

Back to basics: How the discovery of transference is relevant for coaches and consultants today

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Purpose: *In this study the phenomenon of transference (and parallel process) is explored in terms of its historical understanding and possible occurrences in real life sessions with clients.*

Design/Methodology: *After a summary of the main historical breakthroughs in the discoveries of defences, resistance, transference, countertransference, working alliance and parallel process; this process of discovery itself, which parallels the discovery of these phenomena in coach training and in new client relationships, is reversed to reveal a sensible approach to working with new clients in such a way that one makes maximum use of information that comes through countertransference, transference and informing layers underneath.*

Results: *It is shown that Freud's approach to the phenomenon of transference is still relevant today and particularly within organisational contexts. Moreover the article shows that the discovery process of transference, both by Freud and others and by new practitioners entering the field today, can be reversed to yield an approach to new clients which helps to understand them more fully earlier on in the relationship.*

Conclusions: *Transference is still a very lively and relevant topic a good century after its first discovery. Coaches would do well to notice transference phenomena within themselves and their clients.*

Keywords: *transference; parallel process; working alliance; consulting; history of psychoanalysis; coaching interventions; Sigmund Freud.*

TRANSFERENCE is a powerful phenomenon that underpins the great importance of the relationship in coaching outcome (De Haan, 2008a). Unnoticed or misperceived transference seems to lie at the root of mistakes and deterioration as reported in executive coaching relationships, such as misjudging the relationship, aggravating the status quo by collusion, the illusion of being all-powerful, or abuse of their power by coaches (Berglas, 2002). In Berglas' article transference is explicitly mentioned as a phenomenon that is missed at the coach's peril. In short, both to become relationally more perceptive and to learn to avoid very real dangers in executive coaching, it is essential that executive coaches take time to study transference. It is worthwhile then to go back to the source and study the early writings about transference, in particular Freud's technical papers. There is something powerful and unavoidable about the story of the discovery of transference which may be recreated in

the development of every coach and in the discovery process that every coach and client undertake together. This paper is aimed at helping to appreciate the process of discovery of transference and countertransference. The paper inquires into what the process insights we can gather could teach us when taking on new clients. It argues that coaches can learn both from Freud's discoveries and from the benefit of hindsight.

In many of the guides to the coaching profession, transference is mentioned extensively in the context of psychodynamic approaches to executive coaching (e.g. Peltier 2001, Chapter 2; De Haan & Burger, 2004, Chapter 8; Stober & Grant, 2006, Chapter 5; and Palmer & Whybrow, 2007, Chapter 14). Moreover, a lot of executive coaching handbooks and articles that are clearly not psychodynamically orientated still underline the importance of the phenomenon of transference, for example, Zeus and Skiffington, 2000 (p.24 and others) and

Rogers, 2004 (pp.195–196). Books about psychodynamic approaches in consulting also mention transference as an important phenomenon to be encountered and worked with in practice (see, for example, De Board, 1978; Hirschhorn, 1988; Czander, 1993). Increasingly, we find transference mentioned in publications on consulting and coaching, often under the name of ‘parallel process’.

In the past decades substantial empirical evidence has demonstrated the phenomenon of transference (‘old issues from past relationships emerging in new relationships’) more objectively. For an overview of that evidence, see Andersen and Berk (1998) and Kraus and Chen (2010).

However, it is worthwhile and insightful to go back to the original publications on this phenomenon starting from Sigmund Freud’s famous discovery, particularly if one wants to gain a fresh understanding of the phenomenon and its various manifestations. The next sections will trace the discoveries around transference from its first mentioning in 1904 (Freud, 1904) until some 50 years later: 1955, when the related term ‘parallel process’, and 1965, when the ‘working alliance’ was introduced.

Freud on transference

Zur Dynamik der Übertragung (Freud, 1912) is without doubt Freud’s core text in the area of transference. In it he defines transference as that part or those parts of the person’s highly individual, highly personal and largely unconscious loving impulses which is not being satisfied in her relationships. He writes literally that everyone will repeat one or several of such ‘clichés’ regularly in the course of a lifetime (Freud, 1912). He defines transference, therefore, as at the same time: (a) highly individual in its modelling itself after previous relationships; (b) unconsciously motivated; and (c) related to thwarted libido. He assures us there is nothing special about the phenomenon, except

for two ‘problems’: (1) more neurotic people have more thwarted libido, and, therefore, a more intensive transference; and (2) transference becomes the strongest resistance against treatment in psychoanalysis – in spite of it being originally an important bearer of healing and condition for success. Freud (1912) argues that it is precisely that part of the resistance that becomes transference (the example he gives more than once is the faltering of ‘free association’ which may point at thoughts about the therapist) which is the first that may come into conscious awareness. Time and time again, he points out, when pathogenic material is approached, that part of the pathology that may translate into transference, will be the first in consciousness and defended most vigorously. In other words, the illness tries to defend itself by defending itself in transference, by acting into transference; i.e. the relationship offered to the therapist becomes the illness. The consequence is that conflicts with the illness will have to be fought out (i.e. healing needs to be done) in transference, within this very relationship here and now. Victory in that conflict, Freud (1912) assures us, heralds an enduring cure of the illness. In Freud (1913) he expands by stating that if and only if the full intensity of transference has been used up on overcoming resistances, will it become impossible for the patient to continue the illness even after the transference is dissolved, i.e. after treatment.

