Action and Reflection: The Emotional Dance between Consultant and Client

Manfred F. R. KETS DE VRIES
2009/21/EFE/IGLC
Action and Reflection:
The Emotional Dance between Consultant and Client

by
Manfred F.R. Kets De Vries*

* The Raoul de Vitry d’Avaucourt Clinical Professor of Leadership Development, Director, INSEAD Global Leadership Center (IGLC), INSEAD, France and Singapore. Ph: +33 1 60 72 41 55, Email: manfred.kets.de.vries@insead.edu

A working paper in the INSEAD Working Paper Series is intended as a means whereby a faculty researcher's thoughts and findings may be communicated to interested readers. The paper should be considered preliminary in nature and may require revision.

Printed at INSEAD, Fontainebleau, France. Kindly do not reproduce or circulate without permission.
Executive Summary

In this article, I explore subtle, mostly out-of-awareness dialogues between consultants and clients and highlight how consultants use themselves as an “instrument” when dealing with their clients—using their own reactions to help interpret what the client is trying to transmit to them. To deconstruct these dialogues, I touch on the meaning of transference and countertransference, processes originating from early mother-infant communication and essential to the ability “to listen with the third ear.” I discuss four types of transference-countertransference interface between consultant and client and identify the indicators to which consultants need to pay attention when dealing with their clients. I also explore dysfunctional communication patterns.
Behavior is a mirror in which every one displays his own image.
—Johann Wolfgang von Goethe

Language is surely too small a vessel to contain these emotions of mind and body that have somehow awakened a response in the spirit.
—Radcliffe Hall

A Puzzling Tale

One day I was approached by an executive who was taking my consulting seminar and asked if I could help him make sense out of what was (to him at least) a puzzling incident. This student, a partner in a leading strategic consulting firm, was called on by the CEO of a Fortune 500 organization to discuss a possible consulting project. My student was eager to meet this CEO: if the chemistry was right, he would have a real chance of getting a foot in the door of the organization the CEO was running. He had heard from some of his subordinates that there were a number of lucrative contracts for the asking. However, he realized that it was not going to be a shoe-in. The CEO was a no-nonsense person, unlikely to be intimidated by the latest management fads.

After the usual niceties, my student and his potential client got down to business. The CEO described what kind of strategic study he was looking for, and what region he was interested in. Just as he finished his general overview, the CEO’s assistant came into the office and engaged the CEO in an animated discussion about an issue that had come up earlier that morning. This went on for approximately half an hour, after which the CEO turned his attention once more to my student, and asked if he had given some further thoughts to what his consulting firm could offer. My student explained that his firm had done extensive market research in the region the CEO was interested in, and that he was sure that they could be extremely helpful. The CEO asked him to send a proposal, and said that he would hear from them very soon. The student sent the desired proposal within one week. Now, he told me, more than a
month had gone by without any response. He had tried to call the CEO several times without success and his emails went unanswered. What did I think had gone wrong?

I asked my student for more information about the discussion he had with the CEO. What were his feelings as he dealt with him? Did anything special happen? Had anything irritated him? My student was quick to respond to the last question. He said that the one thing he really couldn’t stand was being ignored. He had been quite annoyed when the CEO’s assistant had interrupted their discussion. I questioned him about other situations that made him annoyed. He revealed that he came from a large family, and had several brothers and sisters, of whom he was the youngest. He said he had always been infuriated (and still was) by his family’s tendency to ignore him. I asked him whether he had shown his anger when he was left hanging by the CEO and his assistant. Initially, he said he was pretty sure he hadn’t. Was it possible, I suggested, that he had made a flippant comment to the CEO that could have been taken badly? It turned out that he had. My student suddenly remembered that he had made a comment to the CEO when leaving. It had just slipped out and he had forgotten it until my questioning.

I told him I thought his irritable comment might have cost him the contract. What I didn’t tell him was that I happened to know the CEO he was referring to. I had once worked with him helping him to make his executive team more effective. One of the issues he had realized he needed to work on to be more successful as a leader was his tendency to categorize people instantly as “winners” or “losers” without giving them the benefit of the doubt. I knew from my conversations with him that he had inherited this modus operandi from his father, who had in his turn been preoccupied all his life with the need to do better than his stepbrother. My student (who to the best of my knowledge was very competent) had been put in the “losers” camp—which is why the consulting contract never came through.

The tragedy of this tale is that both parties behaved like ships that pass in the night. A great win-win situation had been derailed when the interchange was taken over by a plethora of unconscious psychological dynamics. My student was unaware of the intensity of his irritation when he felt ignored. The CEO was unaware of his superficiality when assessing the abilities of the people he encountered.
It is essential to understand that a consultant’s past is always present in his or her work. Consultants have to pay attention to the symbolic role they play in their clients’ fantasy lives. They are not neutral bystanders. It is their responsibility to notice seductive resonances, and avoid engaging in knee-jerk reactions. Consultants will be more effective if they have the ability to take distance and observe and interpret—they need to be clear what belongs to them, and what belongs to others. They need to engage in an inner dialogue to create an appropriate reflective, interpretive stand, in which boundary management is extremely important.

