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Toward a Philosophy of Clinical Inquiry/Research

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The hypothesis underpinning this philosophical reflection on Schein's notion of clinical inquiry/research is that clinical inquiry/research has solid foundations in the operations of human cognition and in the nature of the realm of practical knowing. The reflection draws on the work of the philosopher Bernard Lonergan, who articulates both a clear account of the operations of human knowing and of the realm of practical knowing where knowledge is contextually embedded, and there is a primary concern for the practical and the particular. The purpose of engaging in this philosophical reflection is to articulate the epistemic grounds on which clinical inquiry/research is based to aid clinical researchers to understand and appropriate its vibrant philosophy. The aim is to provide scholar-practitioners with an epistemology, a methodology, and an array of methods to conduct clinical inquiry/research.

Keywords: *clinical inquiry/research; action research; collaborative research; research methods in organization development and change; Bernard Lonergan*

Outside of Schein's own writings, the notion of clinical inquiry/research (CIR) has not been explored in terms of any philosophy underpinning it as a methodology and method in organization development and change (ODC) research; indeed it is neglected. This article seeks to provide such an exploration of CIR in terms of its epistemic and methodological foundations as a research approach in the field of ODC and does so in terms of two philosophical foundations.

1. Schein places great emphasis on working with clients in a manner that enables them to engage in the cognitive processes of perceiving and understanding the issues that they confront so as to take action. Accordingly, understanding the structure and processes of human knowing is central to exploring the empirical method underpinning CIR.
2. The realm of knowledge in which CIR operates is the realm of practical knowing where knowledge is contextually embedded and there is a primary concern for the practical and the particular. Accordingly, understanding the nature of practical knowing is central to exploring the forms of knowledge that CIR seeks to generate.

To engage in philosophical reflection on Schein's work on clinical inquiry/research, this article draws on the work of the Canadian philosopher-theologian

Table 1
Operations of Human Cognition and Doing

Experience	Seeing, hearing, smelling, tasting, touching, remembering, imagining, feeling, etc.
Understanding	Inquiring, understanding, formulating what is being understood
Judgment	Marshaling evidence, testing, judging
Decision or action	Deliberating, valuing, deciding, choosing, taking action, behaving, etc.

Bernard Lonergan, whose major philosophical work *Insight: A Study of Human Understanding* (Lonergan, 1957/1992) explores both the structure of human knowing and the nature of practical knowing. Lonergan's approach to human knowing provides a heuristic that enables us to reflect philosophically on Schein's notion of clinical inquiry/research. Although his ideas are not necessarily new, Lonergan's method possesses clarity of thought and provides us with tools that enable us to get a firm grasp on the essence of CIR. The article is structured as follows. First, Lonergan's articulation of the structure of human knowing is introduced. Second, the world of practice in terms of the realm of commonsense or practical knowing is described. Third, Schein's notion of CIR is introduced and explored in terms of these two philosophical foundations. Finally, criteria for judging the quality of CIR are presented. The purpose of engaging in this philosophical reflection is to explore the epistemic grounds on which CIR is based in order to aid clinical researchers (including CIR doctoral students) to have an epistemology, a methodology, and an array of methods to conduct clinical inquiry/research.

Cognitional Structure

The structure of human knowing is a three-step heuristic process: experience, understanding, and judgment (Flanagan, 1997; Lonergan, 1957/1992; Marroum, 2004; Table 1). First, we attend to our experience. Then we ask questions about our experience and receive an insight (understanding) and we follow that up by reflecting and weighing up the evidence to determine whether our insight fits the evidence or not (judgment). Lonergan argues that human knowing is not any of these operations on their own. For Lonergan all knowing involves experience, understanding, and judging. The pattern of the three operations is invariant in that it applies to all settings of cognitional activity, whether solving a crossword clue, solving an everyday problem, or engaging in scientific research. Rejecting or dismissing this pattern involves experience, understanding, and judging and, paradoxically, confirms it. It is not the place in this article to explore how Lonergan sought to address epistemological issues in the work of modern philosophers, such as Descartes, Hume, and Kant or to juxtapose his

work in relation to contemporary philosophers and scholars of science. That is well discussed elsewhere (e.g., Meynell, 1998). Suffice it to note that readers may find Lonergan's articulation of the structure of human knowing compatible with contemporary frameworks of knowing and learning (e.g., Kolb, 1984).