For Freud (1917) transference is *always the same thing* (‘immer das Gleiche’) which will never ‘allow its origins to be mistaken’: it is libido streaming back from the symptoms – through heightened understanding of them – and into the relationship with the therapist.

There are for Freud (1912) essentially two types: positive, loving¹ transference and negative, hostile transference. Of the loving variety there are again two, associated with *eros* (erotic transference; see also Freud,

¹ It is hard to translate the tender German word ‘zärtlich’ but loving will do.

1915) and with *agape* (friendly transference). Transference is always there, from the very start of the cure. In the initial phases loving transference represents the ‘strongest drive to the work’ (Freud, 1917) – later on, it may become an obstacle as it attracts additional libido from freed symptoms, defences and resistances. Negative transference occurs only in a minority of cases, and usually somewhat later in the cure.

The history of the discoveries related to transference and countertransference, seems to be transferential in itself, as it clearly is a repetition of the process of overcoming or eliminating obstacles (again, see Freud’s 1917 lecture ‘Die Übertragung’):

1. 1st Obstacle (1880s): *the problem is (related to the) unconscious*, a hidden feeling or wish. Pills don’t work, hypnosis is not of long effect, arguing with the patient – when it is at all successful – only instils an idea *next* to the unconscious, and doesn’t really touch it. Solution: (1) find out about the unconscious by listening closely and with dedication; (2) discover some of the suppressed material; (3) make it more conscious. Then one can work with it more directly.
2. 2nd Obstacle (early 1890s): remembering stops, memory does not give in or give away its treasures. At such a moment one discovers *defences*, such as repression. Solution: name them and shame them.
3. 3rd Obstacle (late 1890s): remembering halts again as it touches on something painful, embarrassing or contrary to morality, and the patient becomes reluctant. At such a moment one discovers *resistance*. Solution: overcome it, by guessing or intuiting it² and naming it. Historically, this discovery corresponded with the start of the ‘fundamental rule’ of free association – as Freud’s earlier technique was found to invite unnecessary resistance by its directive nature.

4. 4th Obstacle (1900s): free association halts again, or becomes repetitive. A heightened interest in the helper becomes apparent. *Transference* arrives on the scene. In extreme cases we encounter ‘transference neurosis’, as a new re-enactment of the neurosis. Solution: (1) maintain the transference, as it ‘opens up an intermediate region between illness and real life, through which the transition from the former to the latter takes place’ (Freud, 1914); and (2) demonstrate how the feelings and actions do not originate in the present situation, so that repetition can be transformed into remembrance and reflection (Freud, 1917). Here what we see is that ‘transference itself is used for resolving transference’ (Strachey, 1934), i.e. that the force behind analysing the transference is itself transferential in origin: it is the positive, friendly transference underpinning the therapy as a whole.
5. 5th Obstacle (late 1900s): *counter-transference*. First mentioned in Freud (1910) as the influence from the patient on the ‘unconscious sensing’ of the therapist. Although, as many (see, for example, Lear, 2005) have pointed out, countertransference must have been experienced without being recognised or named as such well before, for example, by Breuer in his work with ‘Anna O.’ or by Freud in his work with ‘Dora’. Solution: for this purpose Freud (1910) suggested self-analysis and ongoing analysis (‘supervision’) for the therapist in order to understand and overcome the obstacle so as to be able to return to the work.
6. 6th Obstacle (late 1940s; i.e. post Freud): the therapist’s anxiety keeps bubbling up even if well-understood. Solution: welcoming and using countertransference as an antenna to deeper listening (Heimann, 1950).

² Freud seems to use ‘erraten’ and ‘vermuten’ interchangeably. Interestingly, Freud’s original term for working through, ‘überwinden’, means to get through it or overcome it, not so much to work with it in any way.

Historically, each of these developments was 'first considered a somewhat annoying interference with the work, then an instrument of great value, and finally, the main battleground for treatment' (Racker 1968).

On the way of discovery a lot of people were left behind: initially peer hypnotherapists, then Joseph Breuer, then Freud himself (witness the delay in publishing the 'Dora' case), and then certain earlier Freudian assumptions. This seems a path not just of discovery, but also of a gradually emerging honesty about the discoveries. Freud (1914) himself notes that 'the development of psychoanalytic therapy was probably delayed by a decade at the start, because of an erotic transference situation', hinting at Breuer with 'Anna O.', Racker (1968) surmises that perhaps according to some Haeckelian law³ this discovery process repeats itself with every new analyst and indeed every new school of psychoanalysis, as they struggle initially with defences and resistances, only to become more open about their own countertransference at a relatively late stage.