**The projective interchange**

We all know about the five senses—sight, smell, hearing, feeling, and taste—that unless we are very unfortunate we all possess. We share these senses with the entire animal world. All these senses, individually and in cooperation, are vital for our well being and survival. They tell us what is happening to our body and what is happening in our immediate surroundings. They tell us when we are in danger, what’s going on around us, whether we are hot or cold, if the food is good or bad. They tell us whether smells are enticing or disgusting. They form the basis for all of our actions.

Much of our mental life—including thoughts, feelings, and motives—takes place at what we might call a subterranean level. Neurologists and psychologists have demonstrated how unconscious processes are put into action by emotional stimuli. Neurological studies have supplied massive evidence of the existence of unconscious processes of cognition. We engage in information processing on a continuous basis without any conscious awareness, and with very little or no conscious deliberation. Like it or not, we are involved in transmitting perceptions in both a conscious and unconscious way, helping us to give meaning, significance and structure to various problems.

In interpersonal encounters, the space between people is filled by what we evoke in one another; and as a result of those evocations, we seem always to be sending mixed messages. To put it another way, when we communicate with each other, we articulate messages explicitly; but at the same time we communicate in a number of implicit ways, at times conveying a contrary message. For example, the spoken phrase
“I am happy” can convey varying messages, depending on the speaker’s body language and emotional tone. The words can be said with all the evidence of great joy, or in a joking fashion, or in a totally cynical manner. These emotional components, received intuitively, supplement the message we receive from direct verbal statements. The tone of a statement always contains an additional, very informative message.

But such messages are generally subtle and not always easy to decipher. The senses alone cannot always pick up implicit signals: attentive observation is required to truly make sense of another person. Frequently, however, we are aware that something has happened during an exchange because we are touched deep inside us, but we do not really understand why. We pick up these telling cues from body language, sounds, smells, touch, or peripheral vision without being consciously aware of doing so. We can think of this as the working of our intuition.

Everyday conversation consists of a speaker attempting to transmit feelings to a listener and presupposes the willingness of the listener to accept these feelings. We commonly talk in metaphorical terms about “putting something across,” or giving someone “a piece of our mind.” When we are in distress, for example, we try to convey our distress to the other person in such a way that he or she can literally feel it. The normal communication process consists of fairly rapidly oscillating cycles of projection and introjection: as one person communicates with words and demeanor (projection), the other receives and interprets the communication (introjection); then the listener, having understood the speaker’s message, reprojects it to the original speaker, perhaps accompanied by an interpretation.

In the projective process the “projector” deals with emotional conflict or internal or external stressors by transmitting these unacceptable feelings, impulses, or thoughts to another person. Instead of describing these thoughts or feelings, as one would in a discussion, the projector unconsciously communicates the unwanted content to the receiver through actions, facial expression, body attitude, word choice, or sounds. Consultants, experiencing a client’s projected feelings or thoughts in themselves, may understand what the sender is experiencing, even if the sender is not consciously aware of initiating the projective process. Given the dyadic (and cyclical) nature of
this interactive process, it eventually becomes difficult to assess who first did what to whom.

As a primitive, preverbal mode of communicating and relating, these projective processes find their prototype in the mother-child interface. Infants cannot say how they feel; instead, they have to find ways to make their mothers experience their emotional state, which creates a deep, almost symbiotic connection between mother and child. The infant “speaks” to the mother by evoking emotional reactions in her that are reprojected by the mother and received by the infant. The mother may also verbalize what the infant is trying to communicate, helping the infant on a journey of verbal concretization of psychological states.

**Looking for Origins**

The mother-child relationship can be viewed as a co-constructive process whereby infant and mother impact each other on a continuous basis, regulating and aligning their modes of interaction to obtain a satisfactory equilibrium. From the moment of birth, infants communicate their feelings and internal state through sounds, body movements, smell, and facial expression. Caregivers generally learn how to interpret these expressions and respond to the infant to provide “containment”—that is, to keep unwanted feelings from spiraling out of control. Therefore the relationship between the container and the contained can be viewed as a dynamic, mutually influencing process.

