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Psychoanalytic perspectives on organizational consulting: Transference and counter-transference

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ABSTRACT

There is a plethora of publications offering methodologies and styles of consultation for the hundreds of thousands of people who engage in organizational and management consulting work. Yet we know little about the psychodynamics of the consultation process, how the consultant influences this process and is, in turn, influenced by it. This is where a psychoanalytic perspective on the process can be especially valuable. In this article, we explore the challenges and complexities associated with a psychoanalytic orientation to the consulting process. In particular, we explore the transference and counter-transference issues that a consultant typically faces when engaging in this work. We establish the analysis of transference as a key to diagnosis and intervention and then offer a methodology for this form of consulting.

KEYWORDS

consulting ■ organizational development ■ psychoanalysis ■ transference

Introduction

What distinguishes psychoanalytically oriented consulting from other types of consulting? We maintain that it is the consultant's capacity to use the three major aspects of psychoanalytic work: the deciphering or translating of unconscious thoughts and feelings, the understanding of resistances and

defense mechanisms, and the assessment of transference and counter-transference reactions. The first two points seem simple and obvious enough, especially now as psychoanalysis is entering its second century and many of its central concepts have become familiar parts of our culture. The first point refers to the fact that much of human motivation is out of awareness, difficult to access because it is irrational and inconsistent with accepted social norms or the conscious self-images held by groups and individuals. Correspondingly, point two, much behavior is motivated by defenses against anxiety, designed to protect us from experiencing the fears that can arise in relationships, in work, and in attempting to change familiar and well-established patterns of behavior. Psychoanalysis has acquired a vast body of theory and clinical experience to address these phenomena both in individuals and, increasingly, in larger systems (Eisold, 1996.)

Our aim here is to address the third aspect of a 'psychoanalytic orientation,' the topic of transference and counter-transference in organizations. To what those terms refer, essentially, are those aspects of relationships that are shaped by preconceptions that are transferred onto the actual relationship with a real person or group, or projected into it, that limit, confine and sometimes distort the reality of that relationship. Transference refers to preconceptions held by the patient or client; counter-transference to those held by the analyst or consultant.

The existence of such preconceptions was one of Freud's (1912/1958) major discoveries, originally conceived simply as a repetition or 'transfer' of infantile wishes, but later expanded to include all of the assumptions and preconceptions that permeate interpersonal perceptions and communicative process. As Greenson (1967) pointed out, transference reactions are essentially unconscious, though some aspects may be conscious: someone may be aware that he/she is reacting strangely or with excessive anxiety to a particular situation, though be unaware of the meaning of the behavior. But whether or not transference reactions are conscious or suspected, they are always present to varying degrees.

Freud (1915/1957) wrote about the twofold power of transference; he saw it as a valuable instrument if understood and as a source of danger if not. In the beginning, he emphasized counter-transference as a potentially destructive force that could destroy the analyst's objectivity. It can be manifested in attitudes of disinterest, mind-wandering, annoyance, or withdrawal, and it can color diagnosis with 'wild' interpretations and confound interventions with 'force fitting.' It can be an assault on the 'work ego.' However, Klein (1964) and Racker (1957) emphasized that counter-transference can also be enormously constructive. 'Projective identification,'

the concept describing how organizations, groups, and individuals project into others unwanted aspects of themselves, is a conceptual tool for the psychoanalytically oriented consultant to grasp the meaning of powerful and disturbing experiences he or she is subject to in the presence of the client. Understood properly, it can be a rich source of data about the system they are engaging.

More contemporary views stress the ubiquitous presence of transference and counter-transference in all relationships. No one is neutral, free from assumptions or preconceptions; all perception is through the lens of past experience, as a result of which the consultant and the client – like the analyst and the patient – will tend to co-create situations that are familiar to them and reenact the relationships and conflicts they are prepared to experience. In traditional two-person psychoanalysis, the concept of the ‘interactive matrix’ (Greenberg, 1995) has been advanced to describe this situation. In working with organizations, Ehrlich et al. (1996) refer to the ‘transference field’. This includes all the unconscious forces at play among people in a collectivity in which affective involvement exists. Whether the powerful feelings of ‘projective identification’ are at play in the transference/counter-transference field, or the more subtle reenactments of past relationships display themselves, there are always unknown preconceptions, expectations, fantasies, and fears that color relationships.