Bruchstück einer Hysterie-Analyse (Freud, 1905) is the first publication we have that is explicit about transference. There is only one clear-cut transference example in the case study, related to the first dream, involving smoke 'Dora' smells just after dreaming. The smoke is linked in the therapy to Freud, whilst bearing in mind that also 'Dora's father and 'Herr K' were passionate smokers. So in this very first book about (erotic) transference we find the full Menninger-Malan (Malan, 1979) triangle-of-person (father, significant other and analyst) all connected around a cigar – the same cigar which has become so proverbially associated with Freud. Later on, but more implicitly, it seems to be the un-interpreted negative transference which leads to the breakdown of treatment.

In the 'Nachwort' (epilogue), which was added almost four years after writing the case study, we find the first definition of transference (p.279), and Freud makes a different distinction from later years: the one between 'unchanged reprint' versus 'revised edition'. This is an important distinction: the first boils down to a primitive displacement of one person by another, and the second has an element of sublimation and adaptation to it, and so, Freud continues, the content of the second is 'milder' (Freud, 1905). Freud adds that the job of guessing and interpreting transference is the 'hardest' part of the work, whilst the analyst has to work in a self-reliant manner, with very scant evidence and without getting carried away. This may be the first, veiled reference to countertransference, a concept that is not yet mentioned at this stage, but we know from other sources Freud experienced with regard to 'Dora'.

He then notes that people will judge this phenomenon as a disadvantage, and perhaps even as evidence that the psychoanalytic cure engenders new pathology – and argues against both positions, stressing first the inevitability of transference and then the converse of the imagined opponent: 'this, the biggest obstacle of the cure, is destined to become the strongest instrument of it when we succeed to guess it time and time again, and translate it to the patient'.

By the time of the 'Rat Man' case (Freud, 1909), Freud shows himself a real master of the transference. He demonstrates in some detail how crucial breakthroughs in this treatment happen after Freud is able to sustain and interpret a heightened negative transference (rude and denigrating abuse directed at Freud combined with existential fear of Freud) and to link the transference to some of the main discoveries of the treatment so far, after which the Rat Man is able to provide a host of new associations and improves.

³ In 1866, the German zoologist Ernst Haeckel proposed that the embryonic development of an individual organism (its ontogeny) followed the same path as the evolutionary history of its species (its phylogeny) (Haeckel, 1866).

There are clear connections between transference and some of Freud's other discoveries: resistance, repetition compulsion and death drive.

- *Resistance* was introduced by Freud as early as 1895 (Breuer & Freud, 1895): overcoming resistance is the crowning piece of *Studien über Hysterie*. Is transference 'resistance' as the word 'transference neurosis' (Freud, 1914) would lead us to believe, or is transference rather the 'resisted', the relationship that the patient is unable to remember or express, and does not allow into consciousness (Freud, 1920)? Racker (1968) points to these two contradictory positions that Freud must have held at different times.
- The *repetition compulsion* is introduced in Freud (1914) as something underpinning transference; indeed, in Freud (1920) as something even more fundamental than the pleasure principle. Transference is by definition a repetition, and when it is central to session, after session it can well be experienced as a compulsion.
- In 1920 Freud also introduces the *death drive* as an explanation of negative transference. Before that, Freud was thinking of 'love' and 'hate' in the unconscious as very similar, almost interchangeable, as he demonstrates in dream analysis ('representation by opposites'; Freud, (1900)). There is good support for the earlier explanation: erotic and hostile transference produce very similar obstacles to treatment – so it would seem the death drive is not necessary to grasp the phenomenon of transference.

One can reconcile Freud's various positions by looking at transference as repeating ('being'), rather than remembering ('reflecting on'), who we are in this very moment (this is close to the argument in Freud, 1914). Transference is then an expression of the unconscious root of our behaviour which springs from earlier experience. When the task is remembering, trans-

ference offers resistance to the task. When the task is understanding or interpreting, transference comes across as the resisted: the aspects of our being here now that would complete the picture. Transference is not *a priori* driven in either direction, it is 'always the same' (Freud, 1917): that part of our relating here and now that we are not conscious of. It can be an expression of love (Freud, 1912), it can be neurosis (Freud, 1913) and it can be an expression of hate and self-destructiveness (Freud, 1920).

The importance of transference

From the earliest days, transference has struck Freud and other participating observers as a form of sublime co-operation and sublime resistance at the same time. The importance of transference for psychoanalytic treatment is considerable. Indeed, in Freud's view transference has the capacity to take over the whole treatment (Freud, 1917). Nonetheless, if one looks at the reports from Freud's patients about his technique, he rarely appears to address or interpret transference head-on (see, for example, Lohser & Newton, 1996). Other schools of therapy also teach the concept, and it has found its way into our field of organisational consulting and coaching (see the references mentioned at the start of this article, or Ledford (1985)).

