

The Invisible Revealed: Collusion as an Entry to the Group Unconscious

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Abstract

In group consultation, as in therapy, a shared awareness of projective processes is helpful to both consultant and client. If left unaware, the flow of material can submerge both. The consultant risks colluding with the group by adopting their projections and then either withdrawing or acting out. When such situations are “exposed,” they are usually considered to be either professional embarrassments or evidence of professional incompetence. Yet careful investigation of the experience of collusion can lead to a deeper understanding of the covert and unconscious elements of working with a group.

Had we been a bit braver, we would have titled this article “The Importance of Collusion: Working with the Impulse to Withdraw and Act Out in Group Consultation.” Our aim is to explore how consultants who find themselves colluding with their groups—and deploying defensive behaviors such as withdrawal or acting out—can profitably use those experiences as a diagnostic instrument that can lead to a deeper working understanding of the unconscious dimensions of the group’s life. We use the word “consultant” here to represent the behavioral professional who works with a client group to foster its development or that of its members. This broad definition includes educators, group psychotherapists, organizational consultants, project leaders, or organizational change agents. Regardless of our training, beliefs, or preferred methods, none of us in such a role is immune to the phenomena described in this article.

The Limits of Control

Groups provoke the best and the worst in all of us. They provide the ideal terrain for touching sensitive spots, which can lead to regression to

earlier experience and all-too-familiar “dysfunctional” patterns of behavior. Whichever our formal role in a group—as consultant or member—we inevitably experience the constellation of our unconscious complexes. All of us can get “hooked” and “lose it” and regress to previous behaviors. We subsequently feel embarrassed or guilty and berate ourselves that we “should have known” or “should have managed better” or “should have kept things under control.”

Behavioral professionals are constantly warned by their teachers, supervisors, and colleagues about the risk of losing their “objective” and “unbiased” perspective—of “going native,” of having their “buttons pushed” and being “hooked” into their clients’ games, of “falling out of role,” and so on. If this is a risk when working with an individual client, it is even more of a risk when working with a group, the gravity of whose psychological pull is considerably stronger and much more multidimensional. We are suggesting here, however, that there is something to be said for allowing oneself to be drawn into the emotional field of a group—if it is done responsibly.

The professional literature on group consultation does not generally support this view. Consider, for example, the subject of transference and countertransference. Freud first mentioned transference in 1895 in writing on the psychotherapy of hysteria (Freud, 1895/1955, pp. 301-303). At their first meeting in 1907, Jung told Freud that the “transference” was the “alpha and omega” of the psychoanalytic method, and Freud replied, “Then you have grasped the main thing” (Jung, 1946/1966, p. 172). At that point, the concept was not original. Transference was just “a reincarnation of what had been known for a century as rapport [to hypnotists]. . . . Freud’s innovation lay not in introducing the notions of resistance and transference, but in the idea of analysing them as a

basic tool of therapy” (Ellenberger, 1970, p. 490). Psychodynamic theory and transactional analysis agree that transference provides an important learning opportunity for client and consultant. Berne (1961/1975, p. 116) recognized the importance of transference in individual treatment and as a normal phenomenon in any group, occurring as it does toward the therapist and between members (Berne, 1966/1994, p. 154). More recently, transactional analysis has been enriched by a more nuanced portrayal of transference and its place in treatment (Clarkson, 1991a, 1991b; Moiso, 1985).

Countertransference—the projection of the consultant’s internal psychic elements onto the client group—is often viewed with some ambivalence. Even authors who find it useful as a diagnostic instrument if it relates to the client’s transference consider it problematic if it originates from the psychic tensions of the consultant (Clarkson, 1991a; Novellino, 1984; Rycroft, 1983). For example, Reichard, Siewers, and Rodenhauer (1992) argued that in training groups

[countertransference] arouses the trainer’s own repressed impulses which further complicates the interaction, turning a learning opportunity into a damaged professional relationship, and interfering with the participant’s right to learn. . . . Once into such a situation, however, a self-aware and knowledgeable trainer will begin to analyze his own feelings, in order to take *control* of the situation. (p. 23, italics added)

Berne (1966/1994) implied much the same thing—that control is the aim toward which group consultants should orient their efforts—when he wrote that “group dynamics is the special branch of science requiring serious study in order to attain the degree of understanding necessary for effective leadership and control of a therapy group” (p. 21).

