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Are you Feeling Mad, Bad, Sad or Glad?

## **Are You Feeling Mad, Bad, Sad, or Glad?**

by

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## **Are you feeling Mad, Bad, Sad or Glad**

### **Abstract**

In this article, the theme of countertransference will be taken beyond the couch and applied to the consultancy or coaching setting. How consultants or coaches can use themselves as a source of information when dealing with their clients will be explored—that is, how they can use their own reactions to help them interpret, in dyadic situations, what the client is trying to transmit to them. To aid in that purpose, the article will also touch on the concepts of transference and projective identification, concepts grounded in early mother-infant communication and essential to “listening with the third ear.” Four forms of the transference-countertransference interface between coach/consultant and client will be presented in these pages. Suggestions will be offered regarding what coaches and consultants need to pay attention to when listening to their clients. In addition, dysfunctional communication patterns will be explored.

**KEY WORDS:** Nonverbal communication; transference; countertransference; projective identification; coach; consultant; psychoanalysis; psychotherapy.

*One day an old Chinese sage lost his pearls. Distraught, he sent his eyes to search for his pearls, but his eyes did not find them. Next he sent his ears to search for the pearls, but his ears did not find them either. Then he sent his hands to search for the pearls, but they likewise had no success. And so he sent all of his senses together to search for his pearls, but none found them. Finally he sent his not-search to look for his pearls. And his not-search found them!*

We all know about the five senses—sight, smell, hearing, feeling, and taste—that those of us fortunate enough not to be either blind or deaf possess. We have these senses in common with the animal world. All these senses, both individually and in cooperation, are extremely 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 whenever we are in danger; they give us information about where we are, whether we are hot or cold, if the food is good or tainted. They tell us whether smells are enticing or disgusting. They form the basis for all of our actions.

But as the above Chinese parable suggests, these senses are not always adequate to interpret what is going on around us. Much of our mental life—including thoughts, feelings, and motives—takes place at what we might call a subterranean level. Both neurologists and psychologists have abundantly demonstrated how unconscious processes are put into action by emotional

stimuli. Neurological studies have supplied massive evidence of unconscious processes of cognition, for example (Rizzolatti, Fogassi et al. 2001; Stern 2004).

What happens in interpersonal encounters is that 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 are communicating with each other, we not only explicitly articulate messages, but at the same time we communicate in a number of implicit ways, often with a contrary message. For example, the spoken phrase “I am happy” conveys 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 in the form of direct verbal statements. Thus the tone of a statement always contains an additional, very informative message.

But such messages are generally subtle and thus not always easy to decipher. The five senses alone cannot always pick up implicit signals: attentive observation—as illustrated in the Chinese parable above—is required to truly make sense of another person. Frequently, we know that something has happened during the exchange because we are touched somehow 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.

Everyday conversation consists of the speaker attempting to put feelings into the listener. (This presupposes the willingness of the listener to accept these feelings, of course.) In more common language, we talk about “putting something across,” or giving someone “a piece of our mind.” For example,

when we are in distress, we may try to convey to the other person our distress 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.

This same cycle of projection and introjection takes place in the psychotherapeutic context as well: that's what transference and countertransference are all about. In this article, I will take the theme of countertransference—that is, the feelings that a therapist has for a client—beyond the couch and apply it to the consultancy or coaching setting. I will explore how coaches and consultants can use themselves as instruments for gathering data—in other words, how 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. To clarify that process, I will discuss the concepts of transference and projective identification, concepts grounded in early mother-infant communication and essential to “listening with the third ear.” In addition, I will discuss various forms of alignment and misalignment between the sender and receiver of both explicit *and* implicit messages. Finally, I will give a number of suggestions regarding what coaches and consultants need to pay attention to when listening to another person.

### **Projective Identification**

We can define *projective identification* as the unwanted or unacknowledged feelings of a client that are transmitted to a coach or consultant. The “projector” deals with emotional conflict or internal or external stressors by

transmitting these unacceptable feelings, impulses, or thoughts to another person. Thus instead of describing these thoughts or feelings in a discussion, the projector subtly communicates the unwanted content to the receiver through actions, facial expression, body attitude, word choice, or sounds (Klein 1946; Ogden 1982). Coaches or consultants, by experiencing these projected feelings or thoughts in themselves, may understand what the sender is experiencing, even if the sender is not consciously aware of initiating that process. Given the dyadic (and cyclical) nature of projective identification, it eventually becomes difficult to assess who first did what to whom.