Experience

Experience is the empirical level of consciousness and is an interaction of inner and outer events. We can not only see, hear, smell, taste and touch, imagine, remember, feel, and think but we can also experience ourselves as seeing, hearing, thinking, feeling, remembering, and imagining.

Understanding

Insight is an act of understanding that grasps the intelligible connections between things that previously have appeared disparate. It occurs at the intellectual level of consciousness. Sensory data are what we experience but do not yet understand. So we ask questions, "What does this mean?" Answers to such questions come in the form of insights, which are in Lonergan's view creative acts of understanding, of grasping and formulating patterns, unities, relationships, and explanations in response to questions posed to our experience. Insight, the act of clearly understanding something, is the central construct of Lonergan's cognitional theory. "Insight confers a basic yet startling unity on the whole field of inquiry and human opinion" (Lonergan, 1957/1992, p. 3). This act of understanding grasps a pattern in data. There are no recipes, rules, or procedures to follow that lead inevitably to insights. The achievement of insight is unpredictable. It can happen quickly or more slowly. The search for understanding is intelligent, focusing on a question or problem. Although we might not know yet if a particular current search is intelligent, we anticipate intelligent answers. It is one thing to have an insight and quite another to state clearly just what it is that we have understood. There are also inverse insights, ones for which there are no intelligible answers or patterns. It is not that we cannot find them but that we grasp that there aren't any.

Judgment

Although insights are common, they are not always accurate or true. The question then is, Does the insight fit the evidence? This opens up a question for reflection. Is it so? Yes or no? Maybe? I don't know. The shift in attention turns to an inquiry for accuracy, sureness, and certainty of understanding. So we move to a new level of the cognitional process, where we marshal and weigh evidence and assess its sufficiency. We are at the rational level of consciousness. We set the judgment up conditionally (what Lonergan calls the virtually unconditioned); if the conditions have been fulfilled, then it must be true or accurate. There may be conflicting judgments and we may have to weigh the evidence and choose between them. If we do not think that we have sufficient evidence

to assert that our insight fits the data then we postpone judgment or make a provisional judgment and correct it later when we have further or other evidence.

There are, of course, such things as stupidity, obtuseness, confusion, divergent views, lack of attention, and a general lack of intelligence. Lonergan refers to these as oversights and flights from understanding. He acknowledges that understanding may not spontaneously flow from experience, that many insights may be wrong, that interpretations of data may be superficial, inaccurate, or biased, and that judgments may be flawed. He points out that we can gain insight into these negative manifestations of knowing by the same threefold process of knowing.

General Empirical Method

The cognitional operations of experience, understanding, and judgment form a general empirical method, which requires

- attention to observable data,
- envisaging possible explanations of that data, and
- preferring as probable or certain the explanations that provide the best account for the data.

These require the dispositions to perform the operations of attentiveness, intelligence, and reasonableness (Coghlan, 2008a, 2008b; Coghlan & Shani, 2008a).

We are not just knowers; we also make decisions and act. Decision or action is at the responsible level of consciousness. The process of deciding is a similar process to that of knowing. We experience a situation. Using sensitivity, imagination, and intelligence we seek to answer the question for understanding as to what possible courses of action there might be. At this level, we ask what courses of action are open to us and we review options, weigh choices, and decide. We reflect on the possible value judgments as to what is the best option and we decide to follow through the best value judgment and we take responsibility for consistency between our knowing and our doing. Accordingly, in the terms of clinical inquiry/research and other forms of action-oriented research, to the empirical, intellectual, and rational levels of the empirical method is added the responsible level (Table 2). With a philosophical foundation for the processes of human knowing and doing on which to ground an exploration of CIR, the focus now shifts to the realm of practical knowing as the second foundation for exploring clinical inquiry/research.

The Realm of Commonsense Knowing in the World of Practice

Philosophers have distinguished between scientific and primordial knowing (Tekippe, 1996). Primordial knowing is a broad category that includes such diverse

Table 2
General Empirical Method in Clinical Inquiry/Research

Empirical level	Attentiveness
Intellectual level	Intelligence
Rational level	Reasonableness
Responsible level	Responsibility

forms of knowing as aesthetic, mystical, religious, interpersonal, moral, and commonsense knowing. In the context of this article, the focus is on commonsense knowing, or practical knowing as it may also be called (Reason & Torbert, 2001). Commonsense knowing has been neglected by scholars. In the 17th century, philosophers turned to problems of the objectivity of knowing—a shift from knowing in a descriptive mode to knowing in explanatory mode where things were no longer presented in relation to the knowing subject but were related to one another in recurring patterns. A tendency to relate any method of things to the subject was criticized as subjective and invalid and limited to surface appearances, as contrasted to scientific patterns of knowing.

