

# Tuning into the emotional drama of change: extending the consultant's bandwidth

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**ABSTRACT** *Resistance to change during periods of organizational transition unwittingly can be met with counter-resistance from the change agent consultant. It is argued here that resistance goes hand in hand with change itself. However, this can be misunderstood: especially by the consultant. This article explores the underlying dynamics to resistance taking a psychoanalytic perspective using case examples. It argues that traditional strategies on their own change can fail to secure long-term sustainability as they have possibly missed the point. Instead, the agent (external consultant or internal project leader) has to 'tune in' and listen with emotional ears in order to understand the deeper meaning of resistance. It requires consultants to take up the 'third position,' allowing them to extend their consulting repertoire. It means reframing resistance, drawing upon their own feelings and 'counter transference' and using psychodynamically informed interventions. The implications of such an approach suggest that interventions would be different. Moreover, instead of the consultant being part of the problem they have a wider range of solutions to support longer-term change.*

**KEY WORDS:** Resistance to change, consulting interventions, change management, organizational dynamics, psychoanalytic and counter-transference

## Acting out the drama

A close colleague recently recounted a story of coming home triumphantly after a particularly successful consulting engagement. However, once he crossed the threshold his basking glory lasted for only a few moments. His young son was upset and before long the two were locked into conflict. It started with the nine-year-old using his selective listening method, followed by a good dose of his obstinacy and this triggered a full temper tantrum.

How often have parents told of similar stories? Oh, I forgot to mention, however, that it was the father who had the tantrum. He recounts, 'just as I had lost it, I'm sure I saw a glint from the corner of his (the son's) eye and the words

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“Gotcha” utter from his lips.’ While this scenario has a family flavour, it can also happen with clients. The clients feel angry and resentful and the consultant acts out. However, the danger is that it can be so subtle that it often goes by unnoticed and the consequences remain unprocessed. This article explores the emotional drama of change that can be labelled ‘resistance’ when in fact, like the nine year old boy, it’s a form of communication.

Kurt Lewin (1951) provided some early clues to the difficulties of change. It seems, however, that during the unfreezing state of transition, things emerged that were less predictable. Regressive emotions seeped in and understanding the systematic nature of these dynamics beyond the ‘planned change’ model needed another angle. The focus of this article is to re-examine what role does resistance play in the process of transition and change. A psychoanalytic perspective is taken to throw some light on this question. Such an approach provides a deeper level of understanding human behaviour. The article also uses case studies<sup>1</sup> to illustrate the points. It does not offer a panacea to all change initiatives. However, it does provide another vantage point and options to building sustainable change in organizational systems and for leaders of change.

### **Resistance is natural**

The literature on the difficulties of change and why programmes fail provide great insights. First, there is the failure of leadership to communicate a compelling proposition, build a leading alliance, enrol the critical mass as well as create the systems to make it happen (Beer *et al.*, 1990; Kotter, 1995). A second set of reasons is to do with the individual. They may be simply stubborn, but it is also understood that this stubbornness may come from inertia, habit, routine and desire to stay in the comfort zone. These dynamics may be heightened by a reaction to loss of control and fear of the unknown (Coch & French, 1948; Marris, 1974; Ashford & Lee, 1990; Block, 2000).

Collective political and inter-group dynamics can also be at play. Maintaining the status quo may feature higher for some actors in the drama of change than introducing the restructured call centre. As Eric Miller (1994) once argued: ‘If the power relations remain the same then there will be no change.’

Finally, the threat of being taken over, the market decline and lay offs in the last few years all lead to people operating in what is seen as a ‘hostile environment.’

Thus, it is not surprising that people react and defend themselves against the change and that as more change takes place more resistance occurs. Understanding the motives and drivers behind the behaviour is purpose of the next section.

### **Start with primitive fear**

The heart of resistance is primitive anxiety and fear. Most theories of resistance tend to be cognitive or behavioural. Increasingly there is a body of literature that takes a psychodynamic view on resistance and this illuminates the latent dynamics of resistance, implying alternative approaches to managing change (Diamond, 1986; 1993; Kets de Vries *et al.*, 1991; Vince, 2001).

Resistance from a psychoanalytic point of view is understood as a defensive strategy against psychological ego anxiety, pain and anguish. It is unconsciously enacted and has its roots in childhood experiences. It can take many forms and serves as a way to manage conflicts between mutually competing goals both to change and to stay the same. This is the tension that is seeking to be resolved.