Projective identification is more than mere projection. The latter is an intrapsychic dynamic, while the former is in the interpersonal domain; in fact, it is an extremely primitive form of relating to another person. In terms of the feelings experienced by the “projector,” there is a clear difference between these two phenomena. When projective identification is at work, the sender of the communication feels at one with the other person, which is not the case with simple projection.

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

**“Good-Enough Parenting” and Containment:**  
**The Origins of Subliminal Communication**

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. (Schore 1994; IJzendoorn 1995; Trevarthen 1999/2000). From the moment of birth, infants communicate their internal states through sounds, body movements, smell, and facial expressions. 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 (Bion 1970).

The importance of synchronized, dyadic interactions for the developing child cannot be overstated. In fact, the child’s satisfactory development rest upon 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 distress signals of the child. Some mothers have a natural tendency to respond appropriately; others are out of sync. Of the latter category, 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 go through a number of perfunctory movements intended to give generic comfort, she does not truly deal with the infant's distress. This failure of containment creates in the infant a state of bewilderment and disbelief. The infant would like the mother to feel his anxiety just as he is feeling it. But due to her lack of appropriate response, the infant senses that what he or she tried to convey to the mother 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, thereby 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.

This ability of mothers to be attuned to the needs of their children continues as the young ones grow up. For example, when children are playing in the house, attentive mothers constantly listen to the sounds the children 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 which 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 identification as it occurs, 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 really listen—to listen to more than words—may give them a real advantage when they take up the role of coach or consultant. Fortunately, nowadays an increasing number of men are breaking stereotype in the parental role, taking up many of the responsibilities that once used to be 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 projective identification processes, an ability which 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. This listening that bypasses the ordinary senses has been part of our repertoire for a long time by the time we reach adulthood. 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 will stay with us throughout life, as noted above, aspects of this interactive script are revived in *any* future relationship. Scripts established in childhood color the way we disseminate or gather information, 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 to consciously reflect on and process the information deluging us, we act impulsively to offer our emotional response, which is often unconscious and often conflicted. But because the information flooding us has not been properly worked through, the actions that we take are sometimes destructive to self or others, and may inhibit dealing in a more constructive way with the feelings that are aroused.

While mothers have to learn to pick up subtle signals by *doing*, psychotherapists, psychiatrists, psychoanalysts, coaches, and other people in the helping professions receive training to “listen with a third ear” (Reik 1948). 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 better understand people. 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.

### **Transference**

In any form of interpersonal exchange, one person *transfers* to the other his or her own inner experiences (Sullivan 1953). In that sense, frustrations of the past recur in the present. This concept, *transference*, is one of Freud's most important contributions to the field of psychology (Breuer and Freud 1895; Greenson 1967; Racker 1968; Luborsky and Crits-Cristoph 1998). According to Freud, transference involves a repetition of infantile prototypes that are lived out with a deep feeling of reality. Although in the past these specific behavior patterns may have been quite appropriate, for reasons of psychological or physical survival, in the present they may be *inappropriate*. Thus, to quote Freud, transference 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 having 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, an executive in a coaching relationship may begin to perceive the coach as if the coach were his father, transferring his feelings for the real father to the coach. Because transference is a largely unconscious process, the executive is not likely to be aware of it—and neither is the coach, initially. It is the unconscious nature of transference that makes it both so elusive and so potent. A well-trained coach or consultant will gradually make sense out of what the executive is trying to "communicate." Astute coaches or consultants

use transference data as a vital source of information. It 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 small. 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.

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 of her arms 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 her 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 the book *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 due to the content of the treatment. These patients, according to Freud, had made a “false connection” onto the analyst. Freud first used the actual term “transference” in relation to a patient of his named Dora, when he belatedly recognized that her feelings for him had led to her abrupt termination from treatment and made for a therapeutic failure (Freud 1905).

