

# TRANSFERENCE AND COUNTER-TRANSFERENCE IN SYSTEMS PSYCHODYNAMIC GROUP PROCESS CONSULTATION: THE CONSULTANT'S EXPERIENCE

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## ABSTRACT

This study explored consultants' experiences of transference and counter-transference when conducting group relations training from the systems psychodynamic stance. A phenomenological research design was used with semi-structured interviews conducted on a purposive sample of 13 organisational development consultants in a financial institution. The data was analysed by means of content analysis. The results showed that consultants have varied receptiveness in terms of receiving projections and managing transference. These differences involve triggers, characteristics and systemic valence. The consultants experienced counter-transference on five different cognitive and emotional levels. Distinguishing between personal and group emotions, receiving projections and managing transference, all contribute to the complexity of organisational consulting.

## OPSOMMING

Hierdie studie het ondersoek ingestel na konsultante se ervarings van oordrag en teen-oordrag tydens groepverhoudingsopleiding vanuit die sistemiese psigodinamiese posisie. 'n Fenomenologiese navorsingsontwerp is gebruik met semi-gestruktureerde onderhoude gevoer met 'n doelgerigte steekproef van 13 organisasie-ontwikkelingskonsultante in 'n finansiële instelling. Die data is ontleed deur middel van inhoudsontleding. Die resultate het aangetoon dat konsultante uiteenlopende ontvanklikheid het wat betref die ontvangs van projeksies en die hantering van oordrag. Hierdie verskille behels snellers, kenmerke en sistemiese valensie. Die konsultante het teen-oordrag ervaar op vyf verskillende kognitiewe en emosionele vlakke. Om onderskeid te tref tussen persoonlike en groep-emosies, die ontvang van projeksies en die hantering van oordrag, dra alles by tot die kompleksiteit van konsultering.

According to Ivancevich and Matteson (1996) the demand for psychological inputs and specialised consultation in the world of work are increasing, mainly because of the demands of the new economy network organisation (De Jager, 2003). Some of the apparent reasons mentioned are the complexity of the modern organisation, the trend to constantly change and transform, the diversity of the workforce, the focus on group inputs and outputs, the complexity and the stressful effect of new and multiple leadership roles, especially in matrix systems. In order to address these demands and pressures effectively, Industrial/Organisational psychologists in their role as consultant, need to acknowledge their roots in psychology as its core field of study (Watkins, 2001), and to work systemically with individual, group and organisational behaviour (De Santis, 1998). The underlying assumption is that all systems – including the consultant as micro system – are human and dynamic, and that survival depends upon the processing and understanding of its own conscious and unconscious behaviour (Miller, 1993).

Within this scenario, the role of the group process consultant is becoming increasingly important as a vehicle in organisational development (OD) and especially group interventions, to facilitate group and individual learning and growth. Although there are various approaches to organisational consultancy, the assumptions of the systems psychodynamic consultancy stance, is the only one offering theory and operating models about organisational learning and consultancy on the conscious and unconscious behavioural levels (Obholzer & Roberts, 1994; Palmer, 1997).

## The systems psycho-dynamic perspective and consultancy stance

As a paradigm, the systems psychodynamic perspective started with Miller's (1989; 1993) work at the Tavistock Institute for Human Relations in London after the second world war (Morrison, Green & Tischler, 1984). The primary task of this paradigm was formulated as pushing the boundaries to better understand organisations including the challenges of management and leadership and serve as a praxis for work group and organisational education, training and consultation.

The central tenet of the systems psychodynamic perspective is contained in the conjunction of its two terms (French & Vince, 1999; Miller, 1993; Miller & Rice, 1976; Neumann, Kellner & Dawson-Shepherd, 1997; Obholzer & Roberts, 1994; Rice, 1963; Stapley, 1996). The "systems" designation refers to the open systems concepts that provide the dominant framing perspective for understanding the structural aspects of an organisational system. The organisation as an external reality, comparatively independent of the individual, affect the individual in significant emotional and psychological ways. In terms of consulting to organisations, it is believed that learning from the personal experience is of fundamental concern to facilitate development, insight, understanding and "deep" change (Bion, 2003). The "psychodynamic" designation refers to psychoanalytic perspectives on individual experiences and mental processes (such as transference, resistance, object relations and fantasy) as well as on the experience of unconscious group and social processes, which are simultaneously both a source and a consequence of unresolved and unrecognised organisational difficulties. A central feature of this view posits the existence of primitive anxieties – of a prosecutory and depressive nature

– and the mobilisation of social defence mechanisms against them. The social defences provide an obvious analog to the conception of individual defences which are central to psychoanalytic theory and practice. The operations of such defences are conceptualised as either impeding or facilitating task performance and responses to and readiness for change and new learning.