The origins of these protective defence mechanisms are described by Klein (1959: 249) ‘the ego exists and operates from birth onwards . . . it has the important task of defending itself against anxiety stirred up by the struggle within and by influences without.’ She concludes: ‘If we look at our adult world from the viewpoint of its roots in infancy, we gain an insight into the way our mind, our habits, and our views have been built up from the earliest infantile phantasies and emotions to the most complex and sophisticated adult manifestations’ (1959: 262). Thus, I am suggesting that ‘resistant’ tendencies arise from regressive and unconscious pulls that are unprocessed or poorly resolved conflicts that come as part of the natural process of growing up. These are restimulated during periods of organisational upheaval and we act ‘as if’ these childhood dynamics were real and present. Whereas in fact the pain that we defend against has, in Miller’s (1983) words, ‘already happened.’

Defence mechanisms come in many forms (Freud, 1966). These include a wide range of ego defences:

- Denial—Refusal to acknowledge an emotionally inducing event, feeling or memory.
- Repression—burying of deep feelings of anxiety and feelings into the unconscious.
- Regression—patterns of behaviour that are satisfying in childhood that are used as adults to reduce present demands on the ego, e.g. temper tantrums.
- Splitting—the individual isolates different elements of their emotional experience and splits off the bad feelings to protect the good ones.
- Projection—attributing internal fears and uncomfortable feelings onto others; paranoid feelings can be associated with this mechanism.
- Rationalization—creation of elaborate justifications to avoid unconscious and unacknowledged motives and intentions, e.g. intellectualizing emotions.
- Transference—re-enacting previous relationships from the past to current people and events.
- Sublimation—channelling basic and intense feelings into socially acceptable forms of work and play.

Defence mechanisms can also operate at the group and organizational level. We see that groups can act in dysfunctional ways as they operate on the basis of group phantasies over reality (Bion, 1961). Argyris & Schon (1996) provides a comprehensive understanding of how organizational systems can operate on collusive social defences in order to protect a position that in reality is untenable. The Challenger Disaster is also a graphic example of a system engaged in collusive coalitions and how it leads to disastrous consequences (Hirshhorn, 1990).

### Engage with the feelings

Freud's (1910) original ideas on resistance are a helpful start. He argued that they were a useful source of data. Understanding resistance at this level was to understand the deeper and unspoken conflicts facing the individual. The role of the psychoanalyst was to tap this rich source of data and help interpret its meaning. Thus, leading to understanding and insight in order to affect a mature state of reality and acceptance. Parents can do this with their children (Winnicott, 1990).

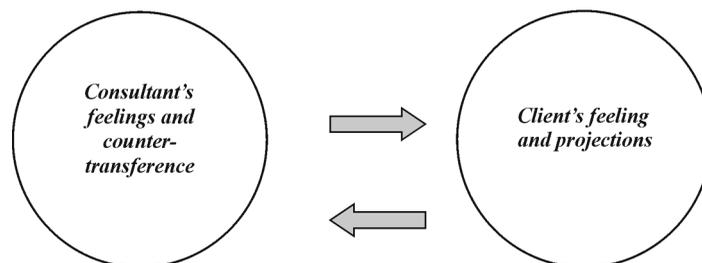
The consultant has a similar task. During periods of transition, the change agent can be a target of powerful projections. They can be filled up with the feelings of others, become a lightning rod for unwanted feelings and can become the scapegoat. But the consultant may be blinded by their own inner conflicts and see resistance as merely blocks or at best 'issues' to be overcome. They can unconsciously act out the role and 'confirm' the judandiced view that the consultant is the villain.

Thus, removing, ignoring or fighting the 'resistance' through counter-resistance can lead to ill-informed actions by the consultant that may undermine the very change they are attempting to implement. The challenge is to engage with the emotions of change and tune themselves in.

The presenting problem facing the change agent or consultant is similar to that facing the psychoanalyst. How do I make sense of this behaviour and make an intervention that makes progress? The answer lies in what Goldman (1995) calls 'emotional intelligence.' It requires the consultant to engage with the emotions of the others, not to be frightened by them but to be in tune enough to listen and understand. Freud calls this state 'free floating attention.' It requires the consultant to work with their natural 'valency' of emotions and to use themselves as an emotional weather vane in understanding what is going on for the client. They have to be able to do so without trying to control the dynamics with aggressive interventions (we know best expert mode) or rejecting the client relationship as unworkable.