When Freud first discovered the phenomenon by which the patient inappropriately “transfers” something from his 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 the patient better understand the “script” that motivated him or her. Today we are quite interested in the phenomenon of transference because of its diagnostic value as well as its therapeutic use. Transference, through a process of compulsive repetition, reveals in the here-and-now the unresolved and most crucial conflictual patterns that are still active in the patient's current life (Luborsky, Crits-Cristoph, et al. 1988; Luborsky and Crits-Cristoph 1998). 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, then transference is 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 see things in perspective—see that things are not so bad—he sings the same refrain, apparently ignoring her words. To boot, the executive shows increasing contempt for the consultant's advice. The consultant, meanwhile, feels increasingly useless, since none of her interventions seems to work. More than that, she starts to feel 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 properly function. Indeed, if she is at her wit's end, she may even "act out" and express her irritation. But it is also possible that she will *not* "act out" her feelings in a knee-jerk manner. She may take a more reflective pose, engaging in vicarious introspection, trying to understand what the client is "doing" to her, and also asking why she herself feels impelled to be so active. Listening now with the third ear, she may ask herself a number of other questions, such as: Why does she feel such a great need to reassure her client? Why is she feeling useless, irritated, and increasingly 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 entered another, more subterranean level in the exchange. Recognizing how the client had made her feel useless, and why she had become so irritated, she sees that she has to do something different to really be helpful to the client. With this awareness she will no longer get caught up in the kind of folie à deux that might eventually have ended in an angry outburst on her part. It is clear that if she had stuck to her own script, the relationship with her client would likely have been doomed.

What we can learn from this example is that one of the compound tasks of coaches/consultants is to decipher what the client is trying to enact and how the consultant is tempted to react, and then help them both not to act out the usual scripts (the client's and the consultant's), but to create a new, healthier outcome. Coaches/consultants should not acquiesce under pressure (in spite of the fact that certain lines in a client's script may reverberate with their own script) and buy into the client's script. What is needed in these situations is a reenactment, but a reenactment with a twist. The outcome must be different.

Like transference, countertransference includes all of the conscious and unconscious responses aroused during the interpersonal exchange by the activities of the client (Epstein and Feiner 1979; Searles 1979; Hedges 1987; Marshall and Marshall 1988; Wolstein 1988; Gabbard 1999; Hinshelwood 1999; Goldstein and Goldberg 2004; Maroda 2004). 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.

Initially, countertransference was viewed as a subject to avoid. The unconscious conflict aroused in the psychoanalyst was something to learn from when it occurred but to be gotten rid of as soon as possible. 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 (Freud 1915).

Since the time of Freud, views of countertransference have fallen generally into two camps: one that advocates a rather narrow definition of the term (the impediment position); the other that advocates a broader definition. Over time (as with the concept of transference), the broader view has become the more dominant one (Balint and Balint 1939; Heimann 1950; Winnicott 1975; Langs and Searles 1980; Casement 1985; Bollas 1987; Ferenczi 1988). 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 coach/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. Those coaches and consultants who are skilled and astute 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”**

It is clear from this discussion that the emotional interface is always a two-way street. The client is always sending subliminal messages (transference), and the coach/consultant is always reacting (countertransference). Thus 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 mentalize them.

In the course of this struggle, every coach/consultant sometimes, inevitably, falls 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 coaches and consultants do not promptly recognize what is going on, do not quickly enough make sense out of the subliminal messages that they are receiving, they may succumb to “flight into action”—that is, they may react immediately to information given by the client, without being aware of this acting out. After all, no matter how impeccably trained a coach or consultant is, he or she is still a human being and still has emotions—and probably a number of issues which have not yet been resolved. If coaches and consultants unconsciously accept a role ascribed to them by a client, they may respond by placing their own unacceptable feelings onto the client without realizing that they are doing so.

To illustrate, one particular client reminded a consultant of her daughter, who had been responsible for much trouble while still at home. Particularly during this daughter’s adolescence, the various family members had gotten 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 get trapped in parallel behavior.

In another example, a client was perceived by an executive coach as a spoiled, self-centered, manipulative bastard. While that may have been a valid assessment, a much more important issue is why this person evoked such a strong reaction in the coach. Did this client strongly resemble some detested individual from the coach's past—perhaps a father who separated from his wife, left her and the children without any financial support, and was never seen again?

What is important in such situations is that coaches and 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 in themselves, they need to be extremely careful what they say, keeping themselves in the present rather than descending back into the past. For example, the coach 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**

Coaches and consultants, knowing that countertransference reactions can misdirect them and derail their attempts to read another person, need to be vigilant in watching for warning signs. The most common sign that countertransference reactions are taking over is a stalemate in the coaching/consulting relationship, a feeling that the intervention is not going anywhere. Another giveaway that the client is doing something to the coach of which the coach is only subliminally aware is when that coach cannot get a specific incident with the client out of his or her head; fragments of some

previous interchange linger on. Coaches and 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 problems are in play include using pejorative language to or about the client; being subliminally aware of becoming annoyed (as in the previous case example), overprotective, manipulative, flattered, envious, anxious, fearful, disappointed, or even sexually interested; experiencing a sense of abandonment or hopelessness and depression about the client; fearing engulfment—that is, having a sense that the client is violating boundaries; and, as noted earlier, feeling impelled to do something “active.” All these warning signs alert coaches/consultants that they may be in the thrall of a countertransference reaction.