What we know and how we know in day-to-day living is the realm of common sense (Lonergan, 1957/1992). Its interests and concerns are human living and the successful performance of daily tasks and discovering immediate solutions that will work. It differs from scientific knowing in that it is particular and practical and it draws on resources of language, support of tone and volume, eloquence and facial expression, pauses, questions, omissions, and so on. One of its particular characteristics is that it varies from place to place and from situation to situation. What is familiar in one place may be unfamiliar in another. What works in one setting may not work in another. Knowing needs to be differentiated for each situation. Understanding actions in the everyday requires inquiry into the constructions of meaning that individuals make about themselves, their situation, and the world and how their actions may be driven by assumptions and compulsions as well as by values. In a similar vein, large systems and groups hold their own shared meanings, which direct their actions. Such meanings are likely to be hidden and taken for granted (Schein, 2004). Accordingly, commonsense knowing is always incomplete and can only be completed by attending to figuring out what is needed in situations in which one is at a given time. No two situations are identical. This is why we reason, reflect, and judge in a commonsense pattern of knowing to move from one setting to another, grasping what modifications are needed and deciding how to act.

Knowing in the commonsense pattern involves a series of dialectical tensions: individual processes of growth and development, the dynamics of groups and between groups, and the efforts of systems to relate to their external world, each competing for attention in the unfolding drama of organizational life (Coghlan & Rashford, 2006). Accordingly, in this dramatic pattern of experience, where roles are enacted in the pursuit of individual and collective endeavors, multiple meanings are

created and enacted in the selection of purposes, plans, and actions (Fisher, Rooke, & Torbert, 2000).

What are the characteristics of knowing in the realm of the everyday? Olsen (1987) draws on several approaches and lays out some general characteristics of commonsense knowledge.

1. It is tied to the particular and the concrete.
2. Commonsense generalizations are coded in a loose metaphorical way rather than in terms of the explicit, exhaustive principles that are the goals of any science.
3. Common sense preserves elements of knowledge that are not in complete agreement with one another.
4. Commonsense thinking operates by illustration and example, not by formal rules and definitions.
5. Common sense is value laden.
6. Commonsense arguments are won not necessarily by the person having the best reasons but by the one who has the "last word."

A contrast of scientific and commonsense knowing points to differences in how common sense has a concern for the practical and the particular whereas science has theoretical aspirations and seeks to make universal abstract statements (De Vos, 1987). Commonsense knowing is content with only what it needs for the moment whereas scientific knowing tries to be exhaustive and seeks to know everything and state accurately and completely all it knows. Common sense is typically spontaneous whereas science is methodical. Common sense uses language with a range of meanings, whereas science develops technical jargon. In summary, commonsense knowing remains in the world of "things related to us" whereas scientific knowing wants to relate things to each other (Lonergan, 1957/1992).

The world of organization development and change researched through action-oriented approaches, such as clinical inquiry/research, lies in the realm of commonsense knowing, where concern is for the practical and where situations are dynamic and are never identical or replicable. Research in organization development and change has a concern for the practical and the particular. It focuses on what a particular organizational system needs in the present for the future. It works with the language, metaphors, and constructions of participating members. It remains in the world of things related to us. Organization development and change through action research belongs to the world of the swampy lowlands, as Schon (1995) puts it, where the action researchers have a closeness to the people and to the formal and informal dynamics of an organization and have a heavy investment in what happens politically as they work in collaboration with members of the system to enact improvement and change. As Susman and Evered (1978) have argued, the positivist approaches that have dominated organizational science are "deficient in their capacity to generate knowledge for use by members of organizations." They argued that the conditions from which people try to learn in everyday life are better explored

through a range of philosophical viewpoints. They proposed that action research provides a corrective to the deficiencies of positivist science by being future-oriented, collaborative, implying system development, generating theory grounded in action, and being agnostic and situational. In this vein, commonsense knowing may be a foundation for a philosophy of social science (van Hoolthoon & Olsen, 1987). Having outlined the characteristics of practical or commonsense knowing and the structure of human knowing, Schein's notion of clinical inquiry/research is now explored in terms of these two philosophical foundations.

