awareness of the clients and the consultant so that (a) the clients can improve their effectiveness at work and (b) the consultant can generate knowledge about how individuals process reality in action. Dialogical inquiry adopts the main principles of clinical inquiry, but focuses on the intraindividual level of analysis, the client as a system as opposed to an organizational system.

Like clinical inquiry, dialogical inquiry emphasizes clients’ subjective experience and generates knowledge through an interaction between the client and the consultant. However, dialogical inquiry extends clinical inquiry by distinguishing three types of client subjectivities. The first type of subjectivity, immediate subjective experience, represents the subjective experience of the client when he or she interprets a situation in the moment and takes action. Immediate subjective experience is biased by the client’s perception and on-the-spot interpretations, which are both influenced by his or her past experiences (Barsalou, 1983; Peterson & Flanders, 2002). The second type of subjectivity, retrospective subjectivity, comes into play when the client reinterprets his or her immediate subjective experience after the fact, when recalling the situation. Retrospective subjectivity is biased by the tendency of clients to defend a positive self-image (Argyris, 1976), social desirability (Fisher, 1993), and the need to appear logical (Weick, 1995). Dialogical inquiry aims to build a third type of subjectivity, dialogical subjectivity, which is less biased than retrospective subjectivity. Dialogical subjectivity can be achieved when the client observes a video sample of his or her real-life work behavior, recalls his or her immediate subjective experience, and discusses it with a third party, the consultant. To decrease the biases inherent to retrospective subjectivity, the consultant must establish trust to decrease the client’s defensiveness and focus the client’s attention on details apparent in the video that contradict the client’s artificially reconstructed logic. Next, four steps for dialogical inquiry are described: (a) a life interview with the participant, (b) shadowing and filming the participant in action in the work environment, (c) selecting episodes from the videotaped shadowing for discussion, and (d) a discussion with the participant about these episodes.

One of the biggest differences between Schein's philosophy of research and traditional research is the focus on the client's perspective. To understand the actions of a client, the researcher must first get a perspective on the client's whole life. Psychoanalysts of various traditions have discovered that past experiences, in particular the family environment and constitutive events, are key in shaping a person's psychology and worldview (Freud, 1969; Jung, 1966; Kohut, 1971). During the life interview, the researcher attempts to understand key psychological dimensions of importance for the participant in the organizational context and in his or her life in general. However, unlike a psychoanalyst, the dialogical inquiry researcher only has a limited amount of time to understand the client. Culbert (1996, chap. 7) has developed a number of questions that can be asked to understand a person's mindset and alignment equation, that is, the personal dimensions that an individual includes in one's life success equation and how that person goes about maximizing them. These "illuminating" questions can be used in the initial life interview to allow researchers to quickly familiarize themselves with the perspective of the participant. In addition to general life perspectives and important personal events, the researcher may choose to focus on events and experiences that may be more specifically relevant to the client's current job and expertise (or lack of). The researchers' understanding of research participants' mindsets allows them to focus on relevant details while shadowing and filming the client and, later on, to select relevant video episodes to be discussed.

The second step in the protocol of dialogical inquiry is shadowing and filming the participant at work. It allows a researcher to capture naturally occurring events with a much greater level of detail than field notes, photos, or tape recordings. The video can then be analyzed in great detail, by the minute or even the second, allowing researchers to understand fine-grained details that may have shaped the behavior of research participants. It constitutes an excellent basis for beginning a dialogue in which both the client and the researcher will gain a wider understanding of what was actually happening in the moment. To make the video most helpful to the client, it is important for the researcher to discuss the areas of work that are most problematic for the client and to sample these in priority. It is also important to shadow and film the client for a relatively large stretch of time—such as a whole day of work—to allow potentially difficult situations to emerge.

After a client has been shadowed and filmed, the third step of dialogical analysis is to select relevant video episodes. Shadowing a client for a whole day can yield hours of video. It would be impractical to analyze it all. The principles of grounded theory can help resolve this problem (Glaser & Strauss, 1967). The basis for selecting episodes is theoretical sampling. This involves actively choosing the situations that are most likely to yield insight into the important aspects of the phenomenon under study. Often, this means choosing the extreme cases that offer the greatest variability. Situations that feature an unusual amount of creativity, stress, complexity, or emotionality, such as dramatic human interactions, and crisis or near-crisis situations are good candidates for theoretical sampling. Because the main goal of dialogical inquiry is to raise participants' awareness about how their immediate subjective experience of events shapes their behavior, researchers must also use their understanding of the participants' mindset, derived from the initial interview, to select episodes. As researchers refine their skills, they will be able to predict from the initial interview the areas in which the client will experience difficulties. The shadowing of the participant will validate

or invalidate these predictions, which can be considered a validity criterion for the researcher's insight.