The importance of synchronized, dyadic interactions for the developing child cannot be overstated. In fact, the child’s satisfactory development rests upon what has been called the “good-enough” quality of these early caregiver-child interactions. These “regulatory” interactions are extremely important. Unfortunately, the initial phase of the developmental process is characterized by chaos, confusion, strain, bodily tension, sleep deprivation, eating difficulties, and other problems. It generally takes some time before proper empathic resonance occurs between caregivers and their infants.
Dealing with Distress Signals
A key factor in good-enough care, and thus in proper alignment, is the way caregivers deal with a child’s distress signals. Some mothers have a natural tendency to respond appropriately; others are out of sync. Of the latter, all but the most heartless mothers attempt to give some form of containment. Many, though, find themselves misaligned with their infant’s cues.

Mothers who have a rigid attitude toward childrearing may experience the anxiety of the child but refuse (or not really know how) to respond appropriately. Although such a mother may perform a number of perfunctory gestures intended to give generic comfort, she does not truly deal with the infant’s distress. This failure of containment creates a state of bewilderment and disbelief in the infant. The infant would like the mother to feel his anxiety just as he or she is feeling it. But due to the mother’s lack of appropriate response, the infant senses that what he or she is trying to convey has lost its form or meaning.

Other misaligned mothers overreact to the anxiety of their infant. Often inexperienced at parenting, they may panic at their infant’s discomfort, aggravating the problem. In such instances, the infant experiences the mother as an unsafe container, unable to tolerate anxiety and distress.

In the third type of containment, there is a high degree of resonance between mother and child. An understanding mother is able to experience the feeling of fear of fatigue or hunger that the infant is trying to communicate, and yet retain a balanced outlook. She has the knack for feeling what the child experiences and yet still retains her mental equilibrium. This alignment, unlike containment that is either too rigid or too fragile, makes for an ongoing process of mutual influence and adaptation.

The ability of mothers to be attuned to the needs of their children continues as the children grow up. For example, when children are playing in the house, attentive mothers constantly listen to the sounds they make. Mothers who are well aligned with the needs of their children have a finely tuned ability to distinguish the usual abundant noise from any sign of distress. When their “third ear” (that organ not merely of sense but also of empathy, intuition, and understanding) hears a different sound—something
out of the ordinary that may indicate danger—they immediately swing into action and go to the rescue.

We can speculate that mothers who are well attuned to their children are more sensitive to subliminal, non-explicit communication. This talent for picking up subliminal information, for deciphering projective processes as they occur, stands them in good stead, not only with their children but in any interpersonal situation. In general, experienced mothers have an advantage in making sense of the varied communications that take place in the bi-personal field. Their capacity to listen to more than words may give them a real advantage when they take up the role of therapist, coach or consultant. Fortunately, nowadays an increasing number of men are breaking away from parental stereotyping and taking on many of the responsibilities that were once women’s exclusive domain. As these men become better communicators with their infants, they can transfer those skills to the workplace.

**Listening With the Third Ear**
The interchange between infants and their empathetic caregivers demonstrates the large number of responses—the various forms of empathic resonance—that can occur in an effective coach-client or consultant-client interchange. The ability to make sense of these projective processes, an ability that we all develop to a greater or lesser extent in infancy as we learn to “listen with the third ear,” serves as the prototype of all our future two-way communication. It will determine our intuitive capacity. By the time we reach adulthood, listening that bypasses the everyday senses has been part of our repertoire for a long time. Because of faulty mother-child communication, however, some people are not well attuned. Others, who resonated well with their primary caregivers in infancy, have been out of practice for so long that they have all but lost the skill.
Subliminal Communication

Because remnants of the caregiver-infant dialogue stay with us throughout life, aspects of this interactive script are revived in any future relationship. Scripts established in childhood color the way we disseminate or gather information and the way we convey implicit and explicit texts. While explicit texts are out in the open, we struggle to grasp and decipher implicit texts.

As we relate to other people, we are constantly processing large amounts of information. Generally that processing registers in our conscious mind only as hunches. Sometimes, especially when we are totally unaware that this information processing is taking place, we register it in another way: through acting out. Instead of trying consciously to reflect on and process the information that deluges us, we act impulsively to offer our emotional response, which is often unconscious and conflicted. But because the information flooding us has not been properly worked through, the actions that we take are sometimes destructive to ourselves or others, and may inhibit dealing with the feelings aroused in a more constructive way.

While mothers have to learn to pick up subtle signals by doing, psychotherapists, psychiatrists, psychoanalysts, coaches, consultants, and other people in the helping professions receive training to “listen with a third ear.” They learn to use their own unconscious minds to detect and decipher the unconscious wishes and fantasies of their patients. Using their subliminal perceptions about their patients is an important instrument in their repertoire, a way of understanding their patients more deeply. But this activity is not limited to the therapist-patient interchange. All of us use our intuition to understand people better. All of us form opinions about others with what seems on the surface to be scanty information. All of us are overeager to verbalize our instant impressions. Consultants and coaches are no different.