One can encounter the power of transference in coaching and consulting both early-onset and in longer-term relationships. I was first 'struck' by transference in my work in management development through the 1990s where we were wont to end a workshop with an afternoon working with trained actors. The participants would think of a conversation or a relationship that they wanted to improve, the actor would receive short instructions, and then the scene would be played out several times, comprising its original course and trials of new approaches. The actors would consistently get standing ovations at the end of the afternoon and would remain with the participants as the highlight of the workshop. Many partici-

pants remarked on how real the role-play had been for them, how it had felt like being in the room with the real person. It was similarly fascinating to observe the changes in the participants when they were in the scenes, trying to wrestle with their bosses, rivals and clients. In organisational work nowadays one often uses Searles' (1955) term 'parallel process' to refer to phenomena where both transference and countertransference play a part, acknowledging one's own possible contribution to the phenomenon. The terms transference and countertransference can then be limited to describe individual responses or behaviours.

Case example

A shadow consultant had just started supervising a team of change consultants working at a financial services organisation. As the group session progressed, she noticed that whenever the project leader was speaking her mind wandered and even when she forced herself to listen, she was only able to follow what was being said for a few minutes at most. When others in the team spoke, she found it easier to concentrate, but was concerned about the quality of her supervision because she had not fully followed the project leader's contribution. When the same thing happened during the second session she decided to share her experience with the group in a way that avoided criticising the project leader. She asked whether others felt the same way and whether this might be a reflection of their work with the organisation in some way. To her astonishment several team members admitted that they too found it hard to follow their project leaders' thought process. The leader was initially embarrassed, but with the help of the group came to realise that their key client, the CEO, was isolated and remote from their colleagues, who also seemed to only half-understand what they were trying to communicate. The supervisor

pointed out that the team's experience of the project leader was in fact a classic example of a parallel process, in other words a replication of what was happening in the client system.

The supervisor then helped the team think through what the project leader could do differently and how this insight might also be relevant to the CEO. This resulted in a profound shift in the team's effectiveness, as they learned to share what might be construed as negative feedback in a spirit of mutual inquiry rather than criticism. The CEO was similarly defensive when the project leader shared their observations but was astonished at their accuracy when he sought feedback from his closest colleague.

Readers will recognise the power of 'transference interpretations' in their work as coaches or consultants: the inescapable and often quite unhinging effect of feedback on here-and-now behaviour whilst it occurs. One senses an almost devastating power when such interpretations cut through a stuck situation just by bringing to someone's attention how they seem to initiate or respond here and now with the consultant or coach, and one is reminded of the quote 'it is impossible to slay an adversary *in absentia* or *in effigie*' (Freud (1912) and in different words in Freud (1914)), i.e. of the very real power to 'destroy' behaviour by a single hypothesis or even summary *in situ*.

In contrast to the careful and slow first journey of discovery of transference, nowadays we recognise the immediacy of transference and are inclined to see 'parallel processes' everywhere, in our clients, in ourselves, in the relationships we engage in. Freud (1913) also gives an example of immediate-onset transference, a patient to whom in the very first session 'nothing' springs to mind whilst in reality he is obsessed with the treatment, the consulting room, and lying on the couch. Harold Searles writes in 1955: '*...my experience in hearing numerous therapists present cases before groups has caused me to become slow in forming an unfavourable opinion of any*

therapist on the basis of his presentation of a case. With convincing frequency I have seen that a therapist who during an occasional presentation appears lamentably anxious, compulsive, confused in his thinking, or what not, actually is a basically capable colleague who, as it were, is trying unconsciously, by this demeanour during the presentation, to show us a major problem-area in the therapy with his patient.'

(Searles, 1955; pp.169–170)

Case example

Here is a recent example of quickly developing transference from one of my own supervision groups of executive coaches. The client was an English management consultant who had been sent by his English client organisation to a subsidiary in Italy where he was to coach a senior manager. He described how he found the exuberance of expression and emotionality of his new coachee difficult to handle. During supervision he worked with another participant and discussed the challenges posed by this new client. At the end of that short coaching conversation one of the supervisors drew attention to the fact that the client seemed to have changed; he had never seen him so animated and extravert. We realised that he had copied his client's behaviour, particularly his gestures, and he agreed when this was pointed out. It is surprising that he first felt almost intimidated by his client, and then was able to intimidate someone else in the very same way. This type of transference that comes across as 'repetition compulsion' can also be viewed as an unconscious learning process that helps the individual to handle new behaviour by first adopting that behaviour themselves. It is the age-old story of how the victim becomes the victimiser.

In summary, the importance of transference is not only related to the ubiquity and the immediate onset of the phenomenon, but also to the myriad of possibilities and the

complexity of relational patterns that are copied, repeated, partially repeated, or mirrored in transference. Transference is not only 'always the same' (Freud, 1917), but it is at the same time an immensely rich phenomenon that plies and adapts itself to session after session, and within sessions.

Newer thinking about transference/countertransference

Nowadays the term 'transference resistance' (Freud, 1912) is less and less heard, whilst the emphasis now is more on the associative quality of transference. As a consequence of this, Freud's (1913) advice to leave the theme of transference untouched as long as the patient's communications run on is observed less, and more therapists feel that transference can be explicitly addressed from day one (an observation that also Racker, 1968, makes).