Clinical Inquiry/Research

Action research has an established tradition as the core philosophy underlying organization development. Schein (1987) argues that the knowledge obtained by traditional research models frequently do not reflect what "things are really like" in organizations and so are inadequate for studying organizational processes. He proposes the "clinical approach," in which researchers who gain access to organizations at the organization's invitation to facilitate change are afforded access to perceptions and information that might not be shared readily with outsiders. Schein's clinical approach is a development of Lewin's action research. Gummesson (2000) argues that action research is an exciting approach to case study research because

- a. the researcher works as a consultant and can influence the process,
- b. it can be used to generate theory and initiate change,
- c. it is a holistic approach that enables the total situation to be studied, rather than particular parts, and
- d. there is greater access to the organization for the researcher.

It is a complete form of collaborative research because knowledge is produced in collaboration with clients in a manner that serves both the practical needs of the clients and knowledge for the academic community (Shani, Mohrman, Pasmore, Stymne, & Adler, 2008).

Clinical inquiry/research occurs when the researcher is engaged in helping organizations (Coghlan, 2000; Coghlan & McDonagh, 2001; Quick & Garvin, 2000; Schein, 1987, 1993a, 1995, 1999, 2008). As such, it is synonymous with process consultation (Schein, 1995) whereby the consultant creates a helping relationship with a client that enables the client "to perceive, understand and act on the process events that occur in the client's internal and external environment in order to improve the situation as defined by the client" (Schein, 1999, p. 20). Through being present in a helping role, the clinical inquirer/researcher is noticing how data are continuously being generated as the change process proceeds. Although it may not be clear what these data might mean, the researcher's mode of inquiry enables the client to explore, diagnose, and act on the events as they emerge. In this way, the clinical

researcher's data is "real time," generated in the act of managing change, and not data created especially for the research project.

There are three basic assumptions underlying Schein's notion of clinical inquiry/research.

- Clinical researchers are hired to help. The research agenda comes not from the interests of the researchers but from the needs of the client system.
- Clinical researchers work from models of health and therefore are trained to recognize pathological deviations from health.
- Clinical researchers are not only concerned with diagnosis but have a primary focus on treatment.

There are several working principles. The issues that clinical researchers work on are important. They accept the assumption that unless they attempt to change the system they cannot really understand it. The primary sources to organizational data are not what is "out there" but are in the effects of and responses to intervention. The ODC process whereby the clinical researcher is contacted, enters the system, and begins to learn to be helpful is central. The clinical approach therefore focuses on diagnosing and treating organizational dysfunctions and pathologies. Schein (1997) outlines six clinical activities: in-depth observation of crucial cases of learning and change, studying the effects of interventions, focusing on pathologies and postmortems as a way of building a theory of health, focusing on puzzles and anomalies that are difficult to explain, building theory and empirical knowledge through developing concepts that capture the real dynamics of the organization, and focusing on the characteristic of systems and systemic dynamics.

General Empirical Method of Clinical Inquiry/Research

In terms of the general empirical method articulated by Lonergan that require the dispositions to perform the operations of attentiveness, intelligence, and reasonableness, clinical researchers engage with clients to help meet clients' needs and enacting activities of diagnosing and intervening. The six activities of clinical inquiry/research outlined above make demands on clinical researchers to be attentive to data, to be intelligent in understanding, to be reasonable in making judgments, and to be responsible in making interventions. Schein's emphasis on self-knowledge and self-awareness as central to working with others in trying to be helpful requires a heuristic method that enables clinical inquirer/researchers to attend to their own cognitive processes of experiencing, understanding, and judging and to deciding and acting.

Schein is very clear that clinical researchers need to be self-aware and self-reflective, questioning their own assumptions, biases, and filters. "Listening to the other is secondary to listening to the self" (Quick & Garvin, 2000, p. 32). One of the key principles is that clinical researchers access their ignorance, that is, they learn to

distinguish what they know from what they assume they know and from what they truly do not know and to learn from their mistakes (Argyris & Schon, 1974; Coghlan, 2008b; Schein, 1999). As Schein (2008, p. 276) remarks, “One should operate with self-insight and a healthy skepticism so that one does not misperceive what is out there to make it fit our preconceptions.”