In short, transference and counter-transference are ever-present, irreducible aspects of any relationship. To think about transference and counter-transference is essentially to consider the nature of the relationship, the meaning each party has for the other. And it is never irrelevant to raise that question.

Consider the beginning of a consultative relationship. To cope with the difficulties of establishing a relationship with a demanding and anxious client, some psychoanalytically oriented consultants maintain that idealization of the consultant is necessary. Clark (1995) and Sturdy (1997) claim that it is vital for the consultant to make a positive impression, and they go on to maintain that the consultant must be in control at all times and promote a climate of dependency.

This could be viewed as a version of Freud’s ‘unexceptional positive transference,’ sometimes seen as a prerequisite for individual psychoanalytic work. But, as many analysts have commented, even in the consulting room, such a view of the relationship between analyst and patient is simplistic and often misleading. The analyst can be taken in, encouraged to ignore significant hidden fears and hostilities. This is all the more so in the complex situation of an organization. It can also set up false expectations.

The challenge of consulting with a psychoanalytic orientation

Let us look at the typical hiring process for a consultant. Busy corporate executives, under pressure, will ask about and demand quick, precise results. In most cases, the problem for which they seek help will have intensified their anxiety. They will pressure consultants to produce results, as they are expected to produce results and as they pressure their subordinates to produce as well. They often view indications of hesitancy, caution and even thoughtfulness on the consultant's part as signs of insecurity and incompetence. They see accepting a job with limited information as a good sign of confidence.

Naturally, consultants will want to meet these expectations, conveying an impression of being in charge. Many consultants, in fact, advertise their results, and a record of successes is considered an important marketing instrument. Names of satisfied clients and even one-paragraph testimonials are listed in brochures of consulting firms and in the biographies of private practice consultants. In most business school catalogs the names of consultant clients are often listed in the biographies of faculty members along with their degrees, publications and areas of research.

The consultant trained as a psychoanalyst will have difficulty fitting into this picture. Trained to be neutral, observant and relatively abstinent in first engaging with clients, psychoanalysts will feel awkward and out of place. Their training leads them to know that things are never what they seem, that the task of working with hidden and complex processes is seldom smooth. To advertise, to sell oneself, simply to promise results, can often lead to feelings of guilt and shame, a sense of being fraudulent, even unethical.

One group of practicing psychoanalytic consultants discussing the issue of marketing went through a process of painful debate among themselves in facing these fundamental issues: Should they 'sell' their work? Should they even pursue contacts? How aggressive should they be? They all agreed that they could not possibly succeed without selling, networking, and pursuing clients aggressively. But they arrived at that conclusion only after expressing considerable anxiety, and collectively releasing tensions by joking and laughing and describing their efforts as 'shameless displays.'

More and more analysts, however, are making this transition to working as organizational consultants. They not only learn to market themselves, but they also learn much of what other consultants know about contemporary organizational life: the language and culture of organizations, differences in organizational structures and procedures, as well as current strategies for change. But one does not need to be fully trained as a psychoanalyst to work with organizations using a psychoanalytic orientation.

Indeed, just as psychoanalysts can learn about organizations, and modify their approaches in the process, other consultants can acquire a working familiarity with psychoanalytic concepts and practices that can aid them in their work. Training programs are increasingly available at institutes and universities to teach these skills, and professional associations are responding to this burgeoning area of interest.

Consultants are often interviewed by a variety of executives, human resource managers, and others, each of whom may have conflicting views of the presenting problem or what they want from a consultant. And often those conflicts will be unspoken, difficult to discern. Consider the following. A consultant received a call from the director of human resources of a large electronics firm. The initial issue presented to the consultant was, 'several members of the executive constellation have difficulties communicating.' After several phone calls and an interview at the site with the CEO, the CEO claimed that what he wanted was someone to teach him how to use *PowerPoint*. What were the 'difficulties communicating' here? Of course, *PowerPoint* might help the CEO communicate more effectively, but the mere fact that the HR director and the CEO could not agree on what they needed from the consultant directly and powerfully exemplified the severe communication difficulties between them. But what was also being communicated to the consultant by this enactment of conflict? Was the CEO taking out his frustration with the HR director on the consultant? Was the HR director asking the consultant to convey his dissatisfaction to the CEO?