After episodes have been selected, the researcher and the client engage in the most important part of the dialogical inquiry protocol: a dialogue about the episodes selected. The main goal of this step is to understand what caused the participant's actions in the field, with a particular emphasis on the causal factors that the participant was unconscious of in the moment. The researcher asks the participant to describe the situation in his or her own words; what he or she was experiencing, feeling, intending, believing, thinking, and trying to accomplish in the moment. The level of trust between the researcher and the participant is critical at this point. Providing empathetic, unconditional acceptance to participants will lower their defenses, allowing them to recognize unconscious dynamics. These unconscious dynamics are the most interesting data that the researcher hopes to produce. Although it is important for researchers to understand their participants' perspective, they should nonetheless be ready to challenge it if they suspect their participants are being defensive. As Argyris (1976) observed, individuals' espoused theories, the theories they have about themselves in action, differ starkly from their theories-in-use, the unconscious factors that actually govern their behavior. People get defensive when a researcher points out discrepancies between their espoused theory and their theory-in-use. The video is a useful tool for the researcher to challenge a participant's defensive interpretations because it represents a source of data that participants consider to be less biased than a researcher's observation. For instance, a participant may not remember or may deny having been emotional during a particular interaction. By first watching the video excerpt of this interaction, the participant might be surprised to recognize signs of emotionality, which will make it easier for the researcher to engage in dialogue on this sensitive interaction. The video allows participants to revisit in-the-moment emotionally charged events and to discuss them in a safe, private context resembling the psychoanalytical space. The initial life interview also provides a useful point of reference for the researcher during the follow-up interview. It can be used by the researcher to ask questions that may bring into focus the way a participant's past experiences have influenced his or her perception of an event. If questions are not enough to raise the participant's awareness, the researcher may volunteer interpretations to see whether they resonate with the participant. Of course, in the process, the researcher must be open to revising his or her original hypotheses about the client. One of the most serious threats to validity in this part of the process is the inability of the researcher to distinguish between instances in which participants are defensive from instances in which his or her interpretations are wrong. To fight this threat to validity, it is essential that the researcher develop self-awareness to keep his or her bias in focus. There are various ways to achieve this. Psychoanalysts, for example, themselves undergo an extensive psychoanalysis during their training. Schein, among other things, participated in T-groups (Schein, 2006). Table 1 summarizes the key principles of dialogical inquiry. The next section illustrates dialogical inquiry with an example.

### **Dialogical Inquiry in Motion: An Example**

Dialogical inquiry was used in a research project that investigated the unconscious psychological processes—including intuitive and emotional processes—that drive the leadership behavior of

movie directors on set as they address real-time operational challenges (Coget, 2004). Movie directors in the production phase of movie making<sup>2</sup> were chosen as the population of study because their job requires strong leadership qualities. Also, a movie set involves an unusual amount of creativity, stress, emotionality, crises, and dramatic human interactions. On set, movie directors constantly have to make critical decisions without having time to think about them rationally. This population and setting are ideal to study how operational leaders think practically in the field. Seven film directors were recruited for this study. Among the participants, three were professional independent film directors and four were film students at a major West Coast University shooting their Master of Fine Arts' thesis: a short film. They had directed 2 to 7 films previously, with an average of 3.5.

Prior to the shoot, the investigator had an initial life interview with each director, with the aim of gaining insight into the director's upbringing, previous directing and leadership experiences, management philosophy, and events that critically shaped his or her worldview. This interview allowed the investigator to identify key experiences that might influence how the director intuitively made sense of events that naturally unfolded on set.

During the shoot, the investigator asked the directors to wear a wireless microphone and filmed them while they were interacting with their crew and cast. Because film directors move constantly on set, it was impossible to film them from a fixed location and they had to be shadowed. Participants can become self-conscious when being filmed, which can distort their behavior. Four elements limited this distortion. First, film sets are very public and crowded, which helped make the first author fade into the crowd. Second, crew members and directors are accustomed to cameras— which are a central tool of the trade—and to documentaries about the “making of” the film being made. This made them less sensitive to the presence of the camera. Third, the action on film sets is so intense and the number of factors a director needs to attend so high that the distraction of the camera quickly faded into the background. Fourth, during intense situations in which the director might have become more self-conscious, the investigator stepped away from the director while zooming from a distance to minimize interference. After the shoot, all of the participating directors indicated that they were aware of the video camera in only the first few minutes of the shoot and rapidly forgot about it. The investigator tried to capture on tape not only the whole situation the director perceived but also the director reacting to the situation to allow for subsequent behavioral coding of emotions. The investigator shadowed each director for a full day of shooting, accumulating an average of 9 hr of footage. Archival data was also gathered before and after the shoot: the callsheet,<sup>3</sup> the script,<sup>4</sup> and the shot-list.<sup>5</sup> These documents helped identify the different crew and cast members observed and their role to further understand when the situation was deviating from the plan.