Thus intuition can be viewed as affectively charged judgments that appear through unconscious, holistic associations. Intuition may seem like a rather effortless process—but to make these intuitive associations, a great deal of unconscious, implicit learning has taken place beforehand to build the complex cognitive and
emotive structures that enable pattern recognition. In the best of all worlds, intuition is right on target. Intuition can also derail, however, due to unconscious perceptual distortion of the transferential-countertransferential kind.

Transference and countertransference reactions, and the information they provide, are not confined to therapeutic encounters. I argue that transference and countertransference—that is, the feelings that a patient has towards the therapist and vice versa—are applicable beyond the couch, in particular in a consultancy setting. Consultants can (and even should) use themselves as instruments for gathering additional data—in other words, they can use their own reactions to help them interpret, in dyadic situations, what the client is trying to tell them and trying to do to them. As consultants we should always keep in mind that there are (1) things we can know about the client, (2) things we may be able to know if we listen with the third ear, (3) things we will never know, and (4) things that we do not want to know for one reason or another.

**Transference**

In any form of interpersonal exchange, one person transfers to the other his or her own inner experiences. In that sense, frustrations of the past recur in the present. This concept, transference, is one of Sigmund Freud’s most important contributions to the field of psychology. According to Freud, transference involves a repetition of infantile prototypes that are lived out with a deep feeling of emotional reality. Although these specific behavior patterns may have been quite appropriate in the past, for reasons of psychological or physical survival, in the present they may have become inappropriate. Thus, to quote Freud, transferential reactions create a “false connection”: the behavior that comes to the fore is inappropriate to the present situation. Though we rarely recognize it, all our interchanges revive a vast range of psychological experiences that have their source in the past—experiences that are now directed to a person in the present, who becomes the recipient of the interchange. This confusion of time and place implies that all forms of interaction are inevitably both reality- and transference-based.

For example, a CEO in a consulting relationship may begin to perceive the consultant as if the consultant were his father, transferring his feelings for the real father to the
consultant. Because transference is a largely unconscious process, the CEO is not likely to be aware of it—and neither is the consultant, initially. It is the unconscious nature of transference that makes it both so elusive and so potent. A well-trained consultant will gradually make sense out of what the CEO is trying to “communicate.” Astute consultants use transference data as a vital source of information. Using this kind of data may help them see that the script a client is following needs to change, because that client is now in a very different situation than when he or she was younger. Their assignment is to help clients avoid the siren song of simply repeating the past. This time, here in the present, the script needs a new twist, taking the person’s present situation into consideration. (See Box 1 for a description of transference.)

### Box 1

The first description of the transference process can be found in the book *Studies on Hysteria*, written by Sigmund Freud in collaboration with Josef Breuer (Breuer and Freud, 1895). Bertha Pappenheim (the real name of Anna O.), was a patient of Breuer’s who suffered from a variety of mental and physical symptoms; for example, one arm was paralyzed as a result of complex seizures. Today she would probably be diagnosed as having a borderline personality disorder. Through treatment, Breuer and Anna O. discovered that when Anna talked about what had happened when the symptoms started, she often recovered a repressed fact and then managed to do somewhat better. Anna O. called this her “chimney sweeping” or “talking cure.” Breuer called it “catharsis.” Eventually, while the treatment was still ongoing, Breuer distanced himself from Anna O., because she aroused in him feelings of sexual excitement—feelings that he found unacceptable. He cut the treatment off completely when she announced that she was pregnant by him. Breuer’s fast exit due to Anna O.’s false pregnancy, and his panicky decision to go on a second honeymoon with his wife, may be seen as the birth of what now is called “countertransference.”

The Breuer incident is not the first example of a patient falling in love with his or her doctor and it certainly will not be the last. But, while others would have left this strange incident unexamined, Freud tried to make sense out of it. In *Studies on*
*Hysteria*, he and Breuer (a reluctant collaborator), explored the phenomenon whereby a patient moves beyond strictly professional feelings toward the therapist and allows personal feelings to intrude into the therapy. As Freud described it, these patients had tended to “transfer onto the figure of the physician” distressing ideas that arose from the content of the treatment. These patients, according to Freud, had made a “false connection” with the analyst. Freud first used the actual term “transference” in relation to a patient named Dora, when he belatedly recognized that her feelings for him had led to therapeutic failure and her abrupt termination of treatment.

When Freud first discovered the phenomenon by which a patient inappropriately “transfers” something from his or her early experiences onto the analyst, he considered it a distraction. A number of years later, however, he acknowledged that such “false connections” could be used effectively to help the patient unravel his or her neurosis; it could be used to help patients better understand the “script” that motivated them.