In each case, a form of transference is involved. The HR director attempted to use the consultant as an ally or an emissary. The CEO treated him like a trainer. Caught in the crossfire, the consultant could do little but exemplify the underlying problem – no doubt not for the first time. The organization subverted the consultation by enacting its conflict at its inception.

Tensions and preconceptions are inevitable, especially at the start of a consultation. Executives use consultants to enhance their careers and they are often highly invested in creating a 'good' or 'successful' consultation. Likewise, a debacle could destroy a career. This is the case under the best of circumstances. The narcissistic executive (Czander, 1993), in addition, demands powerful idealizations. Executives, working in narcissistic corporate cultures¹ that idealize authority, moreover, may actually require an idealized consultant, one deemed appropriate to the exalted status of his client. This places the consultant in a precarious position. Working within these cultures the consultant typically is placed in the awkward position of satisfying unrealistic expectations. Moreover, it is not unusual for a consultant to be idealized as a savior by one segment of the organization and vilified by

another. Under such complex circumstances, can it be wise to promote idealizations at all?

Psychoanalytic consultants, like general consultants, face an array of ambiguities during the interview process. Should they gain entry, they have the advantage of being able to pay careful attention to the complex, shifting and sometimes contradictory dynamics associated with this process. They face from the start the disadvantage of promising an exploratory and uncertain process that many clients will not understand or want. But, by contrast, they offer a sophisticated and flexible instrument that can succeed where others have failed.

Here we aim to provide an outline of this domain, suggesting not only how transference and counter-transference play themselves out in consulting relationships, but also how the psychoanalytically oriented consultant can use his knowledge of those dynamic forces to enhance his work. Our illustrative material, drawn from our own practices, are vignettes designed to help grasp the issues vividly, and are not meant to constitute definitive evidence. They are meant to illuminate not only how the often hidden dimensions of transference and counter-transference operate, as it were, behind the scenes, but also to suggest ways the consultant can gain some perspective on them and, at times, use them to advantage.

Psychoanalytic consulting and transference reactions

The corporation is a mosaic of transferences. To begin with, of course, there are the myriad individual transferences present in any system of relationships. Moreover, as Durkin (1964) suggests, transferences are generated by the organization's structure, which provides levels of authority and status differentials, as well as a complex system of roles and role relationships. Groups promote internal transferences among members; there are also powerful transferences that are elicited between and among groups. Transference reactions are also generated by the organization's culture, history, rituals, customs, and norms, as well as from the organization's demands for performance, duty, and task requirements. These reactions, some conscious, most unconscious, fuse, collide and explode into conflicts promoting the use of defenses and distortions. Sometimes they have to do with the work at hand, but more often they are associated with some deeply buried covert experience or trauma that is triggered off and replicated within the organizational setting.

For the psychoanalytically oriented consultant, an intervention is a multidimensional act in an ecological system called the corporation. Just as

the individual person is viewed as a complex mix of transference and real relationships, rational and irrational perceptions and behaviors, so is the organization as a whole seen as a web of constantly shifting rational and irrational forces. The psychoanalytically oriented consultant assumes that in all organizations there are dysfunctional forces both conscious and unconscious that oppose system functioning. This view draws its theoretical support from the assumption that stable patterns of work, behavior, effort, etc. are the products of a balance of forces that both oppose and support the system. The consultant is called in because the forces opposed to effective and efficient system functioning have become too strong. Thus, the task of the consultation is not adding to the resources of the system, but strengthening its positive recuperative tendencies and reducing factors that prevent optimal system functioning.

Let us begin by examining some of the transference and counter-transference issues typically associated with consultation failure. A frequent problem is that the consultant will be 'captured' emotionally by one segment of an organization or by an individual with whom he has established a special relationship. That will blind him to vital aspects of the larger system, so that he may act out in ways that ultimately can be destructive.

The consultant might find himself, for example, uncomfortably aligned with a group that is being scapegoated, that is perceived as troublesome or difficult. Given the job of helping its members to 'improve,' he may come to feel that his choice is to fight back on their behalf against the unfair projections, or he may join in and come to believe the projections and blame the members of the group for their shortcomings. Either way, he will be deprived of the opportunity to bring a new perspective to the conflict. Another kind of difficulty arises when a consultant discovers he is being used by the CEO to deliver bad news to a subordinate or subsystem. Offering 'help,' in such circumstances, becomes a means of targeting blame.