The conceptual origins of this approach stems from classic psychoanalysis, group relations theory and open systems theory (De Board, 1978; French & Vince, 1999; Hirschhorn, 1993; Miller, 1993; Neumann et al, 1997; Obholzer & Roberts, 1994; Stapley, 1996). Freud's (1921) reference to certain dynamic societal aspects was later applied to groups and organisations, especially by Bion (1961) and Klein (Colman & Bexton, 1975; Colman & Geller, 1985). Group relations theory and training started with Bion's (1961; 1970; 2003; López-Corvo, 2003) theory of group processes, based largely on developments in object relations theory. This included a group developmental theory which is centred on the paranoid/schizoid (the negative) and depression (the positive) positions (French & Vince, 1999), and concepts such as projective identification, splitting, psychotic anxiety, symbol formation, schizoid mechanisms and part-objects. These provided the major psychoanalytical underpinnings of what became known as the Tavistock approach, containing the theory and practice of both group relations training and organisational theory and consultation. Later, the name of systems psycho-dynamic perspective or stance was adopted by French and Vince (1999) and Stapley (1996). During the training of consultants as well as in actual consultation, the primary task is not to directly contribute nor to explicate theory. The aim is psycho-educational in that it provides group members with opportunities to learn about their own involvement in the group's dynamics with a special focus on learning about the nature of authority and the problems encountered in its exercise. Open systems theory was influenced by Lewin (De Board, 1978), who focussed on studying the group as a whole, Miller's (1989) focus on boundary differentiation and Rice's (1965) concept of socio-technical systems and the primary task. Miller (1983; 1989) explained that the notion of the open system made it possible to study the relationship between the part and the whole (for example the consultant and the group). From this, the key concept of boundary was coined by Miller (1989).

Bion's (1961; 2003) three basic assumptions are seen as the cornerstones for group relations training from the systems psychodynamic perspective (Kets de Vries, 1991; López-Corvo, 2003; Miller, 1993; Rice, 1965; Rioch, 1970). These are dependency (the group's unconscious projection for attention and help onto the consultant as parental object), fight/flight (as defence mechanisms in trying to cope with discomfort again involving the consultant as authority figure), and pairing (with perceived powerful others such as the consultant, or splitting the consultant as an individual or as a pair in order to be able to identify with one part as a saviour). Later, two additional basic assumptions were added, namely one-ness (also referred to as me-ness by Turquet, 1974) (representing the individual's escape into his/her own fantasy and inner safe, comfortable and good world, whilst denying the presence of the group, seen as the disturbing and bad part) and we-ness (Lawrence, Bain & Gould, 1996) (the opposite of me-ness where group members join into a powerful union with and absorption into an omnipotent force, surrendering the self for passive participation).

#### **The role of the systems psychodynamic consultant**

Banet and Hayden (1977) referred to the complexity and difficulty to take up this consultancy role, which can also be called the psychoanalytically informed consultant (De Jager, 2003). The consultant engages in an analysis of the

interrelationships of some or all of the following: boundaries, roles and role configurations, structure, organisational design, work culture and group process (Miller, 1989; 1993; Neumann et al, 1997). The consultant is alert to and interprets the covert and dynamic aspects of the client system – the organisation and the work group that comprise it – often with the focus on relatedness and how authority is psychologically distributed, exercised and enacted in contrast to how it is formally invested. This work would include a consideration of attitudes, beliefs, fantasies, core anxieties, social defences, patterns of relationships and collaboration and how these in turn may influence task performance (Canham, 2000). Next, the consultant will work with how unwanted feelings and experiences are split off and projected onto particular individuals and groups that carry them – that is their process roles as distinct from their formally sanctioned roles – on behalf of the organisation. Also important is how work roles are taken up for which projective techniques may be used. This organisational role consultation process is not a form of counselling or psychotherapy for problem managers (Obholzer & Roberts, 1994). Rather, it is a developmentally focussed, psycho-educational process for key staff, at any level, whose roles are critical to the organisation's functioning. Based on the earlier work of Jaques, Menzies (1993) referred to the relationship between task, process, and structure. She found that unconscious anxieties are often reflected in organisational structures and design, which function to defend against them. Analysing the social defence aspects of organisational structure and its relationship to task and process, are therefore critical features of systems psychodynamic practices.

#### **Relevant concepts of the systems psychodynamic consultancy stance**

Having its roots in psychoanalysis, this consultancy stance accepts conflict and anxiety as its core behavioural concepts (Koortzen & Cilliers, 2002; Menzies, 1993). The related concepts are the following.

- Defence mechanisms are used by the system to counteract anxiety, thus avoiding pain and gaining a sense of safety, security and acceptance. Examples are regression, denial, projection, rationalisation and intellectualisation (Shapiro & Carr, 1991).
- Projection happens when the system puts (projects) its own unacceptable or bad psychic material **onto** another part of the system, which could be another group member or an object representation – for example the consultant representing authority (Clarkson & Nuttall, 2000; Felluga, 2002; Gabelnick & Carr, 1989; Neumann et al, 1997). Projection does not change the behaviour of the receiving object, for example the consultant.
- Projective identification happens when the object identifies with the projected material, taking it **into** itself, which does change the behaviour of the receiver (Coleman & Geller, 1985; Czander, 1993; Kets de Vries, 1991; Klein, 1950; 1975). An example would be when the consultant identifies with (takes on) the group's projection of anger, feel the anger and act it out as if it belongs to him/her (Obholzer & Roberts, 1994).
- Transference as phenomenon, is universal in human interpersonal relationships. It can be defined as an unconscious repetition or replication in a more or less crystallised or fossilised way, of impulse, pain, defence, internal and external object relationships, as they have occurred in the past (stemming from a past experience) (Hopper, 2003; Lawrence, 1999; Lipgar & Pines, 2003). This behaviour is inappropriate in the current (here-and-now) situation. The transference contains a coded account of its social and psychological etiology. In group terms, it manifests as the group's unconscious distortion of the here-and-now reality of the relationship with the consultant (Clarkson &

Nuttall, 2000). For example, the group's affection or unresolved conflicts, dependencies and aggressions towards its manager, are transferred to the consultant as if he/she is the manager, unconsciously becoming the good or bad object (Felluga, 2002).