Today we are interested in the phenomenon of transference because of its diagnostic value as well as its therapeutic use. Through a process of compulsive repetition, transference reveals in the here-and-now the unresolved and most crucial conflictual patterns that are currently active in the patient’s life. If the therapist can bring the patient to make his or her own transference reactions conscious, express and acknowledge those reactions, and experience their links with current and past relationships, transference becomes a powerful tool for understanding and healing, helping the patient write a new script of life.

**Countertransference**
In clinical training, psychotherapists pay a great deal of attention to transference. They go to great lengths to point out to their clients that certain behavior patterns, appropriate at an earlier stage of life, are no longer effective in the present. But this process works both ways. Just as patients unconsciously react to therapists, therapists unconsciously respond to their clients’ transference with *countertransference* reactions.
Imagine, for example, a consultant who is trying to give advice to one of her executive clients. No matter what she says, the client’s response is to repeat how useless he feels in his present situation, how stuck he feels, and how unclear it is to him what he should do. In spite of heroic efforts on the part of the consultant to help the executive put things in perspective and see that they are not so bad, he continues to sing the same song, apparently ignoring her words. What’s more, he shows increasing contempt for her advice. The consultant, meanwhile, feels increasingly useless, as none of her interventions seems to work, and additionally irritated and angry. As the sessions continue, she has to make a great effort to keep herself from erupting in anger.

The projection by the executive and the introjection of his feelings into the consultant are very clear. Depending on the degree to which the consultant is a prisoner of this interchange, it may take some time for her to realize what is happening. While the exchange is taking place, she may be too perturbed by the interaction to function properly. Indeed, if she is at her wit’s end, she may even “act out” and express her irritation. However, if she resists the impulse to “act out” her feelings in a knee-jerk manner, she can take a more reflective pose, engage in vicarious introspection, and try to understand what the client is “doing” to her. Listening with the third ear, she may ask herself: Why do I feel such a great need to reassure my client? Why am I feeling useless, irritated, and angry? As she tries to metabolize these feelings, she may realize that people like her client remind her of an older sister who made it a habit, in childhood, of telling her how useless she was. Thinking back, the consultant may recall how these incidents made her feel not only helpless but also angry. Usually, these situations would end up in a big fight, after which the child-consultant would run for reassurance to her mother.

The consultant, having gone through this reflective process, has penetrated a more subterranean level in the exchange. Recognizing why the client makes her feel useless, and why she is so irritated, she sees that she has to do something different to be helpful to the client. With this awareness she will no longer become caught up in the kind of folie à deux that might eventually have ended in an angry outburst on her
part. If she had stuck to her own script, the relationship with her client would have been doomed.

As this example shows, a compound task for consultants is to decipher what the client is trying to enact and how the consultant is tempted to react, and then help both (client and consultant) not to act out the usual scripts, but to create a new, healthier outcome. Consultants should not acquiescence to pressure (even when certain lines in a client’s script reverberate with their own script) and buy into the client’s script. What is needed in these situations is reenactment with a twist. The outcome must be different.

Like transference, countertransference includes all the conscious and unconscious responses aroused the client’s activities during the interpersonal exchange. And, like transference, it needs to be dealt with. Countertransference responsiveness is the consultant’s ability to hear and deal with the client’s infantile past, taking his or her own past into consideration. As the previous example illustrated, countertransference reactions, if not recognized for what they are and responded to, can create serious problems in the interpersonal interface.

Freud viewed countertransference as an impediment to the psychoanalytic process. He felt that it distracted the psychoanalyst from doing his or her therapeutic work effectively. The unconscious conflict aroused in the psychoanalyst was something to learn from when it occurred but otherwise should be shaken off as soon as possible.

Since Freud, views of countertransference have fallen generally into two camps, one that advocates a rather narrow definition of the term (the impediment position), and the other that advocates a broader definition. Over time, the broader view has become the more prevalent. Presently, countertransference is no longer seen as a bothersome impediment to clinical work; rather, it is seen as an additional source of data about the client, and as an opportunity to obtain greater insight into the emotions and reactions that occur when two people interact with each other.

While countertransference is undeniably a source of data, it is not necessarily a source of relevant evidence. What the data are and what they can contribute has to be sorted out in the interchange. Complicating that sorting-out process is the fact that the
consultant needs to operate on two alternating levels: he or she has to be an objective observer of another person’s ideas and emotions while also being a subjective receiver. Skilled, astute consultants handle the two levels deftly, using their subjective emotional life actively and directly in the dyadic interface.

The Action Trap: “I act; therefore I am”

We have seen that the emotional interface is always a two-way street. The client is always sending subliminal messages (transference), and the consultant is always reacting to them (countertransference). There is always a struggle to make meaning and sense out of what takes place in an encounter, and both parties are constantly tempted to act out perceived meanings rather than verbalize or analyze them.