Consider the following example of a profound counter-transference reaction. A consultant is brought in by a CEO of an engineering firm to assess a vice president who is on the verge of being fired because of employee conflicts and his failure to implement change. After having several 'smoozy' lunches with the jovial vice president, the consultant finds himself aligned with the vice president and sympathetic to his ordeal. He finds himself identifying with the vice president's anger and cynicism towards his 'incompetent' staff. Meeting with the CEO, the consultant makes this observation about the vice president: 'If his managers hate him and they complain and ask for his head, he's doing a good job; if they don't complain then fire him.' In the months that followed the vice president's unbridled actions escalated, several key employees quit, and the company's failure to change persisted.

Another frequent problem for the consultant is the difficulty in gaining access to buried negative feelings in the organization. When a consultant is hired by the executive constellation, for example, both parties can collude in defending against negative transference reactions from the staff. One major consulting firm began a consultation, unable to observe that employees were upset by their presence. On the surface they appeared to receive full cooperation and even exuberant expressions of support from employees, especially when their work was near completion. The employees' negative feelings were discussed in private, and the consultants failed to see the positive behavior as a mask. The consulting firm left with much fanfare, and the executive constellation praised them for a job well done. In the year that followed very little changed and the employees went back to their 'old ways.' The executive constellation held onto their initial perception that the money spent on the consultation was well spent.

Consider another example of a counter-transference reaction that blinded the consultant to the underlying complexities of a client system. The director of a major consulting firm that specializes in re-engineering received a call from the CEO of a manufacturing company. After a presentation and lunch the CEO hired the consulting firm. The director of the consulting firm, convinced that this will be a typical consultation, instructed his staff to conduct their work as they have done in the past by having personnel complete a paper and pencil survey to diagnose the company. The director and his staff failed to meet with employees, as a result of which they failed to observe conflicts between management and labor and to detect an active unionizing movement. The employees, who saw the consultation as a method to reduce the workforce and shift the workload onto employees who remained, completed the survey with the intention of misleading the consultants. As a result, of course, the consultation failed.

In this case, the director of the consulting firm initially assessed the failure as due to his spending too much time bringing in business and leaving the consultative work to his staff. After much thought he came to the conclusion that he had created a climate in his own organization that had stifled disagreement and potential conflict. He realized that the consultative approach that had helped build his consulting business, the creation of innovative, team-oriented organizations, had failed in his own organization. This was a 'wake-up call.' The director was consulting to an organization with problems similar to his. Just as he could not see the conflicts in his own organization, he could not see the client organization. Fortunately, the director hired a consultant for his own consulting company.

Sometimes counter-transference blindness can extend to the whole client system and can implicate the consultant in a massive collusion.

Consider the example of a consultant called by the director of personnel, 'shopping a consultant.' The corporation had money allocated for consulting and they decided to use it for a retreat to take place at a resort over a four-day period. In reality, the 'retreat' was an excuse for a vacation. For the past five years, the company had brought in a consultant, and after the weekend retreat they would rationalize the experience by collectively agreeing that the consultant was 'no good'. The consultant, not entirely blind to the potential that this might easily happen again, wondered if he should accept the consultation with the knowledge that the clients would plan to spend a weekend partying into the night and then collectively agree that the consultant knew nothing. However, the large fee was attractive, the vacation spot was appealing, and the consultant persuaded himself that he would do it differently. The consultant agreed to do the job.

The consultation failed miserably, and the consultant was racked with guilt for accepting the large fee. Afterward, the consultant reported that omnipotent feelings were stirred in him when he heard other consultations had failed. These grandiose feelings clouded his objectivity; he threw caution away and rushed to meet the challenge.

As this example suggests, it is often easy for the consultant himself to become a scapegoat, or, to put it another way, for the organization to seek out someone from outside that it can blame for its failures. It is easy to see why. It is often easier to castigate someone with whom there are no long-term ties, who can be fired without significant consequences, and in the process deflect attention away from the potential internal sources of blame. Indeed, it would be fair to say that virtually all organizations – like most patients – are profoundly ambivalent about accepting the help they know they need. They fear change, and who is easier to blame for the failure to bring it about in a painless and thoroughly successful way than the consultant?