- Counter transference (although not yet fully understood in organisational behavioural terms – Hopper, 2003) is defined as a defensive phenomenon in the consultants' state of mind. This originated through his/her projective identification in the client relationship (around being helpful or not helpful), leading to the stimulation of his/her own repressed feelings (such as anger, depression and guilt) towards the client system (for example the work group and its members) (Banet & Hayden, 1977; Chessick, 2000; Clarkson & Nuttall, 2000; Klein, 1950; Miller, 1993; Neumann et al, 1997; Obholzer & Roberts, 1994). Clarkson and Nuttall (2000) created a matrix that offers four possible combinations of counter-transference occurrences, namely, proactive-concordant (the consultant's counter-transference related to his/her past ego experiences and fantasies), proactive-complementary (related to the consultant's own archaic object representations), reactive-concordant (replicating the group's dissociated or denied ego experiences or fantasies) and reactive-complementary (replicating the groups' archaic object representations).
- Valence refers to the system's tendency-cum-unconscious-vulnerability or predisposition to being drawn into one or other basic assumption type of functioning, and to receive certain projections, to identify easily with them and to counter specific group transferences (Bion, 1961; French & Vince, 1999).
- Boundaries refer to the physical and psychological borders around the system in order to contain its anxiety, thus making life controllable, safe and contained (Cytrynbaum & Lee, 1993; Czander, 1993; Hirschhorn, 1993; Kets de Vries, 1991; Miller, 1993; Neumann et al, 1997). This research studies the unconscious behaviour crossing the boundary between the consultant and the group.
- Containment refers to Bion's (1970) model which identifies and describes the relationship between emotion and its containment – the way in which it is experienced or avoided, managed or denied, kept in or passed on so that its effects are either mitigated or amplified. The consultant acts as container for the group, absorbing, filtering or managing anxiety, difficult or threatening emotions or ideas (which becomes the contained), so that it can be worked (interacted) with easier (Agazarian, 1987; 1989; French & Vince, 1999).
- Taking up a role refers to the conscious and unconscious boundary around the way to behave. Miller (1993), Obholzer and Roberts (1994) refer to three types of roles, namely (1) the existential or normative role (the role ascribed to the individual by the organisation, what the person's job entails), (2) the phenomenological role (the role that the individual fulfills as seen by others) and (3) the experiential role (the role as seen by the incumbent). Incongruence between the three enhances anxiety and congruence, effectiveness.
- Group as a whole refers to collectivism – one part of the system acting, or containing emotional energy, on behalf of another (Wells, 1980). This implies that no event happens in isolation and that there is no co-incidence but rather synchronicity in the behaviour of the system.

#### Problem statement and aim of the research

As container for the work group, the consultant receives projections. According to his/her individual valence, he/she experiences projective identification and counter-transference (see Gabriel, 1998; Palmer, 1997). Although theoretical knowledge about the behaviour of the group exists within the systems psychodynamic stance, much less in

known about the consultant's experience in the relationship (De Jager, 2002; 2003), especially regarding transferences. What the role implies and what training the consultant should have is known (Colman & Bexton, 1975; Colman & Geller, 1985), but little references exist on what the consultant experiences and carries on behalf of the group in a organisational development scenario. No South African research has been undertaken to understand this role within the specific multi-cultural nature of its workforce. Understanding this could help in clarifying the required competencies and strengths of a systems psychodynamic group process consultant. In the light of the above, this research aims to explore and describe transference and counter-transference, from the perspective of the consultant, as it appears during systems psychodynamic group process consultation. The study of transference is important because of its importance in understanding how the here-and-now relationship between the group and the consultant gets distorted on the unconscious level and thus influencing conscious and operational tasks.

## METHOD

### Research design

A phenomenological research design was followed (Camic, Rhodes & Yardley, 2003; De Vos, 2003; Kvale, 1996) with the human experience of the participant as the research object (Marton, 1994). This study investigated the phenomena of transference and counter-transference as they evolved out of the very subjective interpersonal and intergroup relations and perceptions of people, especially regarding race and gender.

The research was descriptive in nature (in creating insight into the experiences of systems psychodynamic group process consultants) as well as investigative (in creating knowledge regarding the manifestation of transference and counter-transference during systems psychodynamic group process consultation) (Braud, 1998).

In order to increase the understanding of these phenomena, a small group of participants were used to enhance the external validity of the research (Camic, Rhodes & Yardley, 2003).

Validity and reliability were further enhanced in the data gathering (with reference to the measurement) and data analysis and processing by meticulously applying guidelines for qualitative research given by Huysamen (1994), Mouton (1996), Mouton and Marais (1992) and Snyman (1993).