### The meaning of resistance: the use of counter-transference

The classical psychoanalytical view on counter-transference refers to the therapist's own transference that arises from contact with the patient. Here the helper is unconsciously stimulated by her/his engagement with the client leading to a distortion of the relationship. It may be that the person reminds the therapist of a brother and thus they may bring up feelings of competitiveness or rivalry.



**Figure 1.** The dyad of unprocessed emotions that get 'traded' between consultant and client

However, that was only half the story. It took several years to understand that ‘counter-transference’ involved more. It was also a means of the patient unconsciously communicating his or her own inner world and deeper feelings. They used the object of the psychoanalyst to act as ‘a receptive organ’ that would be tuned ‘to the transmitting unconscious of the patient . . . (The) doctor’s<sup>2</sup> unconscious is able, from the derivatives of the unconscious which are communicated to him, to reconstruct the unconscious, which determined the patient’s free associations’ (Freud, 1912: 111–12).

Thus, instead of resistance being simply an ‘acting out’ or taking the form of a defensive routine. It is something to be understood. The active use of counter-transference provides a mechanism of communication that transmits vital information concerning the patient’s internal self and their relationship with their environment including people and events. It is like the story in the introduction; but it also happens in organizations.

#### *The case of Barry Little*

When Barry Little was appointed to become the managing director of an international retailing outlet he was both surprised and delighted. He moved into his new office with some pride but was determined that his new station in life was not going to change him. In his own words: ‘I am still the same old Barry.’ He took pride in his old sports car, his friends and felt that none of this ‘Flash Harry’ image was going to impact on him.

Over several months he began to take up his role as a full board member of the corporation but he often felt inadequate at these meetings—even though he had positive feedback about his performance. It reminded him of being in the second team of his baseball team at college and how ‘inconsequential’ and a ‘fraud’ he felt when he joined the first team. Some of these conflicts were evident with his management team. He was apt to have emotional outbursts with his staff and sometimes would humiliate them by his razor-sharp intellectual wit, which he used as a weapon of defence. Larger performance targets aggravated the situation. His behaviour was incongruent because at the same time, he put up with poor performance from his senior executives. These exchanges contrasted sharply with his always-polite relationship with the consultant, where Barry took the discussions seriously and he was a ‘good boy.’

The consultant acknowledged these points about the split nature of the client but often felt constrained in giving challenging feedback and at the same time noted his own resistance to rallying Barry on to lead the charge like a sports coach might often do. These feelings of restraint in the consultant were a clue to the conflict within Barry.

The key conflict that was uncovered was that Barry needed to actively occupy his leadership role. He had put constraints around himself in order to stay the same Barry. However, these were the same things that stopped him from managing and leading the required changes. He did not want to be a flash Harry, a traitor to his long-standing colleague but at the same was frustrated and angry about the tensions the role had placed on him. These inner restraints and resistance to taking

up his authority and role were surfaced leading to better interventions and a release of tension within his management team.

### **Black magic or sense-making?**

I remember working with a management team on some of their difficult and messy dynamics and providing an interpretation based on some of the poor trust interactions and a feeling of being the outsider. ‘Wow’ said one of the team. ‘How did you know that? It must be Black magic.’

The process of understanding these unconscious interactions may seem somewhat magical. However, they can be understood by drawing upon psychoanalytic theory and particularly the concept of projective identification. The latter is an unconscious phenomenon. It operates thus. First, the person feels anxious, envious or angry but gets rid of these internal, split-off feelings through projection because these are experienced as intolerable or threatening. The second step is that these feelings are transmitted to the ‘other’ such that it induces the unwanted feelings into the person receiving these projected defences. Finally, the recipient partially identifies with the feelings and can act them out. Just like the father’s tantrum with his son—or was it the other way around?

Greg’s dread of depressive feelings among his team members in the scenario below is an example of how these elements are projected onto others (see section below). His colleague subsequently feels shame and then acts out the denial of their own feelings and pain that were so evident only moments earlier.

### *Failure of the top management group*

Every body was happy in the management group with the appointment of the new consultants. On the day of the pitch day, they asked the consultants what makes change fail in their experience and the consultants replied: ‘when the management group was not fully committed.’