One might say that the whole of Berne’s theory and methodology for understanding and working with groups is a brilliant form of “intuitive engineering.” He described his work with groups using two metaphors: the engineer

called in to repair a boiler (Berne, 1963) and the skilled surgeon performing “crisp” interventions (Berne, 1966/1994). The surgical analogy was first employed by Freud (1895/1955, p. 305) to describe cathartic psychotherapy. Group consultation is neither plumbing nor surgery, however, and no one—regardless of his or her level of knowledge and skills or formal role—can enter a group and be unaffected by its dynamics, maintain a detached self-control, identify collective dysfunction, intervene with surgical precision, and establish control of the group. A surgeon makes contact with the physical body of an anesthetized patient through latex gloves and stainless steel blades. A consultant makes contact with the complexity of a group through a largely irrational matrix of conscious and unconscious individual and collective psychological factors—thoughts, feelings, and images. Consultants cannot avoid getting their hands dirty. To pretend they can restricts their potential effectiveness unnecessarily.

The aim of control is a reassuringly counterproductive one. Most of us swing between trying harder to establish and maintain control and falling helplessly short of it. While this may reflect a natural tension, it is the consultant’s job to understand what is happening. It is not simply self-indulgent to ask, “What evoked that particular piece of my past experience?” Nor is it enough to say, “There I go again.” It is essential to ask why one “lost it” at this particular time, at this particular place, with this particular configuration of people. One’s Adult is a helpful ego state from which to operate, but it is equally essential for the Adult to have a good working relationship with the Parent and Child. It is also helpful to see from which ego state the most fundamental need for control originates. It makes a difference. And while it is unrealistic to expect that one can suspend self-judgment, it is unfortunate if one is immobilized by it. Parent control, Adult control, and Child control are not the same. If one can attenuate the adverse effects of critical self-judgment, then one can pose questions such as: “What was it in *this* group at *this* time led me to act irrationally?” The question and a

provisional answer can provide clues to understanding what the group is up to right now. Whenever we are lost, confused, disappointed, or ashamed of what we have just done or felt, it is helpful to pause and reflect. Guilt can be a useful catalyst for curiosity, which can lead in turn to beneficial insight. Gut feelings and irrational reactions provide us with information not only about ourselves, but also about the covert and unconscious dynamics of a group—dynamics that “dispassionate” observation usually misses.

Secrets and Solutions

Phillips (1995) tells us that “people come for psychoanalysis—or choose someone to have a conversation with—when they find that they can no longer keep a secret. What was once private has become, in spite of oneself, unbearable; has become a means of recruitment, a message” (p. 33). Groups often contact consultants for the same reason: There is a secret that they can no longer manage alone. Usually some subset of members feels something is wrong, and while unable to put their finger on the cause, they want to rid themselves of the dissonant feelings. The problem might manifest as a vague *internal* difficulty, as when a product development team loses its creativity, or the problem might manifest as an *external* difficulty, as when a service team finds itself unable to meet customer requests, even though there exists—or because there exists—a harmonious atmosphere. And the client “wish . . . is to have the problems eliminated, not clarified” (Moylan, 1994, p. 51).

At an archaic level, groups seek a consultant not to analyze and solve their problems, but to *export* them—locate them somewhere else—provisionally within the consultant and eventually completely outside the group. Groups really do hope for a consultant who promises to remove their offensive problems and their embarrassing feelings. If the problems cannot be exported, perhaps at least the feelings can be. In this sense, the function of a consultant is really the function of a scapegoat, literally—to carry the sins of the group off into the desert. It helps if the consultant is aware that this is part of the job description.

The wish to be relieved of a secret—without becoming fully conscious of what it is—derives from the intuition that the secret is at odds with a group’s desired self-image, its collective persona. As with individual psychotherapy, any developmental opportunity for a group presents a threat to its current identity, provokes initial resistance, and constellates a defensive structure. When consultants enter a group, its predisposition—marked by the wish for a solution and an avoidance of discomfort—will immediately be attributed to them. The more the consultants want to be “good” and responsive, the more they will be tempted to take charge of the problematic secret. As a result, their behavior and subjective experience will either begin to resemble that of the client group or appear as its polar opposite. Racker (1968/1982) used the terms “concordant” and “complementary” to describe these two alternative types of countertransference.