### Participants

Purposeful sampling was used (Kerlinger & Lee, 2000). This involved a deliberate effort and judgement to include and ensure a representative sample of key informants with knowledge and experience of the phenomenon (the consultancy stance) being studied. Thirteen participants were included namely, two white males, seven white females, one black male, two black females and one Indian female. All were in-house organisational development consultants in a South African national financial institution, registered psychologists in different registration categories, had formal training in this consultancy stance and were using the stance regularly in consulting in-house change, transformation and leadership programmes, in dyads or groups of three consultants at a time. Their demographic details appear in Table 1. The age and gender distribution were representative of the consultants employed by the organisation. The racial distribution of the group was fairly representative with the exception of coloured participants.

**TABLE 1**  
**CHARACTERISTICS OF THE PARTICIPANTS**

Participant	Age	Gender	Race
1	32	Female	White
2	40	Male	White
3	43	Male	White
4	40	Male	White
5	32	Female	White
6	43	Female	Indian
7	41	Female	White
8	36	Female	Black
9	31	Female	White
10	33	Female	White
11	44	Female	White
12	33	Female	Black
13	39	Male	Black

### Data gathering

Telephonic interview appointments were made with all the above consultants, inviting them to participate. All agreed to do so. Each consultant was sent detailed written information about the objectives and ethics of the study. Nine interviews were conducted with the use of video conferencing equipment and four were face-to-face interviews. There was no apparent difference in the way respondents reacted in these two scenarios. All the interviews were recorded on audio tape. The aim of the interview was to explore the experiences of the consultants whilst using the systems psychodynamic stance in consulting to groups on change, transformation and leadership with special emphasis on the exploration of experiences that involved transference and counter-transference. The interview started with the question, "Tell me about your experience as consultant during the group relations training events that you have been exposed to". Hereafter, consultants were allowed to determine the direction of the interview and follow-up questions were only used for the purposes of clarification or further exploration of topics presented by the consultants. All the interviews lasted between 40 and 60 minutes.

### Data analysis

The interviews were transcribed verbatim where after the content was analysed phenomenologically (Marton, 1994), using the following procedure:

- Responses were read through with examples of transference and counter-transference in mind, according to Schafer's (1970) interpretive stance.
- Clear examples of counter-transference were extracted from the data. These examples were taken verbatim from the interview data and reduced by the method of meaning condensation (Kvale, 1996).
- The different examples of counter-transference were clustered according to its vector and variance (Clarkson & Nuttall, 2000). Thirty examples were extracted from the data which sufficiently to strongly indicated the existence of certain prominent themes.
- The common themes in the examples of counter-transference given by the consultants were identified. This created the focus for phenomenological analysis where each theme was treated as a sub-phenomenon in its own right.
- The interview data was read through numerous times in order to gather phenomenological data. The phenomenological themes were kept in mind at all times.
- The data was then clustered according to different experiences and expressions of the same phenomena from the

point of view of different consultants. This led to different categories of description for the different phenomena. A saturation point was reached when no new categories of description emerged out of the interviews.

- Further understanding was created by examining the differences, similarities and relations between the different viewpoints of the phenomena under question.
- Consistency and reliability of data analysis were ensured by the creation of systematic written documentation of the analysis. The documentation can be used to follow the decision making process of the researcher.
- Validity was further improved by comparing data to theories and analytical models derived from literature (Rothmann, 2000).

## RESULTS

The participants' responses represented three main areas of discussion, namely, firstly his/her valence to become involved in a transference/counter-transference relationship, secondly emotional experiences as a result of these relationships, and thirdly the process characteristics of the transference/counter-transference relationship. Three main themes followed from these responses, namely, participants receptors of transference, cognition/emotion and counter-transference, and process characteristics of counter-transference. These themes included specific sub-phenomena that were included in the following discussions.

### Theme 1. Consultants as receptors of transference

The responses of participants related to their predispositions to become involved in certain transference/counter-transference relationships.

Firstly, this represented three distinct aspects of the phenomena, namely triggers, characteristics and systemic valence.

- Triggers. The participant's own past ego experiences and fantasies create predispositions for counter-transference. They referred to these as triggers, for example, "one of my biggest triggers is gender", and "the concept of authority figures and people telling you what to do and forcing you to do certain things that you don't want to do, is something that triggers me". All participants explained their own triggers in terms of past ego experiences, for example, "my own complexes and my own issues revolve around older white men and the rejection of my father's authority".
- Characteristics. Perhaps the most obvious predispositions for counter-transference were the general demographics of the participant. His/her position in the organisation, race, colour, culture, language, age, gender, personality and consulting style, were all qualities prone to arouse the object representations of group members. For example, an English speaking black participant said, "I definitely represent those blacks that do not want to speak Afrikaans". Another participant said, "As a consultant, and part of the human resource department, you represent the organisation or the establishment".
- Systemic valence. This category described those responses by participants that referred to systemic aspects that enhanced the possibility of counter-transference. Three aspects emerged here. The first had to do with the role that the consultant usually plays as part of any system. For example, one participant explained how he, as the middle child in his own family system, often served as the scapegoat and how this relationship repeated itself in his role as consultation in group settings. This represented a link with past ego experiences but with the distinct difference between this as a systemic aspect and the above trigger effect.