ORJI

Schein (1999) presents a method whereby clinical researchers may reflect on their own experiencing, understanding, judging, and acting. ORJI (*observation, reaction, judgment, intervention*) is a process whereby clinical inquirer/researchers observe (O) their experience; react emotionally to what has been observed (R); analyze, process, and make judgments based on the observations and feelings (J); and intervene in order to make something happen (I). Schein pays particular attention to the movement from observation to judgment, because he believes that frequently the individual does not pay attention to the reaction stage. In his view, the individual typically denies feelings, short-circuits them, and moves straight to judgment and action. By learning to identify and attend to feelings (a) as initial reactions and (b) as influencing judgments, clinical researchers may learn to be attentive to them and choose whether to act on them. The ORJI framework provides a method for clinical researchers to learn to recognize feelings and distinguish them from cognitive processes. It also inserts a structured reflection process that works back from action to judgment to reaction to observation and provides a mechanism for clinical researchers to uncover misperceptions, inappropriate emotional responses, rational analysis based on incorrect data, and interventions based on incorrect data. When clinical researchers’ understanding of a situation is not confirmed by how events develop, they may question the original judgment. When they find that the judgment is based on an emotional reaction, then they may question the source of that reaction.

Typology of Inquiry

Working to be helpful is the central theme of clinical inquiry/research. It is the key starting point and a constant focus of attention. It is the client who owns the problem and the solution and clinical researchers must constantly be aware that the interactions in the here and now continually provide diagnostic information about what is going on, how the client is responding, and on the relationship between the clinical researcher and the client. As diagnosis and intervention are parallel and simultaneous rather than sequential, clinical researchers are always intervening. Everything is data. Accordingly, clinical researchers need to think out the consequences of their actions. Their interventions must seem normal and not be mysterious so that clients themselves may learn the skills of attending to their experience, testing their insights and taking actions based on their understanding.

Table 3
The Collaborative Process of Clinical Inquiry/Research

Task	Intervention	Intended Outcomes
Uncovering experience	Pure inquiry	Perception
Probing for insight	Diagnostic inquiry	Understanding
Aiming for judgment and decision or action	Confrontive	Action

Schein (1999) describes several types of inquiry and frames a typology of interventions. His first category is what he calls *pure inquiry*. This is where clinical researchers listen carefully and neutrally and prompt the elicitation and exploration of the story of what is taking place, thereby demonstrating clients' ownership of the issues and the facilitative role of the clinical inquirer/researcher. The second type of inquiry is what Schein calls *diagnostic inquiry*, in which clinical researchers begin to manage the process of how the content is analyzed by the other by exploring (a) reasoning processes, (b), emotional processes, and (c) actions. The third type of inquiry is what Schein calls *confrontive inquiry*. This is where clinical inquirer/researchers, by sharing their own ideas, challenge the other to think from a new perspective. These ideas may refer to (a) process and (b) content and focus on possible decisions and actions.

Schein's definition of process consultation as helping clients "to perceive, understand and act" may be reframed in Lonergan's terms as helping clients attend to their experience, have insights into that experience, make judgments as to whether the insights fit the evidence, and then to take action. Observation of clients in action and subsequent conversations between clinical researchers and clients seek to bring out experience (through pure inquiry), test insights, and form judgments about that experience (through diagnostic inquiry) and then make decisions and take action (through confrontive inquiry; Table 3). Through these conversations, constructed meanings may be uncovered and tested and action planned, taken, and reviewed.

Generating Practical Knowing

The realm of knowledge in which CIR operates is the realm of practical knowing where knowledge is contextually embedded and there is a primary concern for the practical and the particular. clinical inquiry/research seeks to generate knowledge that is practical and useful for practitioners in particular settings, and as that knowledge is contextually embedded it is generated through collaboration with the members of the organization to improve the situation as they define it. As described above, the collaborative process between the clinical researcher and the organizational members engages the latter in perceiving and understanding their own setting

to use that knowledge to take action. The operations of experience, understanding, judgment, and action are directed toward practical outcomes rather than universal principles.

Clinical inquiry/research projects are situation specific. As they are in the realm of practical knowing, they do not aim to create universal knowledge. At the same time, extrapolation from a local situation to more general situations is important. For the academic community, clinical researchers seek to extrapolate from the specific situation and offer considerations that might be useful for other organizations, perhaps like organizations or organizations undergoing similar types of change processes.