For example, a group possessed by feelings of hopelessness may leave the consultant feeling that little can be done; “Why Don’t You, Yes But” (Berne, 1964) is the consultation game par excellence. On the other hand, a group that denies aggressiveness and pretends to be polite—because aggression does not fit its desired self-image—may begin to irritate the consultant. Sitting in a polite, mild-mannered, and soft-spoken group, session after session, the consultant may feel increasingly frustrated, aggressive, and provocative—just the impulses that the group is taking pains to avoid. The psychological mechanism that underlies these dynamics involves a two-way projective process.

Projective Identification: Relief and Communication

Projection and introjection are archaic and unconscious means of simplifying a complex, ambiguous, and ambivalent reality—relieving oneself of unwanted psychic material via another person or, inversely, finding oneself acting or feeling strangely different than normal as a consequence of a social interaction. The psychological process of projection—locating largely unconscious elements of one’s psyche elsewhere—was identified over a

century ago, even before the early days of psychoanalysis. Avenarius (cited in Jung, 1921/1971, pp. 452-453) first introduced the term "introjection," but it was Ferenczi (cited in Jung, 1921/1971, p. 452) who first defined introjection as the opposite of projection, that is, as the incorporation of the object within oneself. Ferenczi was investigating occult phenomena and noticed that "the patient could evoke in the analyst, as though by thought transference, the disowned parts of himself" (Phillips, 1995, p. 22). Ferenczi had planned a book on "thought transference," but Freud urged him to abstain from publishing and discussing such interests (Brabant, Ffalzeder, & Giampieri-Deutsch, 1993). Such ideas ventured beyond Freud's project, which was to assiduously avoid the "mud of occultism" (Jung, 1961/1983, p. 173) and to keep psychoanalytic research well within the acceptable bounds of scientific inquiry.

Thirty-five years after Ferenczi, Melanie Klein (1946) revisited the concept, observing that projection and introjection characterized the unconscious communication of affect between preverbal children and their mothers. She called this phenomenon "projective identification." Her contemporary, Wilfred Bion, considered projective identification to be a central dynamic in group relations. From the point of view of the client, projective identification is "a psychological mechanism by which the individual tries to manage an uncomfortable experience by dissociating from it and inducing similar feelings in another person with whom a continuing connection is established" (Shapiro & Carr, 1991, p. 24). From the other side, Bion (1961/1998) vividly described the consultant's experience of being manipulated into a group's drama as a "numbing feeling of reality" (p. 149). But projective identification is not simply an undesirable defense mechanism to be avoided; a group's repression of unwanted thoughts and feelings, their projection onto the consultant, and the internalization within the consultant provide a means through which a group and consultant communicate and establish a connection. The more distressed the group, the more projective identification is employed to deliver a message (Hirschhorn, 1988; Moylan, 1994).

Most schools of psychotherapy diligently analyze the *cause* of a particular symptom, but they rarely ponder the *purpose*. One of Jung's contributions was to consider both past cause and future purpose of psychological phenomena. In this teleological view, the symptom is understood as a "means to an end" (Jung, 1928/1969, pp. 23-24). Whereas the *origin* of projective identification might be unconscious group repression, the *purpose* of the dynamic might be to send the consultant a request for help and to allow the client's unconscious to reveal to the consultant the origin of the group's principal difficulties and the scope of the potential diagnostic field. It is then up to the consultant to disentangle the countertransference aspects of the experience. From both the group's and the consultant's perspectives, "the projected content is often held ambivalently and is both desired and feared—too conflicted to be contained within oneself but also containing a positive valence that draws the subject toward it" (Horwitz, 1985, p. 24). The consultant consequently becomes the embodiment of what the group is attempting to reject—and at the same time the personification of what it eventually needs to examine and integrate.

From the point of view of the client group, the purpose of projective identification is to "move" the consultant in two ways: to fill the consultant with the group's feelings and to mobilize the consultant to act on behalf of the group's defenses. From the consultant's perspective, the purpose of projective identification is to allow the projections to find a place within and then to "metabolize" them until they can be returned in a less virulent form to be used by the client. Grasping the elusive elements of a group's psychology transmitted through nonverbal means such as projective identification requires the consultant's willingness to be spontaneously and deeply affected *emotionally* while still maintaining the capacity to reflect on the possible meaning and purpose of the experience *rationally*. While containing and identifying the projected elements is half of the consultant's job, the other half is working with the content "in such a way that the material becomes integrated at a more mature, realistic and adaptive level" (Horwitz, 1985, p. 34)

and then reflecting it back in such a way that it can be incorporated into the group's conscious experience.