In the course of this struggle, it is inevitable that every consultant will occasionally fall into the action trap. This is especially likely to happen when strong fantasy material emerges during an encounter, prompting a mutual resistance to feeling and working with emotional data. When consultants do not promptly recognize what is going on, and fail to make sense out of the subliminal messages that they are receiving quickly enough, they may succumb to “flight into action”—that is, they may react immediately to information given by the client, unaware that they are “acting out.” However impeccably trained a consultant is, he or she is still an emotional human being who probably has a number of issues that have not yet been resolved. If consultants unconsciously accept a role ascribed to them by a client, they may respond by projecting their own unacceptable feelings onto the client without realizing that they are doing so.

For example, one particular executive reminded a consultant of her daughter, who had been responsible for a great deal of trouble while still at home. During the daughter’s adolescence, various family members had become caught up in a vicious cycle of escalating destructive communication. Given this association, the consultant found it a challenge to keep her cool, maintain sufficient distance, and not to become trapped in parallel behavior.
In another example, a consultant described his client as a “spoiled, self-centered, manipulative bastard.” While that may have been a valid assessment, a much more important issue is why this executive evoked such a strong reaction in the consultant. Did this executive strongly resemble some detested individual from the consultant’s past—perhaps a father who left his wife and children without any financial support, and was never seen again?

What is important in such situations is that consultants recognize these feelings in themselves and do something about them—or rather, refrain from doing something about them. They need to keep themselves from falling into the action trap. When they recognize such feelings, they need to be extremely careful what they say, keeping themselves in the present rather than descending back into the past. For example, the consultant in the previous example, looking at her client through a filter of distaste and disapproval, needs to be doubly sure that she is not missing something because of her biases.

**Danger Signs**
Knowing that countertransference reactions can misdirect them, and derail their attempts to read another person, consultants must remain vigilant for warning signs. The most common sign that countertransference reactions are taking over is stalemate in the consulting relationship, a feeling that the intervention is not going anywhere. Another indication is when the consultant becomes preoccupied with a specific incident or exchange with the client; fragments of a subliminally troubling interchange linger on in the consultant’s mind. Consultants often talk about unwittingly bringing clinical situations home, and some even find a particular client’s material invading their dreams.

Additional warning signs that countertransference is kicking in include using pejorative language to or about the client; being subliminally aware of feeling annoyed, overprotective, manipulative, flattered, envious, anxious, fearful, disappointed, or even sexually interested; experiencing a sense of abandonment, hopelessness or depression about the client; fearing engulfment—that is, sensing that the client is violating boundaries; and, as noted earlier, feeling impelled to do
something “active.” All these warning signs should alert consultants that they might be in the grip of a countertransference reaction.

Part of the training to become a psychotherapist, psychoanalyst, or another helping professional, is learning first to detect signs of unconscious countertransference reactions and then to bring these to conscious awareness, refraining from acting on them unthinkingly. If clients transfer images of parents or other people close to them onto their therapists, coaches, or consultants, and regress to childlike or otherwise inappropriate behavioral patterns, the recipients of these forms of communication need to be able to respond without falling into a countertransference reaction. If they do occur, these reactions can seriously distort the communication process.

If a client makes unreasonable demands or declares romantic love, well-trained people in the helping professions let these words pass through them. Providing containment, maintaining an attitude of calmness, equanimity, and caring concern even when they feel themselves reacting out of countertransference, these professionals are able to serve as unobtrusive mirrors, permitting their clients to acquire glimpses of themselves without their own needs obstructing the process.

Unfortunately, many people never bother to try to understand why they feel the way they do, or to understand objectively the source of their feelings. Indeed, they remember nothing of their internal conflicts but merely express them indirectly, through action. They prefer action to facing conflict head-on.

**Choosing Reflection over Action**

If consultants want to avoid falling into the action trap, they need to take a reflective stand toward the messages projected by clients. It is a constant challenge for consultants to identify and decipher the painful and intolerable emotions of their clients—emotions that probably contribute to problem behavior in those clients—while simultaneously sorting out their own countertransference reactions and providing a “holding environment.” Consultants need to guard themselves against precipitate and premature action—saying something unconsidered—simply to reduce their own anxiety, and instead learn to engage in a consistent and constructive
exploration of affect and behavior (of self as well as client), no matter how intense those feelings may be, or how disturbing they are to self-esteem.

In the hands of reflective consultants, countertransference reactions are useful tools, helping to reveal the unconscious wishes and fantasies that clients are projecting onto their helpers. In this sense, countertransference reactions fuel their work. However, this is not the only benefit. While well studied countertransference reactions certainly improve consultants’ understanding of their clients, those reactions also guide consultants in their own journey of self-discovery.