The major difficulty faced by most consultants, however, has to do with the difficulty of detecting and addressing the ways in which the organization is united, and sometimes even integrated, around long-standing and deep-seated beliefs about how things have always been done and always need to be done. Such beliefs are contained in the organization's storehouse of experiences, methods, myths, and values. They are expressed in events and symbols; over time, they become institutionalized in modes of believing and behaving. Such shared wishes and experiences are communicated by the organization's members to the consultant. They can be powerful demands, guarded by conscious or unconscious defenses, or merely the routinization of ideas or specific behaviors that have come to be taken for granted. In either case, however, the 'collective wish' will serve a defensive purpose by functioning

as a framework for containing anxiety associated with events in the organization's past, present and imagined future.

Understanding the function these defenses or routines serve is an important part of the diagnostic work of the psychoanalytic consultant. Consider the following case: an organizational development consultant accepted a consultation to an organization that had thought of itself as a 'family' but that was now undergoing rapid growth. He was brought in to integrate the new staff and attempt to recreate the family climate that was disappearing with the rapid growth and change in employee role relations. The consultant accepted the presenting problem, the 'collective wish' in effect to maintain the family climate, and unreflectively moved towards an intervention. He was planning to use group techniques and organizational development activities to heighten the sensitivity of the organizations members to each other and 'open-up' the communicative process and increase intimacy. But the employees were quickly outraged at his intervention and they collectively 'kicked' him out after a one-hour session.

Had the consultant completed a diagnosis and assessed the collective wishes embedded in the organization, he would have realized that the employees needed to reject him. While the employees recognized that the 'old family' climate was no longer functional, they remained profoundly ambivalent about giving it up. By accepting the presenting problem as stated and pushing the employees towards attempting to reinstate a traditional 'family climate,' the consultant presumed that they did not know that that goal was now obsolete, even if they might be able to articulate what they knew. By rejecting him, on the one hand, the employees rejected the old perspective on the nature of the problem they faced, the obsolete perspective allied with the old management. On the other hand, in rejecting the consultant, they preserved the management. Symbolically killing the consultant, they preserved the organization's 'collective wish,' for the time being at least. And this served two functions: it avoided confronting the problem of change they faced, and it was a collective activity that bonded the old and new employees into creating the illusion that they were still a family that could act together.

Diagnostic phase

As this example demonstrates, a psychoanalytically oriented consultant needs to approach a case with two questions in mind. One, why was I chosen? And two, what is my understanding of the psychodynamics associated with the presenting problem – or as we might put it, why has the presenting problem been chosen to represent the organization's dilemma? This understanding can

never be apparent from the start, and this is why it is essential to negotiate a diagnostic phase to the consultation before any remedies can be suggested.

Consider the following example, a consultant arrived at a company to meet its CEO to discuss a potential consultation. As he sat in the poorly decorated reception area, he counted 25 employees walking hurriedly to a small room to refill their cups of coffee. After waiting for half an hour he thought to himself: A lot of caffeine and a rude CEO. He also noticed that not one employee had looked at him as he sat in a highly visible spot. Upon entry into the CEO's office, he was greeted by a tall, thin, athletic looking man who bounced up from his seat and almost jumped over the desk to greet him. He spoke in a loud, fast-paced, sound-bite fashion. To the side of his desk was a basketball hoop over a garbage pail and on his desk was a huge coffee cup that read 'capable of leaping tall buildings', a reference to superman. During the 45 minute scattered conversation/interview the CEO answered three telephone calls and two employee interruptions. Having experienced the entire office as hyperactive, the consultant was not surprised when the CEO stated the problem as 'an inability to focus and follow a strategic plan.' The consultant rejected the consultation, later, when asked why, he responded, 'no one offered me a cup of coffee.'

In this case, the diagnostic phase was exceptionally brief – and relatively easy. That isn't always the case. Interpreting behaviors, artifacts and symbols help the consultant make sense of the presenting problem and the possibility for change. The initial diagnosis enables the consultant to understand the nature and depth of the presenting problem[s] and also helps the consultant determine how possible it might be to succeed at the project. In the above case the consultant concluded that the culture of the company, from the CEO down, precluded the reflection that would have been essential to the success of any consultation. To work on the capacity of the organization to focus would have required a significant commitment and effort that the consultant had no indication the CEO would or could accept.