The "consultant-as-scapegoat" is then transformed into the "consultant-as-oracle" who articulates the unconscious thoughts and feelings that the group cannot yet allow into consciousness and put into words. Like a medium, the consultant allows a group to make contact and have a conversation with its own unconscious domain and find out what it is up to. Unfortunately, this does not always happen. When the group's projected emotions overcome the consultant's capacity to contain them—because of their intensity or because they catalyze the consultant's particularly sensitive psychological spots—the consultant's ability to accept the material, to entertain and integrate it, and to reflect it in a way that is acceptable to the group is temporarily impaired. A collusive relationship results.

Collusion: Let's Play Together!

Collusion has gotten a bad name for some very good reasons. In colloquial English, the word "collusion" means a secret agreement for fraudulent purposes, a conscious complicity in a scheme. Rather than an overt, conscious agreement, there is a covert, conspiratorial one. The psychological meaning of the word "collusion" brings in another dimension—the unconscious. The Latin root of collude is *colludere*, literally, to play together. Most interpersonal transactions, as well as the more ornate social pastimes, games, and scripts in which we find ourselves engaged, are anything but overt, straightforward affairs. Human life provides a wonderful matrix for playing out our preconscious and deeply unconscious patterns.

For a consultant, collusion means influencing and being influenced by the client group without being aware of it (e.g., doing what the group unconsciously wants one to do, such as unwittingly playing a designated role in the group's unfolding drama). A related way to define collusion is as an unconscious agreement between the group's and the consultant's defenses with the indirect aim of avoiding discomfort. Discomfort arises with the prospect of experiencing the unacceptable—and the

unacceptable is different for different groups. In some groups it is conflict, in others it is intimacy, in still others it is something else.

Collusion can be gratifying or painful. For example, when a group wishes to avoid interpersonal tension it sometimes tries to seduce its consultant into "taking it easy" and "enjoying our time together." When a group needs an enemy, it can try to seduce its consultant, like a spoiled child provoking an indulgent parent into frustration and anger, thus providing the group with an appropriately despicable target while protecting it against the exploration of uncomfortable feelings associated with needs for tenderness and closeness. Social games such as "Schlemiel" and "Kick Me" (Berne, 1964) are helpful illustrations. To the extent that the collusive elements of the relationship remain out of awareness, it is not helpful to either the client or the consultant. And, at times, even an acknowledged "awareness" (e.g., "I own it!") can serve as a superficially plausible defense against actually getting out of the game.

Looked at one way, managing the process of collusion is a function of relative accessibility across two boundaries—one internal and one interpersonal. From the perspective of depth psychology, managing the internal boundary involves awareness of, and dialogue between, one's conscious and unconscious domains. From the perspective of transactional analysis, managing the internal boundary involves remaining accessible to the experience of Parent and Child ego states while staying in executive contact with one's Adult. The interpersonal dimension, in contrast, entails the management of the boundary between client and consultant.

Consultants collude with a group's attempt to avoid discomfort primarily in two ways: *withdrawal* and *acting out*. In cases of withdrawal, consultants use their role as armor against the group's projections, protecting themselves inside defensive routines—a studied aloofness from the group or the use of arcane technical language or jargon are then rationalized as maintaining requisite professional distance. Withdrawal can be physical or psychological. Both allow the consultant to "lock in and carry away" the introjected material without having

to confront the group, either to avoid being soaked further in the group's experience or to have the pleasure of nursing the unpleasant feelings.

When withdrawal no longer suffices to manage a group's projections, consultants can end up using their role more aggressively as a weapon and employ the defensive routine of acting out. Instead of containing the introjected material and returning it to the group in an acceptable manner, consultants discharge it undigested—that is, they blow off steam—either in the group or outside it. The group is temporarily reassured that the problematic material (e.g., aggression or depression) does not belong within its ranks. In either case, a consultant is acting irrationally in part on behalf of the group and its defenses; it thus functions as a *transference* object with a diminished capacity to work in a reflective, quasi-independent, and collaborative manner. In such instances a parallel process is underway.

Parallel process in the psychotherapeutic literature has usually characterized the reenactment of the therapist-client relationship within the supervisor-therapist one (Clarkson, 1991a, p. 181). Parallel process in group and organizational consultation leaves the consultant thinking, feeling, and behaving in ways consciously unacceptable to the client. The group's "unacceptable" thoughts and emotions are exported via the consultant. This phenomenon is often portrayed in negative terms and described as "contamination" of the consultant or consulting team by its client group or organization, as if the feelings and way of looking at things were a disease—something pathological to be avoided—rather than a psychophysiological phenomenon to be explored. Such moments of "incompetence," however, can be supremely diagnostic.