Part of the training to become a psychotherapist or psychoanalyst (or any other helping professional) is learning first to detect signs of unconscious countertransference reactions and then to bring these to conscious awareness, to refrain from acting upon 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. Such reactions, when they do happen, can seriously distort the communication process.

If a client makes unreasonable demands or declares romantic love, well-trained coaches and consultants 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,

coaches and consultants are able to serve as unobtrusive mirrors, permitting their clients to acquire glimpses of themselves without having the coaches' own needs get in the way.

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

### **Choosing Reflection over Action**

If coaches/consultants want to avoid falling into the action trap, they need to take a reflective attitude toward the messages projected by clients. It is a constant challenge for coaches/consultants to identify and decipher the painful and intolerable emotions of their clients—emotions that are likely contributing to problem behavior in those clients—while simultaneously sorting out their own countertransference reactions and providing a “holding environment.” Coaches/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 feeling may be, or how disturbing they are to self-esteem.

In the hands of reflective coaches and 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. That's not the only benefit, however. While well-studied countertransference reactions certainly improve

coaches' understanding of their clients, those reactions also guide coaches in their own journey of self-discovery.

While there is no way to totally overcome the problem of countertransference (since all of us form opinions of others), coaches/consultants can learn to use it productively rather than allow it to affect the therapeutic relationship unconsciously. Coaches/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 "inside the equation," thereby preserving the bi-personal frame.

As reflective practitioners, coaches/consultants learn to listen to their clients at two levels. While not ignoring the content of what the client is saying, they must ask themselves questions such as, How do I feel listening to the client? What is the client doing to me? Am I truly engaged? Do I feel comfortable? Am I bored? Do I feel uneasy? Do I feel in control? Do I feel confused? Am I getting irritated, angry? Do I feel seduced? What do I find disturbing in my relationship with this client? In addition to these in-the-moment assessments, coaches/consultants need to assess how their feelings change over the course of their dealings with the client, evaluating their own emotions and behavior in light of what's happening with their client's behavior and with the therapeutic relationship as it progresses.

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

## **Alignment**

As we saw in the mother-child discussion, alignment is the ability to be in sync with another person's feelings and thoughts. That ability to feel and experience what is going on within another person is a prerequisite of reflective coaching or consulting; ironically, it is also a by-product of such coaching. For coaches/consultants the challenge is to use their own unconscious as a receptive organ—that third ear I spoke of earlier—directed toward the transmitting unconscious of the client. As was noted, coaches/consultants need to listen attentively not only to the explicit text but also to the implicit one. In order to decipher the underlying text of a conversation, they need to observe the client's overall body language, posture, demeanor, and other factors.

In addition, they need to keep in mind the fact that their own affects, thoughts, associations, and actions are reflections of elicited or awakened conflicts within themselves. Processing those conflicts and reactions is a difficult task, because the accumulation of data from both transference and countertransference is massive. Moreover, data from one area need to be used to make conjectures about the other. In listening simultaneously to both the client and themselves, coaches/consultants are in fact attending to communication in three modalities—cognition, affect, and action—as both parties in the therapeutic relationship stir associations and conflict in the other. The good news is that the conflicts and inappropriate feelings which are stirred up in coaches/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 coach/consultant and client is to portray the interface in the form of a two-by-two matrix. On one dimension we can place the degree of transference awareness the client has of his or her inner life. On the other dimension we can do the same thing for the coach/consultant (see table 1). We end up with four quadrants.