The management group had six members. Greg was the CEO. George, Larry and Mandy were regional directors. Chuck was the Finance director and James ran IT. The group ran the social services departments of four or five not-for-profit community enterprise organizations. They had both social and surplus income targets and tended to work with clients who had low incomes. The group had several consultants come and provide help. A new strategy paper was delivered, several team development programmes were provided for each of the departments, the CEO had an executive coach and several other individual consultants were scattered across the geography of the northern States. They were also going through huge changes: the loss of a senior director, the recruitment of a new one and a recent merger.

The group expressed its desire to be market leaders, its intention to improve its strategic vision, ‘increase our game’ and move to a performance management culture from a rather paternalistic one. The new consultants specialised in change management and their role was to help the group meet their challenge.

A series of programmes and interventions were planned and after an initial diagnosis and opening workshops the clients seemed to be satisfied. However, it reached a climax during an intensive group session. A poignant moment took place

when one of the directors was left feeling very emotional about the good work of the organisation. It was a critical stage in the group's development. However, the process was immediately stopped by Greg, who said it was time to move on. The 'as if' assumption being that by stopping the emotions the group would be able to survive and avoid discussing their differences and the emotional content of the work.

The second part of the equation was the consultants' dynamic. They had felt a little inadequate (despite their collective years of international experience), criticized and overly praised at the same time. Further analysis suggested that they were split into the 'good consultants' that we want to retain and the 'bad ones' that kept raising questions about the splits and differences in the group. Further exploration really put them in touch with their own feelings of disappointment. They had identified the implicit counter-transference and began to understand how the management group felt: inadequate, split, emotionally resistant and distant from the passion of their socially inspiring work. It also helped to understand how the management group had employed several other consultants and yet none of them were 'good enough.'

However, despite these insights, the counter-transference enactment was so overwhelming and powerful that the consultants still ended up in 'civilised conflict' with the group and the engagement subsequently came to a polite end—just like the others.

### **The structure of the 'defence' and resistance**

These patterns of defences and resistance tend to operate more widely during turbulent times. The anxiety such change brings for individuals and groups are collectively exchanged beyond the dyad relationship through the process of projective identification. These lead to collective defensive routines (Bain, 1998) and a collusive structure of transference and counter-transference resistance within the context of the organization. It sets up a social and unconscious structure of defences and dysfunctional routines, which undermine the organizational task and learning.

Menzies (1960) refers to these dynamics as social defences in her research of student nurses working with elderly patients. She describes the different structures, routines and psychodynamic systems that the staff unconsciously deployed in order to defend themselves against feelings of anxiety, disgust and guilt that were evoked from having to look after chronically-ill patients. Shur (1994) also describes these systemic defences most vividly as 'counter-transference enactments' based on his clinical analysis of individuals and organizations. Although these studies refer to a therapeutic context they provide useful insights into the world of normally dysfunctional organisations where there is also evidence of these dysfunctional routines (Hirschhorn, 1990; Miller, 1993; Simpson *et al.*, 2000). So far we have discussed defence mechanisms and the use of counter-transference to reframe resistance. The next step is knowing how to deal with these emerging dynamics.

### **The consulting alliance**

In addition to theory, psychoanalysis also provides insights about practice and techniques in the art of helping the human condition. One of the foundations of its

practice is that the therapist and patient develop a therapeutic alliance. This provides a stable, trusting and collaborative relationship that is essential for the therapeutic task to be successfully completed. However, the relationship is also dynamic. Shur (1994: 142) states that disturbances in the relationship are also a source of data to be 'examined in terms of their defensive, adaptive, and structural significance.'