In cases of parallel process, a lone consultant to a single group will begin to think, feel, or behave like some subset of the group, like the group as a whole, or else like something ("the rules") or someone ("they") external to that group. A consultant getting pushed into the role of a despised and punishing upper management can feel his Critical Parent getting hooked. In a consulting team in which each member is responsible for looking at a different department

of an organization, each will begin to represent the views and feelings of that department to the rest of the team. In a sense, organizational tensions and conflicts are exported into the consulting team (Alderfer & Simon, 2002). In either case, consultants begin to think, feel, and behave as members of the client system cannot allow themselves to think, feel, and behave. So taken diagnostically, being caught in a parallel process can lead to a greater understanding of the invisible dimensions of a group's life—if one is able to stop *enacting* the assigned role on the social level and start *reflecting* on the experience at the psychological level.

The recovery of reflectiveness and the reinstatement of clinical curiosity about one's thoughts, feelings, and behaviors—and how they might relate to the client system—occurs sooner when we cut ourselves some slack. In our experience, this is more easily accomplished with the help of a colleague—a coconsultant or supervisor. Even experienced consultants are at times acutely deskilled by a client system, and debriefing one's work with the help of a trusted colleague allows us to peer into our darker corners. The following case is an example of how such an after-the-fact reconstruction and reflection with the help of a colleague can yield the diagnostic information concealed in blurred feelings, sensations, fantasies, and actions.

Case History: The Innovation Board

It was Monday morning, and Arthur was looking forward to going to work. He had just returned from an experiential leadership development program and felt that what he had learned was of great relevance for his current professional challenges. He had been promoted to the position of global vice president for innovation six months before, and he was inspired by the overall mission of his new job: to achieve excellence in innovation. His company was a multinational corporation in a technology-intensive industry. Its market leadership relied on continuous innovation within its product portfolio, and the corporate strategy placed top priority on technological innovations.

Arthur's predecessor had introduced the Innovation Pipeline Process (IPP) to speed up

and standardize product development efforts. The initiative had been very successful, and IPP was highly respected and religiously followed. It had reduced the average time needed to develop a new product—idea to market—by 60% and had brought corporate headquarters within the innovation loop.

While product development took place in the different business units, all projects beyond a certain size had to gain approval from an “innovation board.” Arthur was the chair of this group of high-ranking senior executives, whose cumulative field experience topped several hundred years, with its members having worked their way up in the industry. The group included directors sitting on the company’s executive board, heads of business units, and a handful of other managers in relevant roles.

The innovation board met once a week for a half day to review four or five projects. Its members always took the same seats around a U-shaped table: Arthur sat in the middle, with two executive board members on either side. Opposite them was the screen that the project managers used for their presentations. They were young engineers or marketing experts who, after two or three years of solid performance, were given leadership of a project team of a potential new product. Each project manager had 40 minutes of the innovation board’s time to give his or her pitch, after which there was a discussion. At the end of the allocated time, the board decided either to sign an authorization to continue with the project or to terminate it. Meeting the innovation board represented a major milestone in the IPP and was a moment of high personal visibility for project managers.

Recently, the company was having difficulty releasing new products on schedule while maintaining high standards of quality and safety. Arthur felt pressure to bring the innovation process back on track and suspected that the innovation board had something to do with the problems. Why not bring in a behavioral consultant specializing in group work? Arthur contacted Ronald, a business school professor whom he knew, who in turn referred Arthur to his colleague, Donald. Arthur then contacted Donald and explained his plan:

The next innovation board meeting is in two weeks, and I hoped you might be able to join us and facilitate a 15-minute debriefing of our decision-making process after each project presentation. I believe it is important to review the group process right after the action, isn't it?

Donald suggested that it might be helpful if he and Arthur met before moving ahead, and a few days later he traveled to his potential client’s office. Arthur was in his late fifties and had been with the company for almost 20 years. Donald had been in organizational consultation for several years. During their meeting, Arthur was welcoming and enthusiastic and shared his feelings openly from the start.

All in all, I think the innovation board is not very good emotionally. The room is often filled with tension and disappointment both on our side and on the part of the project managers. Sometimes we have a good presentation and a smooth decision process; at other times either the presentation or the decision or both are poor. I feel we need to improve.