While there is no way to overcome completely the problem of countertransference (because we all form opinions about others), consultants can learn to use it productively rather than allow it unconsciously to affect the consulting relationship. Consultants who are able to recognize what they are feeling, and can decipher how those feelings relate to what the client is doing to them, keep their own unconscious processes “in the equation,” preserving the bi-personal frame.

As reflective practitioners, consultants learn to listen to their clients on two levels. While hearing the content of what the client is saying, they must continually ask themselves: How do I feel listening to the client? What is the client doing to me? Am I truly engaged? Do I feel uncomfortable? Am I bored? Am I uneasy? Do I feel I’m losing control? Am I confused? Am I becoming irritated or angry? Is there seduction going on? What do I find disturbing in my relationship with this client? In addition to these contemporaneous assessments, consultants need to assess how their feelings change over the course of their dealings with the client, evaluating their own emotions and behavior in relation to what is happening with the client’s behavior and within the therapeutic relationship as it progresses. Excessive feelings or lack of feelings are usually telling indications that something of a transferential nature is taking place.

Acquiring a reflective stance is not easy, however. Reflection demands a high level of self-awareness on the part of consultants—an understanding of their own thoughts and feelings—as well as a sound grasp of the psychological basis of their work. It boils down to maintaining a questioning attitude toward one’s own feelings and motives.
Alignment

As we saw in the discussion of mother-child interactions, alignment is the ability to be in sync with another person’s feelings and thoughts. That ability to feel and experience what is happening within another person is a prerequisite of reflective consulting; paradoxically, it is also a by-product of it. The challenge for consultants is to use their own unconscious as a receptive organ—that third ear I described earlier—directed toward the transmitting unconscious of the client. Consultants need to listen attentively to both the explicit and implicit text of these exchanges, deciphering the latter by observing the client’s general body language, posture, demeanor, and other factors.

In addition, they need to remember that their own affects, thoughts, associations, and actions are reflections of elicited or awakened conflicts within themselves. Processing those conflicts and reactions is difficult, because the accumulated data from both transference and countertransference are enormous. Moreover, data from one area are used to conjecture about the other. In listening simultaneously to both the client and themselves, consultants are in fact attending to communication in three modalities—cognition, affect, and action—as each party in the therapeutic relationship stirs associations and conflict in the other. The good news is that the conflicts and inappropriate feelings that are stirred up in consultants—if properly assessed—supplement information garnered by their eyes and ears. Their challenge is to systematically explore their visceral response to the other person, assessing the appropriateness of their gut feelings as they explore their unconscious.

One way of looking at the interaction between consultant and client is to portray the interface in the form of a two-by-two matrix. On one axis we can plot the degree of transference awareness the client has of his or her inner life. We can do the same thing for the consultant on the other axis (see Table 1). We end up with four quadrants.
The Four Quadrants

In quadrant 1, we are faced with the worst-case scenario of the transference-countertransference interchange. Both parties are in for a wild ride—one that is likely to end abruptly. Because of their level of unawareness, both parties stick to their own agenda, failing to listen to the other party’s needs. There is a total mismatch of talent and expectation. Consultants who fall into this quadrant function outside self-awareness: they “act in” and “act out.” They advise their client of what action to take without considering their client’s legitimate needs. Because they are driven by their own needs, the specificity of their intervention is extremely low. These consultants operate according to a general process consulting formula they have worked out rather than acting on the specifics of the situation. As a result, they tend to be extremely rigid in their advice.

On the client’s side, matters are not much better. Clients who fall into quadrant 1 have little or no awareness of why they act in a specific manner. They may not know what their problem really is, and their consultants will not be much help in uncovering what they should focus on. Like consultants in this quadrant, they also “act in” and “act out.” With this mutually reinforcing dysfunctional behavior, both parties are out of
control, participating in a dangerous *folie à deux*. Usually, this kind of “therapeutic” relationship begins with a temporary honeymoon, in which the interactions resemble an exercise in social form rather than substance. It never turns into a true consulting relationship where real, meaningful work is accomplished. It generally sours quickly, resulting in dramatic termination or even fails at the start (as the opening example in this article illustrated).

In quadrant 2, is the consultant has a degree of awareness about the psychological processes at work, while the client has little or no understanding of the implications of his or her behavior and actions. Given the client’s lack of insight—and the lack of progress in acquiring insight—consultants in quadrant 2 know that they are in an impossible situation. They are stuck but don’t know what to do about it. They may try various interventions to initiate some kind of “movement,” but to no avail. Realizing that they are not being truly helpful as consultants, some slip into an unprofessional attitude, not really dealing with the transferential processes of their clients but continuing nonetheless. Instead of choosing to terminate the relationship, they carry on. Generally, the reason for doing this is that generally, despite the lack of progress and their frustrations, these consultants obtain pleasure from the interface with the client. Consideration of their fee or other perks may also motivate them hang on to their client.