Here is a brief summary of a few newer influential papers in the area of transference:

- Strachey (1934) looked into the conditions which have to be fulfilled for a transference interpretation to be 'mutative' or 'killing' as Freud called it in 1912.
- Heimann (1950), in a short article, broke ground for reappraising the concept of countertransference. Heimann and follow-up studies such as Racker's (1968), gave therapists permission to listen more deeply to the countertransference they bring to the occasion as well as in particular their own transference response to the patient, and to use the information contained in our countertransference for the benefit of the patient.
- Harold Searles (1955) was the first to make an important new distinction in the phenomena of transference, as he pointed out the fact that there are essentially two possibilities, namely that the patient either relives his/her earlier position (e.g. feeling how it felt with father, acting as they acted with father,

etc.) or incorporates the position of the other (e.g. feeling and/or acting like father). He called these two options 'unconscious identification' and 'complementary unconscious identification'. In our field they are sometimes called parallel and inverse transference (see, for example, De Haan, 2004, pp.82–84). Freud must have been aware of the distinction, see, for example, his analysis of the play of his 18-month-old grandson in *Jenseits des Lustprinzips* (Freud, 1920), chapter 2, where he shows a boy who takes the role of the 'perpetrator', his mother, and thus displays inverse transference from the earlier interaction with his mother. Another example is the case example on the previous page.

- Greenson (1965) introduces the concept of *working alliance* as a broadening of Freud's (1912) 'zärtliche Übertragung' (friendly transference), which opened up the prospect of actually measuring transference. Bordin (1979) was instrumental both in creating a 'two-person' or interpersonal description of the working alliance and in identifying three measurable aspects of it (goals, tasks and bonds), which allowed the working alliance to be operationalised. There is now a plethora of working-alliance psychometrics available, for example, the Working Alliance Inventory (Horvath & Greenberg, 1986) which has been made available to executive coaches.

The still newer, relational school of psychoanalysis also attaches great importance to transference, arguing

1. the idea that change happens in the relationship, and only in the relationship, which brings the hypothesis that change in the transference relationship here-and-now is a necessary and perhaps sufficient condition to bring about change outside the consulting room (Stolorow & Atwood, 1992);
2. the philosophical position that it is not really libido as Freud used to think

(Freud, 1917), and it is not our objects either (Fairbairn, 1952) that drive us, but that it is relationship (Mitchell & Aron, 1999), i.e. being in a relationship that is familiar to us and where we can thrive or continue to suffer in similar ways because we have experienced it before.

Relational psychoanalysis moves the concept of transference right to the centre of personality theory as well as of psychotherapy, where perhaps it should have been all the time since that very first case history in *Studien über Hysterie* (Breuer & Freud, 1895), that of 'Anna O.', were it not for the intricacies of the discovery and revelation process. It is important to note that many of the innovations that the relational school claims to have made are perhaps not as new as advertised, and that much of relational thinking goes all the way back to Freud or is at least not contrary to Freud's theories (Mills, 2005).

In summary, it is safe to say that transference has become completely mainstream in psychodynamic psychotherapy, and that therapists are open to a very broad spectrum of occurrences, or phenomena, or events in the here and now, whilst they are working with their patients, ranging from the 'real' relationship (rapport, working alliance) to repetitions of patterns taken from elsewhere, both as intuited from their patients and as sensed from within themselves. The psychoanalytic literature gives them full encouragement to think about these phenomena and to use them to build what are hopefully 'mutative' interpretations, or interpretations that really make a difference.

Applications for taking on new clients

Freud (1917) stated that the natural emergence of neurotic transference and counter-transference tends to have a rather late onset, i.e. after defences and resistance have already appeared and been noted. As discussed before, nowadays it is thought that this observation may have been due to missing earlier transference (Racker, 1968). It seems worthwhile to consider actively working against missing out on earlier transfer-

ence phenomena by attending to transference from the earliest relationship with the client. There are two clear advantages of thus working against the phylogenesis of psychoanalytical technique. Firstly, it prepares us better for our sessions as we will have already considered our own share in the process. Secondly, we would be literally countering a process which in itself contributes to pathology as it repeats itself largely unnoticed, against the possibility of new learning or thinking.

Let us embark on a thought experiment reversing the 'order of appearance' as discussed in the first section, i.e. the natural and historical genesis of therapeutic discovery which indicates that the 'root of the matter' is

1. avoided altogether;
2. hidden in the unconscious;
3. defended against;
4. buried beneath resistance to the therapy;
5. transferred into the therapy room (repeated rather than remembered);
6. obscured by countertransference.