After the shoot, the investigator analyzed the videotapes and selected episodes of 1 to 3 min per director. Where an episode begins and ends was determined while the investigator was analyzing and coding the data. The investigator selected the episodes in which he suspected the directors were departing from what they would consider calm and rational modes of operation. The selected episodes typically featured an unusual amount of creativity, stress, complexity, or emotionality, dramatic human interactions, and crisis or near-crisis situations. Selecting the episodes amounted

to “theoretical sampling,” as described by Glaser and Strauss (1967), which involves actively choosing the situations that are most likely to yield insight into the phenomenon under study. Theoretical sampling is an ongoing process that happens as the data is gathered and analyzed. Examples of crisis or near-crisis situations selected were obstacles preventing the crew from executing a plan as it had been designed, because of weather conditions, faulty equipment, or because authorizations had not been secured; conflicts between crew members, when misunderstandings erupted and crew members realized they were working under different assumptions; and so on. The archival data collected helped the investigator determine when the plan had indeed not been followed.

Approximately 1 month after selecting the critical incidents, the investigator had a follow-up interview with the directors. This time delay was needed for the directors to finish the production phase of their film, during which time they were unable to focus on other activities such as this research study, and gave the first author the time needed to select the critical events to be analyzed. The investigator began each follow-up interview by asking the directors to recall the day they were videotaped and comment on significant incidents that stood out in their memory. Directors were also asked to volunteer information about events that had happened before and after that day that gave them perspective on it. The directors usually recalled one to three critical incidents, and in each case these incidents had already been included in the sample. After this preliminary discussion, the chosen videotaped segments were shown to the directors and they commented on them. The investigator first let the participants describe the situation in their own words, taking care not to lead the conversation. Then, often paraphrasing the respondent or summarizing their statements, he probed further and questioned them about what they were experiencing, feeling, intending, believing, thinking, and accomplishing in the moment. The investigator tried to create a safe and empathetic atmosphere for the respondents to be as faithful as possible to what they really experienced and to facilitate the emergence of a perspective-expanding dialogue (Kohut, 1959; Orange, 1995). The empathetic dialogue that occurred between the investigator and the participants allowed the latter to remember more details of their subjective experience (which was further facilitated by their watching the video several times) and to resist artificially justifying their behavior after the fact. When the respondents failed to mention issues that the investigator suspected to be important in reference to his analysis of the initial interview and the archival data, he raised them and sometimes volunteered hypotheses and asked the respondents to comment on their validity. Experiences prior to this study helped the investigator practice empathy, as he had undergone Jungian analysis for 4 years, participated in two in-depth T-groups, and provided feedback to numerous students on self-reflection articles about intimate and constitutive events of their lives, in a class on managerial psychology, for which he was a teaching assistant for 4 years. On average, each follow-up interview lasted 2.5 hr.

The dialogical inquiry of movie directors as operational leaders yielded two related results. First, it significantly raised movie directors’ awareness about factors that shape their leadership behavior on set. The majority of the movie directors studied believed they had achieved important realizations during the follow-up interview, and they anticipated making realistic adjustments that would make them more effective leaders on set. Second, this dialogical inquiry allowed the

investigator to build a model of the main psychological factors that influence a movie director's leadership behavior on set (Coget, 2004).

## **Discussion**

Schein was one of the most fertile and creative developers of Kurt Lewin's ideas on action research. The two methodologies he developed, clinical inquiry and process consultation, further codified action research. Other researchers have developed action research in their own way (Adler & Shani, 2001; Argyris et al., 1985; Argyris & Schön, 1974; Brannick & Coghlan, 2006; Coghlan & Jacobs, 2005; Reason, 1994; Shani & Pasmore, 1985; Torbert, 2001, 2004) and there is currently a resurgence of interest on the topic (Coghlan & Jacobs, 2005; Reason & Bradbury, 2008; Shani, Mohrman, Pasmore, Stymne, & Adler, 2008).