Secondly, the make-up of the group played an important role in the participant's predisposition to become involved in

transference and counter-transference relationships. A white female explaining why some groups expected her to take on the role of care giver, said, "I started to notice where the groups were predominantly, probably eighty to ninety percent white males, and particularly when it's a group that knows you, they have certain perceptions of you and certain expectations, that do play a role". A black female talking about anger and aggression, said, "I don't remember a black person being hostile directly towards me. A lot of white people are hostile towards me, quite a number of them actually, directly attack me". It seemed that the significance of characteristics as receptors increased depending on the systemic make up of the group.

Thirdly, the participants experienced the groups they worked with as splitting them off unconsciously into a good and bad part (a game of "good cop, bad cop"), based upon any of the above mentioned qualities. Race played a role for an Indian female who said, "We had a white male consultant who was fairly new in this line of work, and a black female and me ... anything the black consultant said, and what I said, was undervalued and all the conversation and talking to and from, went through the white consultant". Race and being new also played a role - a new white female received the "good cop" projections, but the new black female received the reverse. She said, "This group continuously split L and I. She was the absolutely marvellous, good consultant, and I was the hostile, aggressive consultant. She is the safe one that they are used to, she's the in-group. She's with them for every single session and - I mean - I'm just the newcomer". This phenomenon strongly resembles the "good breast/bad breast" theory of Klein (1975), which explained how infants dealt with anxiety by splitting positive and negative sensations and projecting them outward onto the good or bad object. In this study, these phenomena had systemic characteristics that distinguished them from triggers and characteristics. Being labelled good or bad created distinctly different receptiveness for participants once they were assigned to any of the two positions. Participants explained how the consulting inputs of the "good cop" are regarded as highly valuable by the group, while the inputs from the "bad cop" are ignored. The group tried to pair with the good projections of competence, and acted out their anger upon the bad projections of anger and incompetence.

### Theme 2. Cognition/emotion and counter-transference

The participant's different descriptions of counter-transference had five distinct levels of emotive substance, with a qualitative difference in terms of the consultant's experience and reactions. Each could be described in terms of the amount of cognitive control and emotional load. These levels included observation, cognitive control, containment, emotional control and participation.

- **Observation.** Cognitive interpretation, rather than emotional experience was the characteristic element on this level, for example, "I'm struggling with the idea of think it or feel it, because when they project it onto me, I sometimes feel it and then I do feel angry right back at them, or at least maybe not angry but frustrated. But often it will happen, specifically with anger where I can see it for what it is, I can see 'OK, well that was a nice projection there', you know, so that's OK". This participant made a distinction between different levels of involvement in the group dynamics. It is as if she observed the projection for what it is with little emotional attachment, and therefore no counter-transference took place.
- **Cognitive control.** One participant acknowledged her realisation of emotive content in the situation, for example, "..... then the pressure, you do feel the pressure that's building up. Because you see that everybody is sitting, everybody just wants you to do something, and that pressure gets transferred to you because you feel that

somebody wants you to do something, and also as consultant you show that you are not going to do anything or say anything, because that's your own anxiety building up". It is as if this participant experienced the emotional impact of the situation, but remained in control giving a strong cognitive interpretation of the situation. The experience was partly emotional and with strong cognitive control and therefore counter-transference took place.

- **Containment.** A black participant explained how hard he had to work to serve as a container for the emotions of black people, for example, "I also experience some emotions that as a human being I cannot excuse myself from the race and from how I've been socialised. I sort of consciously take the decision, but objectively try to say: 'I'm the consultant, this is the stance that I need to take to maintain the balance within the group'. If I could just instantly respond, it's definitely going to be working negatively towards other people, especially if you have to contribute in terms of emotions, not sitting down and saying let me look at it or try and control my own boundaries, which is my role as consultant. And at the same time not forgetting that, as a consultant I shouldn't forget I'm also part and parcel of these people". This participant experienced strong emotions regarding racial issues which he firstly contained and then used to reflect back to the group. These realisations were cognitive and emotional - he tried to balance his experience through insight and therefore counter-transference becomes a tool used in the consultation.
- **Emotional control.** Some participants described their counter-transference where the emotional basis of the experience seemed to outweigh the cognitive interpretations of the situation, for example, "I actually froze. I could remember my stomach turning and thinking - I can't remember who the consultant was that I worked with - but I remember thinking, if they don't pick something up now, I'm going to get up and scream back at this woman. I got so angry". It is as if this participant moved beyond containing emotions in a constructive manner. An Indian female consultant described how a gender issue that she could contain and work with, escalated and became a cultural issue that took her to a level where her emotions took over. She said, "Much earlier in the process of consultation I was able to formulate stuff and put it into the system ... when it came to the culture thing, I got stuck". It is as if this participant reacted mostly emotional and it was difficult to contain these emotions.
- **Participation.** This level represented experiences of counter-transference where participants gave in to the emotions by acting them out on behalf of the system through public display, for example, "I became aggressive. You know my consultancy stance, so where we learn to put your hypothesis into the group, to feed it into the system, in a very objective, rational manner. I can feel my tone, my construction of what I did, was more aggressive". Another example was where a participant was ignored by the group speaking a language she could not understand. She said, "I was just sitting there feeling very upset, and useless and angry, and for the first time in my consulting, as a Tavistock consultant, I actually walked out. I just got up and went to the loo". Another participant described a situation where she experienced strong emotions, namely, "I became extremely emotional and I started crying uncontrollably and I had no idea where it came from - I didn't say anything, I just sat there crying".