This would mean that we train ourselves to be aware of our countertransference responses in general, and also specifically before contracting with a new client. We would be literally counting back from this final discovery, countertransference. And in this way we can identify six principles to bear in mind during a coaching relationship:

6. 'Put your own countertransference first'

Racker (1968) suggested that there is a universal countertransference response which is oedipal (Freud, 1900) in nature. In essence and if we are completely honest, we will find that we want our clients of the other sex to love us, and we want to defeat ('murder') our clients of the same sex, even if these tendencies might well be reversed (according to the 'negative Oedipus complex'; Freud, 1923). Not exactly an ideal situation to begin a helping relationship, which is precisely why these tendencies were not written about for such a long time and why we need to think hard about them

before we commence a coaching relationship.

What we might try to do when preparing for new client work or for individual sessions, is ask ourselves what instinctual responses we can detect within ourselves. This can go a bit further than just liking and disliking, attraction and aversion. We can easily form a spontaneous 'image' of the client in our mind, even if we have not met the client. Sometimes it is a glance, sometimes a posture, sometimes an action in the room – rarely is this image verbal. It is more of a sense of being-in-the-room with the other person. Once we have this sense we can analyse it and explore how we are unconsciously preparing for our client: are we feeling superior, condescending, anxious, desiring, etc. Rarely do we feel 'neutral', despite all the exhortations of classical psychoanalysis, and if we do there is probably scope for more analysis of our own felt neutrality and what it masks.

Whilst the client meeting draws closer and we gather more information and experience, general counter-transferential patterns become more specific. The client will remind us of someone in particular or will prompt in us a flurry of emotion with a single gesture. Emotions that we feel during the sessions have a counter-transferential component. Racker (1968) also describes how some of our outlook may change into a 'depressive' one where much of our feelings are related to our superego, and we may experience feelings of self-doubt, inadequacy, or superiority with regard to our client.

Later uses of countertransference include our response to perceived ruptures in the relationship. Experienced coaches and consultants learn that annoying interferences may turn out to be the main arena of their work. This is true both for individual clients and for sponsors of the coaching work as well as organisational clients.

Time and time again one can notice that the best and most effective consulting work is done soon after an annoying frustration or irritation, but only if the relationship survives this rupture.

5. ‘Attend to the client’s transference patterns from the start’

Once we are somewhat aware of our countertransference response and we have analysed some of our feeling toward our client, we can begin attending to what the client brings in terms of transference. In this regard, it is productive to think about this quote: *‘place yourself on the side of the tendency towards repetition, or on the side of the struggle against the resistances which oppose repetition’* (Freud, 1920; as quoted by Racker, 1968; p.48). In other words, we can keep our empathy firmly on the side of the transference in order to try to understand its origins from within, in particular to understand some of the client’s central conflicts through the acting out of the transference, and also the repressed memory or impulse that has given rise to this particular transference at this particular time. Transference need not be something that is developed over time between coach and client. Similar to counter-transference, transference will start from session 1 and even before.

It is important to work with transference in a way that is at the same time open-minded and robust, in other words to adopt both a thick and a thin skin when responding to transference (De Haan, 2008b). A thick skin allows us to sustain the workings of transference and preserve us in the midst of pulls to respond in certain emblematic or ‘cliché’ ways. A thin skin helps us to sense and pick up subtle cues that can inform us about this behaviour and its trans-ferential origins.

4. ‘Within the sessions notice ‘resistance to coaching’ as an undercurrent’

Within what we perceive of the transference towards us, we try to identify

and overcome the resistance of the client from moment to moment. Freud (1912) wrote that ‘resistance accompanies treatment on every step’ and later (Freud, 1940) that ‘overcoming resistances is that part of the work which causes the most time and the greatest trouble’. Within the context of this paper it is relevant to note that in the last technical introduction that Freud wrote, from his last year in London and left unfinished, he follows the same order as here: he covers transference first and then moves on to resistance as the ‘other important part of our job’ (Freud, 1940), whilst in his earlier, more historically based overview (Freud, 1917), resistance comes first.

3. ‘Try to pick up cues – defences – which help to deepen the conversation’

Whilst spotting relational phenomena like countertransference, transference and resistance, we continue practicing our ‘evenly hovering’ free association to listen to our client both consciously and unconsciously. On this level the information in our sessions is well captured by Malan’s (1979) triangle of conflict, which includes defences, anxieties and hidden feelings or impulses. Malan (1979) argues that the first of these we will notice is the defence, as defences form layers of (pre-)consciousness around more hidden anxieties and feelings. Resistance and defence are coupled: resistance can be defined as ‘defence protracted into the here-and-now’, i.e. as additional defence needed when the coach comes uncomfortably close.

2. ‘Follow the deepening content of the conversation: anxieties’

Being somewhat aware of the context at this moment (countertransference, transference and resistance), helps to be secure enough to become more fully aware of the content of the session in this very moment, i.e. what goes on for the client underneath words spoken, issues

and ideas offered and defences demonstrated. We can see the origin of defences as a layer of protection, isolation, and/or dampening of anxiety, which thus becomes the next discovery in our journey of understanding.

1 'Spot authentic feelings and wishes beneath those anxieties'

Finally, anxiety can be seen as a consequence of an emerging desire or feeling which is problematic or unwelcome. This deep feeling or impulse lies at the root of much of the perspectives that went before, and will only be discovered last through understanding ever better the relationship in the room, resistances, defences and anxiety.