Dialogical inquiry shares many of the philosophical assumptions of action research, in particular as articulated by Schein in clinical inquiry. Consistent with all action research, dialogical inquiry aims at generating actionable knowledge and explicitly includes the perspective of the client or subject instead of considering that it biases the research results (Schein, 1987). Dialogical inquiry addresses the three perspectives of developmental action inquiry (Torbert, 2001, 2004): first, second, and third pronoun research. The first pronoun perspective of the client is the explicit focus of the research. However, this perspective is supplemented by the second pronoun perspective of the researcher and the third pronoun perspective of the video, which represents a less biased record of the situation. Including these three perspectives is assumed to ensure a wider perspective on the perspectival truth of the episodes studied. Dialogical inquiry is also consistent with action science (Argyris et al., 1985). The episodes selected often constitute moments in which the client's espoused theory deviates from his or her theory-in-use. The conversation that takes place while analyzing these episodes is aimed at helping the client realize what his or her theory-in-use is.

The main aspect in which dialogical inquiry extends clinical inquiry is that it introduces video. The video represents a less biased perspective on events than either the client's or the researcher's retrospective memories of them. The video thus constitutes a useful basis for the client and the researcher to discuss how the client makes sense of everyday work situations. Dialogical inquiry is very specific about the protocol to be followed in the field, beginning with a life interview, followed by the videotaped shadowing of the client, the selection of "interesting" episodes, and a dialogue about them. The last stage of dialogical inquiry, dialogue between the client and the researcher, is inspired by the psychoanalytical process and research on dialogue as a tool for organizational change. Schein also acknowledges his indebtedness to therapists in his *vitae contemplativa* (Schein, 2006). The establishment of trust through empathy is a key factor of success in that stage of dialogical inquiry.

The example of dialogical inquiry presented here suffers two limitations with regard to the principles of clinical inquiry. First, the clients did not initiate the dialogical inquiry process, but rather, the researcher recruited them. This limitation was tempered by the fact that the researcher's goals were, first, to help the clients raise their awareness so that they could be more effective in the future and, second, to study the psychological processes that drive the leadership

behavior of movie directors on set as they address “real-time” operational challenges. Ideally, dialogical inquiry processes should be initiated by the clients to ensure better focus on the client’s needs and client cooperation. Second, although participants believed they had achieved important realizations during the follow-up interview, and they anticipated making realistic adjustments that would make them more effective leaders on set, these beliefs were not tested in a second round of observation and discussion by the researcher. Ideally, several rounds would have taken place with each participant to ensure that the process did indeed increase the participants’ effectiveness on set.

## **Conclusion**

This article has presented and illustrated dialogical inquiry, an extension of clinical inquiry that takes advantage of new technologies. Dialogical inquiry takes its roots in Schein’s clinical inquiry, which in turn takes its roots in the humanistic psychology movement, action research, T-groups, and social psychology. Dialogical inquiry has four phases: a life interview, the videotaped shadowing of the client, the selection of “interesting” episodes from the tape, and the interview of the client about these episodes. It is hoped that this article will be useful to other researchers who wish to study emotional and nonconscious phenomena and will contribute to reduce the gap between theory and practice in management.

## **Notes**

1. Schein often refers to the individuals he studies as *clients* whereas they are traditionally referred to as *subjects* or *participants* by other researchers. Although the distinction is meaningful, for convenience the three terms will be used interchangeably throughout this article.
2. When they actually shoot their movie.
3. A list of all the people who were present on set, their function, and their contact.
4. Annotated by the director when possible.
5. The list of scenes to be shot, their order, the time they are expected to take to shoot, the crew and cast involved, and other information.

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**Jean-Francois Coget** is an assistant professor of Management at California Polytechnic State University, San Luis Obispo. He earned his Ph.D. from the Anderson School at the University of California, Los Angeles, and was previously a faculty member at HEC Paris. His research interests include emotions in organizations, intuitive decision-making, and charismatic leadership.

## Tables

**Table 1**

<b>The Key Principles of Dialogical Inquiry</b>	
Focus	Intraindividual dynamics Individual in situation
Goals	To raise clients' awareness about how their immediate experience influences their behavior, so that they can increase their effectiveness Help the researcher produce academic knowledge
Main Tools	Shadowing and videotaping clients at work during challenging tasks Having a dialogue about select video excerpts to widen both the client's and the researcher's interpretations of the situation
Methodological Steps	A life interview with the participant Shadowing and filming the participant in action in the work environment Selecting episodes from the videotaped shadowing for discussion A discussion with the participant about these episodes