### Theme 3. The process characteristics of counter-transference

This referred to experiences by participants that contributed towards their understanding of how the process of transference/counter-transference works. This included receptor processes, valence awareness and emotional experiences.

- Receptor processes. When a participant had a specific valence, it facilitated a trigger, trait or an aspect of systemic valence to manifest. As a result, the participant became more receptive for counter-transference. Many participants described examples of counter-transference where they became the object representations of management for the groups they consulted to, for example, "You behave just like our managers" and "The two of you are just like them - you don't want to help us, you don't want to communicate, you just sit there and we struggle". This may have happened because all the participants act as internal consultants in this organisation and are colleagues of the individuals in the groups they consult to. Furthermore, they were associated with the Human Resource Department, thus having a "systemic valence" to become object representations of management. This elicited anger and aggression being projected onto and into the participants in their role of consultant. One participant said, "Representing management within the system could evoke a lot of anger in terms of how they view management and what management does to them, the power that management has", and "We get so attacked in the authority role!". It seemed that a participant could also initiate a certain valence by making a systemic connection. This happened when he/she associated with aspects of the group because of his/her own triggers, characteristics or systemic valence. One participant explained how she used her own introversion as a trait, to understand the introverts in the group, for example, "I identify quite easily with the introverts, because often they don't say much and there is so much pressure on them from the extroverts to say something, to be involved". This led to her counter-transference, for example, "I often find myself being quite anxious toward the end, and I didn't quite understand what it was about, until I realised that I was absorbing so much of the introvert's anxiety". Five participants reported how counter-transference takes place because they associated with people in the groups they consulted to in terms of race and gender.
- Valence awareness. Participants described their growing awareness around counter-transference over time, how this played itself out in the consultancy and how this can help them to use this phenomenon constructively. For example, one participant described how she was able to constructively handle projections of aggression when a group labelled her as aggressive - the counter side was that they felt antagonistic towards her as an outsider. She said, "In my earlier days if you described me as hostile or aggressive, I think you would really have shattered the insides of me. And I was continuously able to make hypotheses and feed it you know, into the group in terms of what was happening". Some participants described this as a matter of knowing what belongs to the group and what belongs to the consultant.
- Emotional experiences. Participants described behaviour that represented typical defence mechanisms such as fight and flight behaviour. Fighting presented itself in the form of a verbally aggressive consulting style, for example, "It's my tone of voice ... sometimes I almost want to really get them". Flight manifested in participants keeping silent, for example, "I see the stuff but I don't voice it, it is almost as if I keep quiet about what I see". Another example was the reaction by a black participant when her inputs were undervalued by white group members, for example, "I've taken a position, you know when a person devaluates, it's like ... it's your problem, it's a white person's problem". This participant coped with the situation by not consulting to or giving these issues back to the group - she simply ignored their existence. Participants described experiencing strong emotional reactions during consultation, for example, "I didn't realise what was

happening to me, but I was getting increasingly angry, fed up and frustrated, and normally when I consult, I work in an extremely objective manner". Some described how they experienced strong emotions after a session, for example, "The two leaders of this particular group, then indicated, well you know, next time somebody works with this particular group, then actually to get competent people to do it. Being new and the group not knowing me, I took it quite personal". She explained how her personal trigger regarding competence was aroused and left her for a couple of days after the session struggling with feelings of incompetence. Another participant who found it very hard to stay objective about issues of race and colour, indicated that after sessions she needed to work through her own feelings. "I deal with it at home. I always talk about these issues just to know what has happened". Once she confronted group members after a session (outside of the time boundary) to vent her feelings and share her opinions. Some participants had emotional reactions before consultation sessions in anticipation, for example, "Just prior to starting a session I experience a lot of anxiety. I get extremely hot. I've perspired. I tend to smoke. I make sure I go to the toilet. There's a lot of nervous energy. You don't necessarily know what's going to happen". This may have happened because of this participant's previous bad experiences with groups and her anticipation of what might happen in the next session.

## DISCUSSION

The results indicated qualitative differences in consultants' experiences of transference and counter-transference. These differences included the varied receptiveness of consultants to become objects of projections or to associate with emotional aspects of the groups they consult to. The intensity of the emotional involvement in any given experience of counter-transference also presented distinctly different experiences and reactions in consultants. The results also indicated qualitative differences in the behaviour of participants when transference and counter-transference occurred. These differences seemed to be the result of participant's different levels of awareness and varied interpretations of situations.

The results confirmed that consultants carry with them a specific valence (Bion, 1961) to receive projections (Cilliers, 2001; 2002; Clarkson & Nuttall, 2000; Felluga, 2002) and transference (Chessick, 2002; Felluga, 2002) from the groups they consult to. The valence make consultants especially prone to become emotional containers for the groups they consult to (Agazarian, 1987; Cilliers & May, 2002). The systemic characteristics of specific groups in this organisation, greatly influenced the way in which a specific valence would come into play as is illustrated in the following examples.