Some psychoanalytic consultants not only create two distinct phases of the consultation process, but also operate with two separate contracts, a diagnostic contract and an intervention contract. In the above case the consultant made a quick diagnosis and decision. Many consultants, however, devote more time and effort to the diagnostic phase than to the intervention because a correct assessment is essential to a successful consultation.

To summarize, there are three reasons for stressing the diagnosis. The most obvious, of course, is to arrive at a better understanding of the true nature of the underlying problem. The second is to understand the conscious and unconscious transference reactions the client is having to the consultant; as we have seen an accurate understanding of this can avoid working at

cross-purposes that may sabotage the possibility of a successful consultation. The third reason, which we address in the next section, is to arrive at a better understanding of the underlying 'collective wishes' associated with the presenting problem, the forces that will have to be mobilized in the organization to bring about a significant change.

Intervention phase

The key to a successful consultation is being able to respond to the 'real' underlying problem of the organization, the problem the consultant has been able to use the diagnostic phase to lay bare, while at the same time gratifying the desire and need it has to develop its true, inherent potential. This does not mean that the organization cannot be challenged to confront some of its most cherished assumptions, but that the consultant and the organization must come together in a spirit which responds to some underlying collective passions and desires. The efficacy of a psychoanalytic intervention is linked to the capacity of the consultant to isolate what is symbolically contained in the 'collective wish' and intervene in a way that will restore the capacity of employees to cope with the realities of the work situation. The 'collective wish,' as we said earlier is typically associated with the staff's desire for security, to get more for themselves, and to be cared for by management. At the same time, the 'collective wish' contains within itself a potential for growth and development. A consultant entering an organization must be seen by employees and management as an object that will bring 'good things.' This is a key element in beginning any type of intervention. Stated simply the consultant needs to be the embodiment of hope.

Consider the following case of 'sick building contagion'.² A surgical team was preparing to operate on an HIV-infected patient. One-by-one the staff in the operating room became dizzy, fainted and vomited. The operation could not be performed. Hospital management immediately called in a consulting team of environmental engineers and a psychoanalyst. The sick reactions immediately ceased. The hospital management, previously experienced by the staff as cold and aloof, only interested in the 'bottom line,' was now seen as a caring parent, concerned about the 'sickness' of their employees.

In this example, we see the power of a positive transference, the bringing in of the 'good consultants' as a kind of transference cure. If the psychosomatic reaction of the staff in the operating room is an unconscious defense against the risk of exposure to the potentially lethal patient in the context of a broader anxiety of a failing management, then the consultation team is experienced as management's instrument to clear the air of toxins.

Of course, the critical questions center on the long-standing issues between management and staff, and the AIDS patient in need of an operation. The psychosomatic symptom disappeared, but might well have reappeared in some other form if the long-standing underlying issues in the management of the hospital were not addressed along with the tendency of staff to perceive management as detached and uncaring. The consultation did eventually change the nature of this relationship, and both groups began a new phase of collaboration.

Until the consultant formulates the 'why' of a particular problem and the secondary gains involved in holding onto a problem, the consultant will never be certain whether the intervention will help the organization gain the necessary insight to change or take care of its own dysfunctions in the future. Like general consulting,³ the primary task of psychoanalytic consulting is to enhance the organization's efficiency and effectiveness.

This is underscored in the following example. A consultant is brought in by the management of a family owned and operated food preparation business to consult to a chronically under-functioning department. This department is blamed by top management, composed by senior family members, for causing significant problems throughout the business. A naïve consultant, upon hearing the stated problem, might well approach the dysfunctional department and then attempt to correct its problems. But merely attending to the dysfunctional department would not allow the consultant to discover the function the dysfunctional department is playing in the entire system, or more specifically, how the dysfunctional system might actually contribute to the overall health of the company. The consultant makes the mistake of asking the question, 'Why is this subsystem dysfunctional?' The more relevant questions are: 'Why does the larger system view this subsystem as deviant?' or, possibly, 'Why does the larger system actually cause the subsystem to fail?' The consultant who does not ask this question will be doing what is akin to 'blaming the victim' and will rarely succeed in improving total system functioning.