Donald asked what the tension was about.

The project managers come into the room eager to make a good impression and get approval for their project—and they take every comment very personally. No one would come in front of us saying, “We should terminate my project because it isn't going to work.” The innovation board wants to make sure that the new product makes sense for the company. So what often happens is that a member of the innovation board will ask questions—you know, we have people with decades of experience here—and the young project manager will defend himself with big numbers, market data, and so on. Sometimes he will respond to a marketing concern with a technical argument, or vice versa. You can watch the rift expand right in front of your eyes. The innovation board members are on one side of the table, feeling misunderstood and trying to read between the lines to spot the project’s concealed weaknesses. The project manager is on the other side, feeling that months of

hard work are being misunderstood, unfairly questioned, and unappreciated by people who haven't done a single customer interview.

Donald remarked that there seemed to be a lot of emphasis on making a good impression and not losing face in the dynamics Arthur described. The seating diagram, which Arthur had drawn at Donald's request and which was described earlier, was revealing (Berne, 1963, 1966/1994). It suggested a tribunal rather than a cooperative problem-solving session. Arthur agreed.

I would like each project manager to come out of the room thinking, "I have received assistance and help." But many psychologists have told us that we are very hierarchical. And I think we do a poor job at assisting and coaching our "high potentials." We give them plenty of resources—I mean money, technologies, people—and we think that that should be enough. What else do they need? We conclude, incorrectly, I believe, that if they can't figure it out, there must be something wrong with them. In addition, I am not sure the innovation board as a group is making the best decisions it can on the projects. I am the chair and I try to sense and summarize where the group stands at the end of each discussion. But it is not easy. You see, the weakness of my position is power. I am not a business unit head or a board member. I am a weak colleague—only a moderator.

Donald summarized Arthur's two objectives: repositioning the innovation board from a judging entity to a resource for project managers and improving the transparency and effectiveness of the group's dialogue and decision making. The following exchange ensued:

Donald: *How do you think a 15-minute debriefing chaired by me will help you achieve your goals?*

Arthur: *I figure you might stir up some of these issues that we never talk about. One thing that I learned in the leadership course I took is that a "process review" needs to happen right after the action so the heat is still there and change can be faster.*

Donald: *Why do you want an external consultant rather than chairing it yourself?*

Arthur: *I could—I mean, if I were not the facilitator—I could take a chance at sharing my views, but I thought it would be better if I brought in a professional solution. Nothing less.*

Donald: *How open do you think the other innovation board members will be?*

Arthur: *Well, if you start pointing out what goes wrong, the discussion might open up. Probably two or three members will think, "This is great, let's go for it," and the others will be scattered across the board all the way down to thinking, "Arthur is crazy." But I thought of sending them an email before the meeting announcing the initiative and attaching your résumé.*

Donald was growing uncomfortable at the prospect of walking into the innovation board with the expectation that he could successfully facilitate a meaningful debate on their unspoken issues in a 15-minute slot sandwiched between their regular activities. The time would be short, he would have little authorization from the client group, and the organizational culture did not seem to encourage open discourse among executives from different hierarchical levels. It was highly unlikely that the project managers would offer meaningful feedback at the same time that their project was under review. Finally, there was a high probability that other innovation board members would think the whole thing was imposed on them and that the consultant was there solely to further Arthur's agenda, whatever that might be. The discussion risked falling flat or breaking into open warfare.

Therefore, Donald proposed an alternative approach: He would draft an initial proposal for a cycle of planned change (Kolb & Frohman, 1970; Neumann, 1989), and Arthur would present it at the next meeting. If the group agreed, Donald would then join them in the following session for discussions of the proposal and relevant topics; this would also give him the opportunity for some first-hand data collection. Arthur agreed, although his spirits

seemed to have plunged. As the meeting drew to a close, Donald asked him how he felt about their conversation.

I feel like you are telling me, "Your idea of the debriefings will not work; however, there may be a better way." This conversation has been helpful in clarifying how we'll proceed, but not how the change will happen.

Sitting in the taxi on his way home, Donald felt relieved. He thought he had done the right thing; this way he could eventually become the whole group's consultant rather than a useless crutch for its apparently powerless moderator. He could not help feeling also disappointed, however. He should have done better in the meeting. It was not so much embarrassment for not having had an immediate solution on hand, but regret at not having been able to win Arthur's respect and trust in his approach. Donald worked hard on the proposal and sent it to Arthur for feedback and changes. Arthur never called back. Donald tried to reach him several times but could only get through the day before the innovation board meeting. Arthur was in a hurry.