Figure 1 is a sketch of the various aspects of (or perspectives on) the here-and-now in a coaching session, without wanting to reify any of these aspects. Each of the six concepts may describe the same affect or emotion during a session, under various viewpoints, so all six amount essentially to one and the same 'thing', the thing that is going on at this moment, which could be called the symptom as it presents itself right now. The various perspectives or ways the symptom engages with us, are each always there and they are themselves multilayered, ambiguous and contradictory. Of these six, resistance would probably be the one most 'objective', or best observable. All others are usually hidden under the surface, to various degrees.

Conclusion

Transference, or the re-emergence of past relationships within present relationships, is a fascinating phenomenon. Not just because it is so infinitely varied and rich, as the traces of meaningful relationships in our lives and careers are bound to be. Not just because transference leads to curious misunderstandings and impositions on partners in a relationship. What makes transference so fascinating is that it occurs, or at least begins, subliminally, in an area of consciousness that

we do not have much access to, not even through introspection. Transference phenomena have great potential for self-understanding and personal development, as they provide us with a 'royal road' towards perceiving how previous relationships have affected us. In the realm of leadership and coaching, transference gives us the promise of access to the 'shadow side' of our leadership aspirations, the aspects of ourselves and our past that propel us forward to take up certain roles and engage in certain relationships, but that are largely hidden from our own view, and barely accessible by reflection or introspection. These shadow sides may well have something to do with the frustration of our own desires and wishes (as Freud suggested), which would explain why there are such frequent indications for transference in helping conversations.

By opening our eyes to the possibility of transference, even of crossed or inverse transference where we repeat other people's roles in a relationship rather than our own, we may enrich our relationships and our lives. And as a minor concomitant, we may enrich our experience of executive coaching and enhance our effectiveness as coaches as well. Studying the roots of transference as we have done in this article, both the historical roots and the roots in our own client relationships, may bring a great return on our efforts to find meaning and understanding.

The author

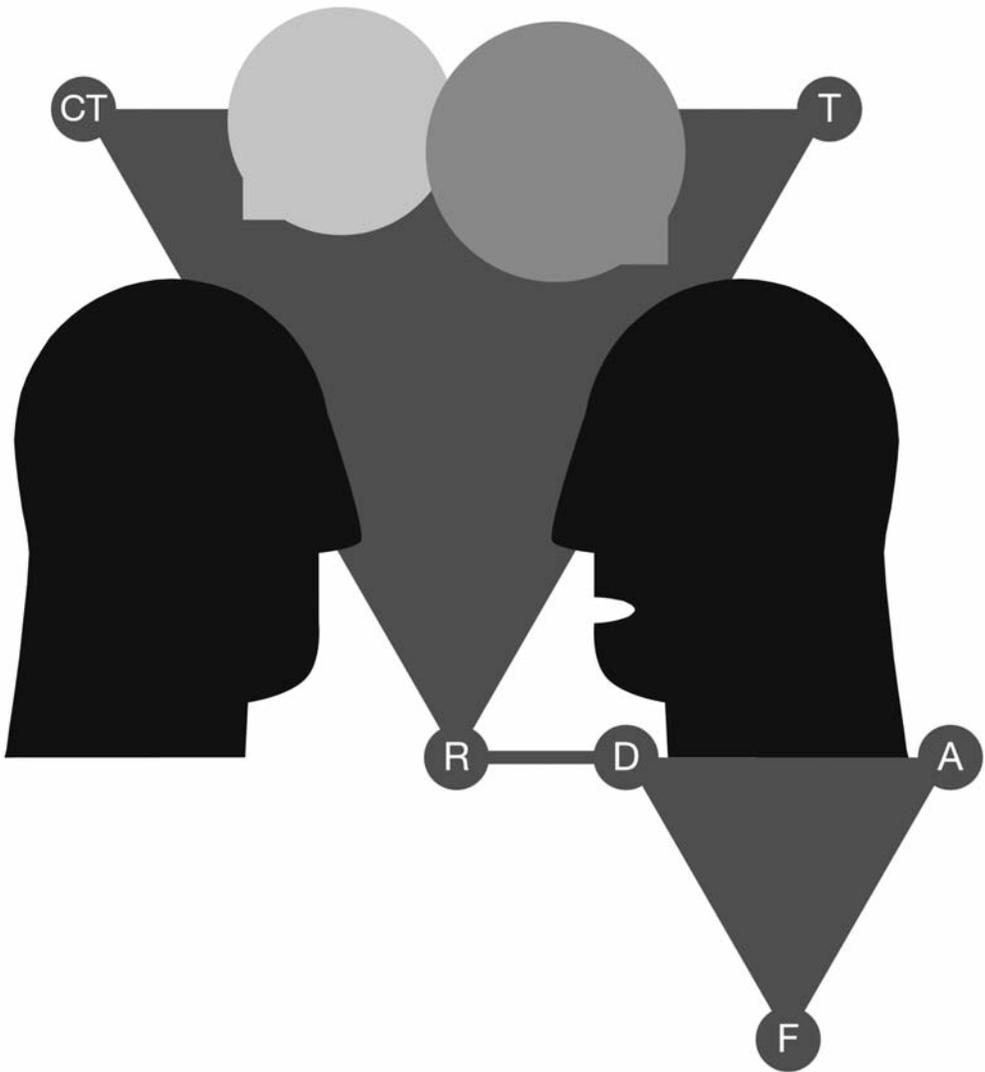
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Figure 1.