- Example 1

Participant 3 was a 43 year old white male, and participant 12 a 33 year old black female who did not speak any Afrikaans. Were they to consult to a group consisting of predominantly white, Afrikaans speaking, males in middle management roles, they represented opposites, and thus each carried distinctly different valences. If such a group had, for example, a denied conflict about affirmative action in the organisation with an English business language policy, participant 12 may have become the object for projections of anger - becoming the "bad cop" - and participant 3 may have become the "good cop". If the same consulting pair was to consult to a group consisting of people placed in affirmative action positions with a denied conflict about the way their white managers treated them, the reverse situation may have played out. Participant 3 may then have become an object representation (Klein, 1975) of white managers in the organisation, serving him

with projections of anger and aggression from the group, while participant 12 may have received projections of competence.

This example showed how the characteristics of the consultant in conjunction with the group's make up, created the potential unconscious dynamics in a given consulting situation. The consultant's receptiveness for counter-transference thus depended on the awareness and unique interaction between his/her triggers, characteristics and links with the system's valence in the collective unconscious. Furthermore, the ability of the consultant to contain emotions that do not belong to him/her and to give them back to the group at the appropriate time (to serve as a container, holding enough in order for it to be useful - French, 2000), which greatly dictated the efficacy of the consultation process (Cilliers, 2002). The inability of the consultant to perform this task effectively, may firstly have left the consultant with emotional discomfort carried unfairly on behalf of the group, and secondly minimised learning opportunities for the group and kept it in a repetition compulsion which is reinforced by object representations (the "fascination" and repetition of old behavioural patterns which has a masochistic nature and serves as a flight reaction from guilt - Cilliers, 2002; Cilliers & May, 2002; López-Corvo, 2003; Merry & Brown, 1990).

Sørensen (1992) described the effective containing process as the integration of observation, clarification and emotional resonance. The latter referred to projective identification (Klein, 1975) and counter-transference. Consultants with the ability to identify with projections, and integrate observations and clarifications, are the most helpful in this role. Some consultants were able to observe, but the lack of emotional resonance made it hard to understand and clarify. Other participants had emotional resonance but their lack of personal insight made it hard to observe and clarify objectively. This phenomenon was evident from the five different levels of emotional substance manifested during this study. This placed the ability to work with and understand counter-transference central to the containment process, as is illustrated in the following example.

- Example 2

Two consultants were working in a group consisting predominantly of Afrikaans speaking males in middle management roles with denied feelings about affirmative action. Consultant 1 was a white female and consultant 2 a black female. Consultant 1 observed the anger in the group but did not connect to it on an emotional level, and therefore she showed little understanding of the group's experience. Her lack of valence led to little or no emotional resonance. At the same time, consultant 2 may have received strong projections of anger, while her own issues related to the treatment of black people in a system opposed to affirmative action, may have been triggered, which created strong counter-transference of anger. She might have become so angry that she reacted aggressively towards the male members of the group. In this situation emotional resonance was present but the consultant did not distinguish between the group's issues and her own.

In the light of examples 1 and 2, it seemed as if the receptiveness of consultants and their emotional involvement are interlinked. The higher the receptiveness of the consultant, the more emotionally involved he/she became. This happened because receptiveness seemed to lead to transference and counter-transference, which in essence stimulated strong emotions in the consultant. According to Clarkson and Nuttall (2000) insight is the deciding factor that helps the consultant to intervene effectively. In example 2 the white consultant lacked emotional resonance (Sørensen, 1992) and emotional insight in the situation because of her lack of

receptiveness. This led to little or no counter-transference. This behaviour seemed to be representative of consultants who operated on the first emotional level, namely observation. The black consultant in example 2 experienced strong proactive concordant counter-transference (Clarkson & Nuttall, 2000). Her receptiveness for this situation was due to her racial heritage (which falls in the category of characteristics) and her own past experiences as a black person in South Africa (which falls in the category of triggers). The emotional reaction seemed to be intense but the consultant did not have enough cognitive insight in the situation in order to clarify (Sørensen, 1992), to contain the emotions and to use the counter-transference to the advantage of the group. This behaviour seemed to be representative of participants who operated on the fifth emotional level, namely participation. Example 2 illustrated possible behavioural reactions when participants operated at the extreme ends of the continuum of five emotional levels. Participants who operated towards the centre of the continuum, tended to use the counter-transference to the advantage of the group through a process of containment, and giving projections back to the group.

With an understanding of how valence and emotions influence the consultant's experience, it became important to realise how these facets created complexity in the task of the consultant. The complexity arose from the systemic properties of the consulting situation. Stacey (1997) explained the impact of complexity theory on psychoanalytical thinking, referring to the organisational environment in which the consultant operated as a complex self organising, systems psychodynamic, political system. Complexity in dealing with transference and counter-transference in an unpredictable system seemed to be central to the role of the consultant. The first and most important complexity lies in the needed ability to distinguish between feelings related to own past ego experiences and denied fantasies and feelings, as well as those of the group. These distinctions were very hard to make especially when they were unconscious facets in the participant (Krantz & Gilmore, 1990). In some situations described by the participants, they were only able to understand behaviour in retrospect to what happened in groups they consulted to, once certain aspects of themselves became conscious to them.