Wish me good luck. I have not read the proposal yet, but I most certainly will before the meeting. Let's hope I get "buy in" from my colleagues.

Donald replied that it would be helpful for the proposal to be circulated and kept to himself his disappointment with his client contact's lack of involvement in reviewing and suggesting modifications to the document. Two days later, Arthur called again.

I have some bad news and some good news. The bad news is that the innovation board has decided that we do not want to have an external consultant. The good news is that we are going to debrief our interactions after each project review starting from the next meeting. They want me to facilitate. And by the way, I understand your concerns now. If you came in without this discussion, it would have been a useless—possibly even counterproductive—move.

As he hung up the phone, Donald again felt the mixture of relief and disappointment. He could not make up his mind: Had this been a

successful consultation or not? After all, he had avoided getting Arthur—and himself—into trouble with the innovation board. On the other hand, he had failed to convince anyone of the need for a more thorough and systematic diagnosis of their difficulties. In addition, he lost the work with the client.

Several months later Arthur called. He was again cheerful and thanked Donald profusely for his advice. The innovation board had found out that they needed to engage the project managers more closely, and Arthur was putting in place a process to coach them before their presentations and to obtain their feedback afterward. He reported that the discourse about decision making was more open. He wished Donald a Merry Christmas.

Donald felt puzzled. On the one hand, Arthur seemed genuine when he said he had found their brief contact helpful and enlightening, and Donald had been paid promptly for the short consultation. With or without him, the client organization was working on the changes it desired. On the other hand, Donald wondered why he felt unappreciated.

Case Analysis

As a consultant, it is helpful to ask oneself from time to time, who is the client now? Is it the person with whom you speak? Is it the group the person represents? Is it the whole organization? In this case, in retrospect, it was as if Donald consulted with the ghost of a group he was never to meet. A consultant does not need to meet all the members of a group to be working with it, anymore than a therapist needs to meet all the members of a patient's family to be working with the family system.

Arthur met Donald primarily in the role of innovation board *representative*. Therefore, his behavior was not merely a function of his individual psychology; it expressed both conscious and unconscious aspects of the "spirit" of his group. Consciously or not, Arthur behaved according to the group's norms, and as the interaction unfolded, the client-consultant pair enacted the distant and often adversarial relationship between the innovation board and the project managers. Beyond the spoken words, Donald and Arthur were captured in a parallel

process and staged a core issue on which the innovation board needed to work: the difficulty of achieving a creative partnership for the purpose of producing an innovative solution.

Arthur was trying hard to demonstrate that he had identified the problem, and he was ready to act decisively and provide a solution. He was, therefore, disappointed at Donald's request to slow things down. Donald felt that Arthur wanted to intrude into his area of expertise and use him as a professional "pair of hands" (Block, 2000) or "hired gun" to implement the solution on which Arthur had already settled. Had he done the 15-minute debriefings following the innovation board's decisions, without an established relationship of trust with the group, he would have set himself a task with an extremely low probability of success.

Donald proposed a collaborative approach to organizational change (Schein, 1999) in which client and consultant shared responsibility for diagnosing the issues the client group needed to work on and for designing and implementing an *ad hoc* intervention. Arthur seemed upset by Donald's concerns and lack of a clearly delineated technical solution. Like the project managers, the consultant was asked to provide a crisp, well-packaged, professional solution rather than to develop a cooperative working relationship with the innovation board. Donald had no technology to sell. He offered a service, but he could not guarantee what the outcome would look like that early in the project.

Arthur appeared more interested in judging the quality of Donald's alternative "solution" than in creating one together. This also reflected the culture of the innovation board. Donald's approach violated all aspects of the group's culture as described by Berne (1964). The innovation board's *technical culture* privileged predictable, standardized, reassuring "technologies." The group's *etiquette* prescribed a professional persona with a high value placed on being "in control." Finally, according to the group's *character*, departure from professional intercourse was acceptable only in the case of fact-based attacks and confrontations. The kind of collaboration that could acknowledge and tolerate doubt and uncertainty was simply not welcome. They had

no place in the innovation board's desired self-image.