Even assuming that the initial presentation of the problem is correct, should the consultant have made this subsystem the focal point of the consultative endeavor, trying to alter or change the deviant subsystem and bringing it into the fold, he or she would have failed to strengthen the organization's own dysfunctional and recuperative tendencies. The organization that contains a deviant subsystem often calls in the consultant after other subsystems complain. Rarely does a deviant subsystem itself call for assistance. As a result, the deviant subsystem responds to the consultant as an agent of the complaining subsystems, that is, as an enemy. Consequently, conflict escalates and defenses are strengthened that oppose system functioning. But if the

consultant is able to formulate the 'why' of a particular problem, and illuminate the secondary gains involved in holding onto it, the consultant can be more certain that the intervention will help the organization gain the necessary insight to heal or take care of its own dysfunctions in the future.

In this case, the consultant discovered that this department dominated the discussions of the senior management/family meetings both inside and outside the organization. Family members would joke about activities of this department during weekly meetings, finding humor in the department's incompetence. In a sense this department assumed the role that family therapists call the 'identified patient.' In more popular terms, it was the 'black sheep'. This is a form of scapegoating: difficult or frightening aspects of a system are projected into a particular sector, which is then isolated, blamed and punished, if in a contemptuously humorous way. The need to do this is often particularly acute in family businesses where family members are often hired and promoted with less attention paid to their competence than in the case of 'outside' employees. Thus, the family employees are always dogged by doubts, from among themselves as well as others, about their capacity to function effectively. The unconscious function of the incompetent department in this system, then, was to contain and manage the incompetent feelings and perceptions regarding family members within the business as a whole. As a result of this understanding, the consultant focused his work on top management and worked with them on expressing and resolving such feelings and conflicts within the family. After several months of work the dysfunctional department was no longer a problem.

Conclusion

We began by pointing out the daunting array of expectations and pressures that face any consultant attempting to gain entry to an organization, not merely the psychoanalytically oriented consultant. There is no simple answer to this dilemma. Our strength is offering a process of reflection and exploration that not only is no 'quick fix,' but which also engages the organization in thinking about itself. If it cannot do this, if it needs 'outside experts' whom it can idealize, we have to accept that we may not be the ones for the job.

Sometimes an organization will have to engage with consultation projects that fail for them to be willing to do the work with a consultant who will probe more deeply and reflect more deliberately about the underlying issues. In that case, we would have the advantage of knowing in advance that the presenting problem was more complex and daunting than it appeared to be on the surface. We would also have the advantage of the additional data

of the failed consultation. Moreover, management might be more motivated to engage the work with us. This is hard work all around. But it is also interesting work and work that promises gratifying and more enduring rewards.

Notes

- 1 When working with narcissistic cultures the consultant rarely can get beyond the 'image' and they will rarely be privy to any thoughts or concerns that are related to the experience of vulnerability. Consultants are told problems are outside, located in a department or in another person, and often problems are a function of self-serving distortions. The narcissistic culture is marked by scapegoating, blame and self-serving ceremonies in an attempt to inflate the image of the executive constellation at the expense of others.
- 2 Kerckhoff and Back (1968: 25) define the sick building syndrome as '... a set of experiences or behaviors which are heavily laden with emotions of fear of a mysterious force disseminated through a collectivity. The type of behavior that forms the manifest content of these cases may vary widely from one example to the next, but are indicative of fear, and all are inexplicable in terms of the usual standards of mechanical, chemical or physiological causality.' These types of reactions have sometimes been referred to as 'mass hysteria,' 'epidemic hysteria,' 'mass psychogenic illness,' or 'assembly line hysteria.'
- 3 General consultants would include 12 types of consulting, these are: (1) management consulting, (2) mental health consulting (Caplan, 1970), (3) organizational development (Argyris, 1970; Steele, 1969), (4) executive coaching (Hall et al., 1999), (5) technical consulting, (6) consulcube (Blake & Mouton, 1976), (7) process consultation (Bennis, 1962; Schein, 1969), (8) organizing consulting (Alinsky, 1959), (9) transformation consulting (Crosby, 1984; Deal & Kennedy, 1982; Kanter, 1983; Peters & Austin, 1985), (10) feedback/survey consulting, (11) team building (Katzenbach & Smith, 1992), and (12) re-engineering.

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