Notwithstanding the lack of progress, these consultants often remain very popular with their stalemated clients. A major reason for this is the client’s very positive transferential relationship with them. These consultants often yield easily to the desires and wishes of their clients. Unhelpful though it may ultimately be for the client, it makes their own life much easier. Because confronting their client with difficult issues is met with denial, many consultants play the role of the Greek chorus, agreeing with whatever ideas their client comes up with. They may even grow so close to their client that they become like a family friend. Although this kind of relationship can go on for quite some time, it rarely benefits the client at a more than superficial level.

In quadrant 3, clients have acquired considerable insight into their behavior. They have become astute at making connections between past and present scripts. In this
quadrant, it is the consultants who lack self-awareness. They have fallen into the countertransference action trap and fail to recognize that they are acting out. These consultants are poor listeners, quick to give reassurance and advice. They like to make things happen. Whether their reassurance or advice is really helpful is another matter altogether. Initially, however, these people often make quite a favorable impression on their client. Charismatic and almost seductive in their behavior, they enjoy dramatizing certain situations. Given the action orientation and ready advice of quadrant 3 consultants, their client may easily be swayed by their pseudo-expertise. Unfortunately, these consultants, stuck in their own scripts, may give their client advice that may be totally inappropriate for the specific situation. They often sound like broken records, giving the same advice over and over again. As with quadrant 1 consultants, their recommendations may have nothing to do with their client’s specific problem. For this reason, their influence can be destructive. Fortunately, this kind of relationship rarely lasts long. The client will begin to realize that he or she has been a victim of positive transference and start to feel used. When a client achieves this insight, the relationship will swiftly be terminated.

Quadrant 4 represents the ideal state—the “good” intervention—where consultants and clients are aligned, genuinely interested in each other, and able to build a cooperative relationship. Both parties are aware of blind spots but also are eager to learn and to do something about them. They know how to listen with their third ear to gain insight into their transference and countertransference reactions. They are on a mutually reinforcing learning curve, one that leads to an authentic relationship. Although there may be some hiccups on the way, generally the intervention is very successful.

“Strike When the Iron Is Cold”

Skilled, aware quadrant 4 consultants do not confront their client with their projections in an abrasive manner, nor do they scold him or her for thinking or acting inappropriately. Instead of tackling conflicted issues head-on, they reframe them. They also understand the importance of timing and “strike when the iron is cold”—that is, when their client is prepared to hear what they have to say. Consultants who pay attention to transference and countertransference reactions know how to create the right circumstances for their client to gain awareness and insight into the specifics of a
situation. They help their client to recognize his or her projected fantasies. Furthermore, they are continually aware (while working with their client) that their own countertransference reactions will not go away, and that they cannot ignore their own experience of the other.

Humans are feeling and thinking beings. If we ignore our feelings, we blind ourselves psychologically to important information about the world; and if we ignore our ability to use logic, we do the same thing. If we do not use feeling and thinking together, we cannot integrate our inner and outer worlds.

**Going for Gold**

Understanding and analyzing our own developmental history—exploring our inner world—helps us to moderate our affects and responses as consultants. We need to accept our emotional reactions and to recognize and process them rather than simply acting on them. If, as a result, we know ourselves better and understand our own weaknesses, vulnerabilities, limitations, and secrets, then our emotional responses to people and to our surroundings can be valuable tools in helping us interpret the world.

In short, an understanding of transference and countertransference reactions is essential to effectiveness as a consultant. Consultants need to be able to differentiate between reactions to present situations and legacies from the past. The way in which boundaries are managed very much depends on the consultant’s ability to create a reflective, therapeutic space, enabling an inner dialogue that will prevent the consultant falling into the action trap. Failure to do so may result in the consultant becoming lost in all-too-familiar places, ruled by primitive wishes to dominate, control, devalue, or retaliate. The consultant needs consciously to avoid the pull toward regression, and prevent impulsive behavior. Taking a reflective stand will be a great learning experience, not only in becoming more familiar with the psychological life of the client, but also in learning more about one’s own inner life.

Awareness of these agendas in the bi-personal field helps consultants explore their client’s wishes and fears, especially those that are not completely conscious and contribute to conflict and anxiety. If they have this kind of awareness, consultants are more likely to view their client’s emotional demands in perspective, avoiding an
“acting out” agenda. While action can enslave us, reflection—the ability to allow ideas to float in our mind without the need for immediate understanding or action—goes a long way toward helping us understand better this complex, subterranean, interpersonal domain. If we follow effective action with quiet reflection, even more effective action will follow. To quote the Chinese proverb, “Do not confuse the galloping of your horse, my lord, with the beating of your heart.”