Schein (2004) provides a method and examples of how he works to help an organization identify important cultural assumptions and to evaluate the degree to which these assumptions enable or hinder changes that the organization is seeking to make. Having obtained leadership commitment and selected the groups he wishes to interview, Schein illustrates how he facilitates the groups to identify artifacts first and second, espoused values. Then he works to enable the group to gain insight into what shared tacit assumptions are operative in the group or in subcultures within the group. The subsequent steps are to judge what assumptions act as constraints and then to consider how they might be overcome. In this process, the experience of organizational members are identified and grouped under headings of artifacts and espoused values and then subjected to questioning so as to generate insights so that judgments may be made that subsequently lead to action. In these cases, the outcome is the practical knowing of the organizational members of their cultural assumptions that are particular to their own organizational setting. That practical knowing leads to actionable knowledge as they address the issues for change that they have perceived and understood.

Quality in Clinical Inquiry/Research

Attention to the operations of human knowing to generate practical knowing to improve systems as defined by clients is at the center of CIR. Accordingly, assessing the quality of a CIR endeavor involves reflecting on how the two philosophical foundations explored in this article are realized. Schein (2008) elaborates that because clinical inquiry/research deals with immediately observed organizational phenomena, it is more empirical than research that massages second- and third-order data. Knowledge production is a by-product of helping rather than a primary goal. He poses the question about the kind of knowledge clinical researchers get by hanging around organizations and how that knowledge may be tested. Clinical inquiry/research challenges researcher interest as the basis for research and the notion that researchers need to remain as much an outsider as possible so as not to disturb the system. In Schein's perspective, this is an outdated view of science and disturbing the system is a determinant of both being helpful to and of understanding the system.

How might we judge the quality of a CIR endeavor? As CIR involves collaboration between the clinical researcher and the client, the field of collaborative management research provides pertinent and useful frameworks for addressing the question of how we might judge the rigor, reflectivity, and relevance of clinical inquiry/research (Pasmore, Woodman, & Simmons, 2008). From the work of Coghlan and Shani (2008b) who articulate four dimensions for assessing quality in collaborative management research, these same dimensions may be applied to assessing quality in CIR.

- Clinical inquiry/research engages with real-life issues.

Schein argues continually in his writings that clinical inquiry/research is driven by the needs of the client system and that all inquiry and action are directed to resolving or advancing the issues that have been identified by the client. As this is the realm of commonsense or practical knowing, a quality dimension of clinical inquiry/research is the extent to which it engages with the real-life issues of an organizational system.

- Clinical inquiry/research must be collaborative.

Clinical researchers work *with* members of the organizational system, rather than *for* them or *on* them. Working to be helpful is the key starting point and a constant focus of attention. It is clients who own the problem and must own the solution. Clinical researchers need to be aware constantly that the interactions in the here and now continually provide diagnostic information about what is going on, how the client is responding, and on the relationship between clinical researchers and the clients.

- Clinical inquiry/research must have a reflective process.

Clinical inquiry/research works through iterative cycles of perceiving, understanding, and acting. These apply to both the treatment of the issue at hand and to reflection on the CIR process itself. As clinical researchers form hypotheses about what they think they will hear next immediately after making an intervention, their hypotheses may be tested in consequent actions. Accordingly, there need to be constant shared processes of interpreting events, articulating meaning, and generating understanding between clinical researchers and clients. As Argyris (2003) argues, this inquiry into the process of inquiry itself is central to the development of actionable knowledge. It is the dynamic of this reflection on reflection that incorporates the learning process of the CIR process and enables CIR to be more than everyday problem solving.

- Workable outcomes and actionable knowledge.

The outcomes of CIR need to be workable and sustainable for the client and the knowledge generated be understood to be actionable and transportable and adaptable to other settings.