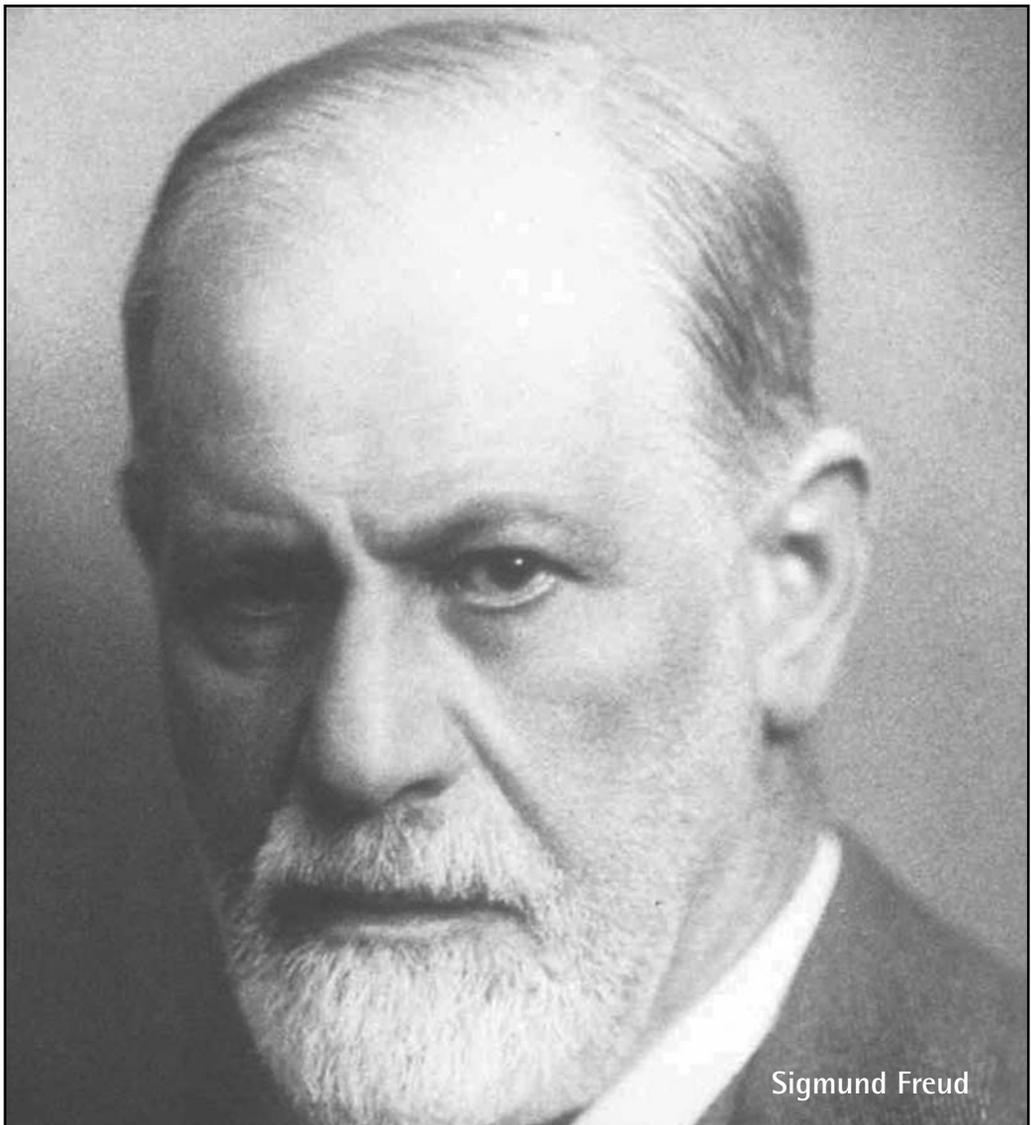
This is an overview of the six 'stages of discovery' or the six Freudian distinctions that inform the phenomenon of transference, building on Malan's Chapter 10, Figure 1 (1979, p.90). This is an effort to depict graphically how countertransference may be an entry point for an understanding of the other person, and can be built upon through transference, resistance, etc. The figure contains:

- three relational perspectives on the other person:
 1. CT: countertransference;
 2. T: transference;
 3. R: resistance;
- and three intrapersonal perspectives on the other person:
 4. D: defence;
 5. A: anxiety;
 6. F: hidden feeling or impulse.

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