Let us now explore further the *purpose* this group culture might have served. At one level, Arthur and Donald, in their short meeting, unconsciously embodied and enacted a major organizational struggle. At a deeper level, it was perhaps an archetypal, intergenerational struggle as well. In a company that rewarded up-to-date technical expertise, the young and upcoming project managers fought with the senior and more experienced innovation board members, with each side attempting to show the other they were on top of things—in part to gain influence through their ideas, in part to cover a fear of being incapable of contributing significantly and maybe even of being useless. As the progress of innovations, quality, and safety lagged, uncertainty increased for everyone at the innovation board meetings: the board members, the project managers, and Arthur. The innovation board retreated behind structure and procedures. Even the seating arrangement was set. Ideas were to be treated more like finished products to "sell" and "buy" than as creative works-in-progress. Solutions were the currency of power and influence—the artifacts of ambition and the substitute for security. The psychological *modus operandi* of the innovation board encouraged the extrusion of any possible fear of failure. And everyone colluded in this. As he left the meeting, Donald felt unsettled about his performance. Apparently so did Arthur about the result. In a similar fashion, it seemed that the innovation board disowned its uncertainties about innovation and projected them onto the project managers, who were uncertain enough about presenting finished technical solutions. The organizational pressure was to provide reassuring solutions that purported to guarantee the future success of a project and, by extension, of the company.

Both Donald and Arthur pledged to support the other while both resisted a closer collaboration. Arthur's implicit refusal to work on the proposal and Donald's declining the invitation to attend the meeting both showed ambivalence. Arthur was the initial conduit through which the tensions encompassed in the innovation board process were exported else-

where. In two hours with Arthur, Donald had accumulated more diagnostic data than he could possibly integrate and formulate immediately. He was unconsciously “loaded” with the same projected anxiety that the project managers experienced when they faced the innovation board. And without much awareness, he took over the group’s uncertainty and started acting according to the group’s culture. Donald could have gone to the meeting not to facilitate a debriefing, but to support Arthur and discuss “their” proposal. Of course, he would have had to contain the discomfort of being questioned by an intimidating group of senior executives as he invited them to work together with him on the issue at hand. Rather than providing a well-packaged solution to a problem, Donald would have had to admit publicly his uncertainty about both the problem and the likely outcome. This could have modeled the changes that Arthur was trying to effect, but unfortunately, the insecurity projected by the whole innovation board triggered his own doubts about being competent as a solutions-oriented organizational consultant. At the time, he was unable to contain and reflect on his experience. Instead, he colluded with the innovation board’s attempt to disown the inevitable uncertainty that goes with any innovation process. He reacted to the prospect of that discomfort in a defensive fashion and used his role as armor, trying to convince himself that he had really declined the invitation in order to follow the appropriate procedure of a collaborative approach. In reality, he had dived for cover to escape from his own anxiety.

Conclusion

Reflecting on our experience and behavior during our work with groups often yields important insights into the group itself. Shapiro and Carr (1991) argue that we might

define consultants as individuals who, in using and interpreting their feelings in their roles, stand both inside and outside themselves, and both inside and outside their organizations. . . . Such consultants become immersed in the dynamics of the organization and consciously try to discover within themselves and through

their own experiences a sense of the issues that are important to the organization. (p. 81)

However, using one’s whole self as an instrument as described in this paper requires “a special commitment to introspection and personal scrutiny” (Smith, 1995, p. 277).

A “good enough” knowledge of oneself does not lead the competent professional to be detached and unaffected. It allows him or her to be affected responsibly and purposefully by the client system. In preparation for consulting to a therapy group, Berne (1966/1994) wrote, “[The therapist] will examine his motives and fortify himself against temptation or exploitation of his weakness” (p. 20). In our view, however, the consultant’s job is not to resist those temptations, but to be able to experience them without fending them off or giving in to them. Through intense personal work, consultants develop a deeper familiarity with a wider range of experience. Therapy, after all, is an exercise in tolerating humanity. Reflection can only occur if we have permission to acknowledge and tolerate our experience and behavior. The alternatives are collusive withdrawal and acting out.

Working with groups and organizations requires the capacity to be pulled into the group’s psyche and to reemerge with a deeper understanding of the struggles our clients face—and we with them. Maybe consultation is like surfing. Paddling against the waves and ducking your head under water is necessary to reach the lineup. But once you are on a wave, there is no place for the illusion that you can control its force. On the other hand, you do not passively resign yourself to being carried away. Surfers try to use nature’s energy for their purposes, keeping a sense of where they are trying to go and how. Wipeouts, of course, are an integral part of it.

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