Schaverien (1999) explained how - as a therapist - self-analysis, supervision and discussions with colleagues were essential to maintain her own boundaries during a client relationship that led to strong transference and counter-transference. This aspect of distinction between boundaries became even more difficult when counter-transference was the result of shared aspects in the consultant and also in the group. Shared triggers can become an effective tool for the consultant if he/she experienced feelings related to a personal trigger that is well known to and understood by the consultant (Clarkson & Nuttall, 2000). In these cases, consultants could empathically experience what the group experienced while still containing and feeding emotions back into the group. In cases where consultants have triggers that have not been worked through and understood, they play into the dream process of the group (Young, 1995). Thus they reaffirm the object representations of the group and become anxiety stricken, using fight and flight behaviour (Bion, 1961) to disguise it. In this study, the participants carried emotions with them which needed debriefing after sessions.

The second aspect of complexity layed in the potential of the system to project on many levels simultaneously, in the sense that consultants seemed to have many different valences. An individual consultant may experience counter-transference of multiple vectors and variance (Clarkson & Nuttall, 2000) at the same time. It became difficult for the

consultant to distinguish between the different transference relationships, and the feelings belonging to the self, versus those belonging to the group, as is illustrated in the following example.

- Example 3

A black consultant worked in a group consisting of a number of black and white members. Issues of race arose and proactive, concordant counter-transference took place. The consultant experienced emotions related to his own past ego experiences as a black citizen in South Africa. At the same time, reactive, concordant, counter-transference may have been present – he experienced the very same emotions as other black people in the group, becoming a container of certain emotions for the black people in the group. The consultant could in the midst of these transferences also become representative of the group's object representations, which would have led to reactive complementary counter-transference (Clarkson & Nuttall, 2000). The white people in the group projected their feelings of mistrust toward black people who were appointed within the employment equity structure. The group directed their comments toward the consultant, and attacked his ability to consult. Thus, the consultant experienced feelings of incompetence, replicating the group's object representation of black people in the system.

In this example the consultant would have needed a high level of awareness and control in order to keep track of all the emotional information that came from the group. This would only have been possible if the consultant was able to clearly distinguish between personal emotions and those belonging to the group (Krantz & Gilmore, 1990).

Finally it is hypothesised that the above two aspects of complexity are interchangeable and together present the challenge of working with counter-transference during consultation to groups and organisations. It can further be concluded that the ability to respond to this challenge relates to the consultant's receptiveness, container quality and skill to deal with the complexity of simultaneous counter-transferences.

## CONCLUSIONS

The participants in their role as consultants, had very diverse experiences in terms of transference and projections that they received from the groups and group members that they consulted to. This could partly be attributed to the differences in receptiveness that the different participants had in terms of receiving projections and experiencing transference. These differences involved triggers, characteristics and systemic valence. Triggers referred to their past ego experiences and the way that it connected him/her to the occurrences in the group on an emotional level. Characteristics referred to the specific demographic attributes of the given participant. Systemic valence referred to certain attributes in the specific system. All these aspects seemed to strongly influence the participant's receptiveness.

The participants experienced counter-transference on many different emotional levels. Their different experiences of counter-transference had five distinct levels of emotional substance. There was a qualitative difference between each of the five levels in terms of the consultant's experience and reactions. Each presented a different amount of cognitive control and emotional load. In order to work constructively with counter-transference, the participants would have needed to balance the right amount of emotional substance with the right amount of cognitive control.

The participants found the consulting experience to be complex in terms of making distinctions between personal issues and those of the groups they worked in. Further

complexity arose from the group's projections and transferences onto the participants at a rapid pace, and on many levels simultaneously. From the results it could be concluded that the consultant's competence to work with transference and counter-transference will have a significant impact on the group experience. This ability relies partly on the consultant's insight into personal receptiveness, emotional self awareness, and skill in dealing with complexity. These competencies rely greatly on the personal maturity and resilience of the consultant.

Some important questions arose from this study. Firstly, how do consultants improve and develop the needed abilities to constructively work with counter-transference? Secondly, is it possible to increase the receptiveness of a consultant to the level where he/she can contain emotions for parts of the system that was previously left outside of awareness? This question contemplates the possibility to develop emotional resonance to what was absent previously. Thirdly, how do consultants deal with the complexities that they are represented with?

## RECOMMENDATIONS

The development of consultants' abilities to work constructively with counter-transference is imperative. The nature of the counter-transference phenomenon suggests the nature of the development that is required. Consultants need to attain cognitive insight into their own valences, feelings and reactions through emotional exploration, insight and growth. This suggests heightened awareness of consultants on a level that can only be attained through individual and group counselling, supervision and coaching.

Secondly, the development of receptiveness and emotional resonance for situations and people removed from the personal valence of the consultant, is a facet that needs further exploration and research. However, it is suggested that emphatic ability can be developed through exposure and openness. This suggests that a consultant can become more receptive to a certain group of people or situation by being exposed to different facets of the situation or to the people, while being deliberately open to it, or them.

Thirdly, the ability to deal with complexity as a critical attribute of consultants seemed to have no uncomplicated answer. The complexities of the consulting process are systemic - it relates to the interactions of a system and the consultant as an intrinsic facet of that system. Personal awareness and experience with many different systems seem to be the answer to the question.

Fourthly, future research should be conducted to establish how the valences of different consultants influence group dynamics. Research should be undertaken to explore how the receptiveness of consultants can be improved. Also, research focussing specifically on object relations in the workplace should be undertaken. More research is required on the emotional experiences of consultants, and how consultants contain emotions on behalf of groups.

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