**Table 1**

**The Transference-Countertransference Interface**

	aware	<p>III</p> <p>Acting out: coach</p>	<p>IV</p> <p>Working alliance: the “good” intervention</p>
CLIENT			
	unaware	<p>I</p> <p>Wild intervention: folie à deux</p>	<p>II</p> <p>Acting out: client</p>
		unaware	aware
		COACH/ CONSULTANT	

**The Four Quadrants**

In quadrant 1, we are faced with the worst case scenario of the transference-countertransference interchange. In such an instance, both parties are in for a wild ride—one that most likely will end abruptly. Due to their level of unawareness, both parties stick to their own agenda, never bothering to listen to the other party’s needs. There is a total mismatch in talent and expectations. Coaches/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 coaches/consultants operate according to a general coaching 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 coaches/consultants are not very helpful in discovering what they should focus on. Like coaches/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* (Kets de Vries 1979; Kets de Vries 2006). Usually, this kind of "therapeutic" relationship begins with a temporary honeymoon, in which the interactions resemble an exercise in social form rather than in substance. It never turns into a true coaching or consulting relationship whereby real, meaningful work is accomplished. Rather, it generally sours quickly, resulting in a dramatic termination of the relationship.

In quadrant 2, there is a degree of awareness on the part of coaches/consultants regarding 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—coaches/consultants in quadrant 2 know that they are in an impossible situation. They realize that they are stuck but don't know what to do about it. They may try various interventions to get some kind of "movement," but to no avail. Realizing that as coaches/consultants they are not being truly helpful, some knowingly slip into an unprofessional attitude, not really dealing with the transference processes of their clients but continuing nonetheless. Instead of choosing to terminate the relationship, they

carry on. Generally the reason for doing so is that, in spite of the lack of progress, in spite of their frustrations, these coaches/consultants get pleasure out of the interface with the client. Material rewards or other perks may also be involved.

Furthermore, in spite of the lack of progress, these coaches/consultants often remain very popular with the stalemated client. A major reason for their continuing popularity is the client's very positive transference relationship toward them. Additionally, these coaches/consultants often yield easily to the desires and wishes of their clients. Unhelpful as doing so may be, it makes their own life much easier. Because confronting their client with difficult issues is met with negation, many coaches/consultants play the role of the Greek chorus, agreeing with whatever ideas their client comes up with. They may even become so close to their client that they become like a friend in the family. Although this kind of relationship can go on for quite some time, it rarely benefits the client at other than a 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 coaches/consultants who lack self-awareness. They don't seem to realize that they have fallen into the action trap of countertransference; they don't recognize that they are acting out. Given their need for action, for a quick word spoken to give themselves comfort, these coaches/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 coaches/consultants, their client may easily be swayed by their pseudo-

expertise. Unfortunately, these coaches/consultants, stuck in their own scripts, may give their client advice that is totally inappropriate for the specific situation. They often sound like broken records, giving the same advice over and over again. As with quadrant 1 coaches/consultants, their recommendations may have nothing to do with their client's problem. For this reason, their influence can be destructive. Fortunately, this kind of relationship rarely lasts long. The client, who in this quadrant is aware, comes to the realization that he or she has been a victim of positive transference and starts feeling used. When a client arrives at this insight, it does not take very long before the relationship is terminated.

Quadrant 4 represents the ideal state—the “good” intervention—whereby coaches/consultants and their clients are aligned. They are genuinely interested in each other and are able to build a very cooperative relationship between them. Both parties are aware of the existence of blind spots but also are eager to learn about those blind spots 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 authentic relationship. Although there may be some hiccups on the way, generally the intervention is a very successful one.

#### **“Strike When the Iron Is Cold”**

Skilled, aware coaches/consultants in quadrant 4 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, they realize the power of resistance judo, not tackling conflicted issues head-on but reframing them. They also know the importance of timing: they “strike when the iron is cold”—that is, when their client is prepared to hear what they have to say. Coaches/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 the situation. They help their client to recognize his or her projected fantasies. Furthermore, they keep in mind (while working with their client) that their own countertransference reactions will not go away, and that they cannot simply ignore their experience of the other.

Humans are both feeling and thinking beings. If we ignore our feelings, we psychologically blind ourselves 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 both faculties together—feeling and thinking—we are not able to integrate our inner and outer worlds.

### **Going for the Gold**

Understanding and analyzing our own developmental history—exploring our inner world—helps us, as coaches/consultants, to moderate our affects and responses. We need to accept that our emotional reactions will not just go away, but we also need to recognize and process those reactions rather than simply acting on them. If we come to 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 is essential to effectiveness as a coach/consultant. As coaches/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. Being aware of these agendas in the bi-personal field helps coaches/consultants explore their client's wishes and fears, especially those

which are not completely conscious and thus contribute to conflict and anxiety. Possessing this kind of awareness, coaches/consultants are more likely to view their client's emotional demands in perspective, thereby avoiding an "acting out" agenda. While mere 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 better understand this complex, subterranean interpersonal domain.

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