Figure 1
Epistemic and Methodological Processes in Clinical Inquiry/Research

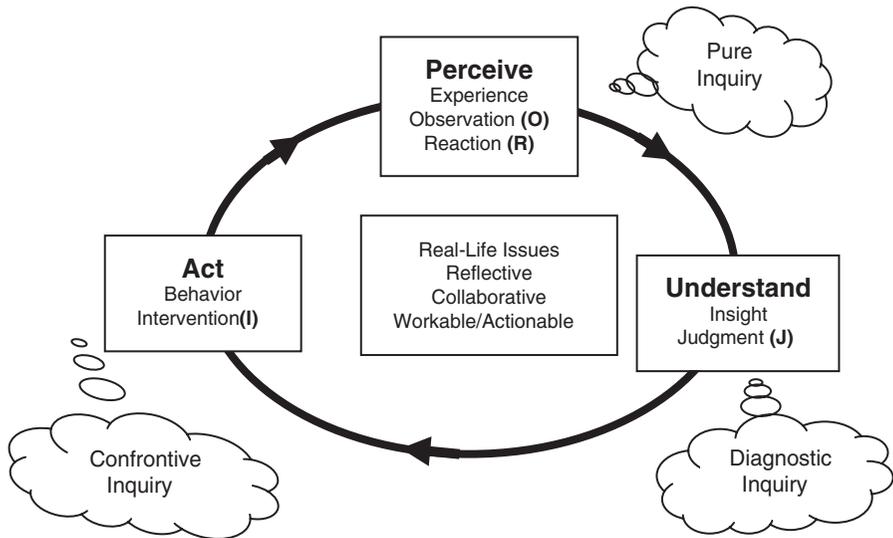


Figure 1 captures the essence of the epistemic and methodological process of CIR. Clinical researchers work to help clients perceive, understand, and act on events that occur in their organizational environment. Through pure, diagnostic, and confrontive inquiry, clinical researchers engage with clients to draw out their experience, their insights, their judgments, and their actions in the settings where things change as a consequence of intervention and where perceptions and meanings shift as people interact and enact strategies and actions for change. The focus is firmly on acts of knowing and doing. The here-and-now confirmation or disconfirmation of hypotheses may be validated (a) by the participants' own experience as brought out in the ORJI reflection process and (b) by triangulation, especially what others have observed and understood. The measures of quality depend on how the participants have engaged in real-life issues and in cycles of action and reflection, in the quality of collaboration, and whether the outcomes are workable and generate actionable knowledge.

Conclusions

The aim of this article has been to engage in philosophical reflection on the process of Schein's notion of clinical inquiry/research. Schein does not refer explicitly to philosophical writings in his own reflections on his work. Rather he discusses how

his own life experience has shaped his work (Schein, 1993b, 2006). At the same time he does use the term *philosophy*. In the second sentence of the third edition of his classic *Process Consultation*, he (1999, p. 1) defines his approach: "Process consultation is a philosophy about and attitude toward the process of helping individuals, groups, organizations and communities." Schein is not using the term *philosophy* in the sense of philosophy as a technical discourse among specialists. Rather he is philosophical in the sense of philosophy as "reflective inquiry into what it means to function consciously as an inquirer and as a responsible agent" (Webb, 1988, p. 3). He is philosophical in the sense of ancient philosophy understood as "a mode of existing-in-the-world, which had to be practiced at each instant and the goal of which was to transform the whole of the individual's life" (Hadot, 1995, p. 265). He is philosophical in terms of the Aristotelian notion of *phronesis*, the qualities of acting justly and wisely in everyday action (Eikeland, 2008). In this manner he accords with the notion of scholar-practitioner that Tenkasi and Hay (2008) present as an "epistemic practitioner."

The hypothesis underpinning this philosophical exploration is that CIR has solid foundations in the operations of human cognition and in the nature of the realm of practical or commonsense knowing. The reflection has drawn on the work of the philosopher Bernard Lonergan, whose articulation of human knowing provides a heuristic that grounds Schein's notion of CIR. Lonergan provides a clear account of the operations of human knowing that enables clinical researchers to get a firm grasp of the basic issues that they deal with in working with clients. The task of the clinical researcher to enable the client to perceive, understand, and act is located in the invariant structure of human knowing that affirms the dynamics of human knowing as comprising operations of experience, understanding, and judgment.

In the settings of practical knowing, where the concern is for the concrete and the particular—which in the field of organization development and change involves facilitating and understanding the process of change as it happens—Lonergan's general empirical method provides a philosophical foundation for working within the realm of practical knowing, where the aim is practical knowing of how to change, where situations change, where understanding actions requires inquiring into the constructions of meaning that individuals, groups, and organizations make about themselves, their situation, and the world, and how knowing must be differentiated for each situation.

The purpose of engaging in this philosophical reflection on the process of Schein's notion of CIR has been to articulate the epistemic grounds on which clinical inquiry/research is based to aid clinical researchers (including clinical inquiry/research doctoral students) understand and appropriate its vibrant philosophy and to enable scholar-practitioners to have an epistemology, a methodology, and an array of methods to conduct clinical inquiry/research.

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