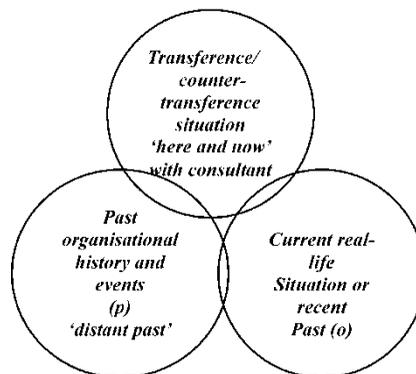
Such an alliance is also required in the consulting relationship in working through change. Block (2000) calls it the 'collaborative relationship.' However, there is an additional dimension. It requires that the consultant is able to understand the dynamics of counter-transference. Practically, this means being able to identify, internalise, process and feedback in a way the client can understand their unconscious and hidden emotions and anxiety about the process of change. Interventions like this provide additional insight, relief and options for action and prevent the client and the consultant simply acting out a collusive relationship of mutual defences. It means taking up the 'third position:' a concept taken from psychoanalysis. Here the consultant is able to benefit from the 'triangle of insight' connecting the past events or history of the situation (p), the actual and current conflicts of change (o) along with the transference situation between the client and the consultant (t). By taking this meta-analysis of the situation, it can provide the consultant with clues regarding the origins and meaning of the resistance. Observing from this vantage point is the third position.

### **The third position: the consultant as 'observing ego'**

For example, a colleague had been working with a group of project management specialists and found them critical, defensive and generally not wanting to know. It was so negative he hated them. Recognising such strong personal reactions in his own feelings he resolved the situation 'I had to open my heart to them. It was the only way.'

In recognizing the feelings they generated in him, he was able to understand what might be their experience of the organization and surface this as a basis for dialogue and moving on. He had taken up the third position.

The process means being a container of projections and emotions on behalf of the client. Processing raw and destructive emotions into bit size chunks of



**Figure 2.** The containing role of the consultant

intelligence and meaning. It is not to be mistaken for ‘wild unconscious associations’ but is driven by clarity of fulfilling the organizational task, holding the boundaries of role, organisational structures and time. The work is both intellectual and emotional. The consultant provides a secure base for people to examine the conflicts (Kahn, 1995). The talking cure in organisations means the consultant has to provide a space for reflection, dialogue (Schein, 1993) and meaningful interpretations for consideration. Defensive routines can also be actively used to explore organizational dynamics and, ironically, increase learning (Simpson *et al.*, 2000). It is exactly the same in psychoanalysis.

Finally, it requires the capacity for self-reflection, emotional intelligence, stamina and competence by the consultant (Schon, 1983; Berg & Smith, 1988; Jarrett & Kellner, 1996). These are the some of the preconditions for the alliance of the consulting work. It does not stop dysfunctional client–consultant dynamics but it provides consultants with processes to unravel the tensions. Clarkson & Kellner (1995) discuss how the collusive dynamics of the client–consultant relationship can undermine the change as well as approaches that can create different outcomes. These qualities are summarized in Table 1 below

**Table 1.** Summary of extending the bandwidth

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<b>Characteristic of the third positions</b>	
Consultant attitude	<ul style="list-style-type: none"> <li>• Reflective practitioner</li> <li>• Exploratory</li> <li>• Emotionally present</li> </ul>
Capabilities	<ul style="list-style-type: none"> <li>• Values differences</li> <li>• Listen at several layers</li> <li>• Emotionally aware and resilient</li> <li>• Awareness of own countertransference</li> <li>• Holding, containing and processing projections</li> <li>• Ability to think through, rather than act out</li> <li>• Identify and understand defensive routines individual, group and organisational levels</li> </ul>
Types of interventions	<ul style="list-style-type: none"> <li>• Creating dialogue</li> <li>• Feedback</li> <li>• Meaningful interpretation and insights</li> <li>• Provide ‘holding environment’ and clarifies boundaries of task, authority, time and space</li> <li>• Highlighting defensive routines to promote learning</li> </ul>
Consulting relationship	<ul style="list-style-type: none"> <li>• Collaborative enquiry</li> <li>• Build alliance</li> <li>• The dynamics of the relationship is a source of working through</li> </ul>
Training and supervision	<ul style="list-style-type: none"> <li>• Psychodynamically informed approach</li> <li>• Role analysis</li> <li>• Individual or group analysis</li> </ul>

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### Discussion and implications

The article has put forward the proposition that understanding resistance from a psychoanalytic perspective provides us with additional insights as well as strategies that can inform more effective consulting interventions. It raises a number of implications and these follow.

- The first implication of this analysis is that we need to reframe resistance. Rather than see it as an enemy of truth: consider it another truth. It has to be acknowledged that resistance is an integral and necessary part of the change process. No resistance: no change. Thus, our engagement with resistance needs to move from something that needs to be removed or counter-resisted to taking up a different consulting stance. In other words, resistance needs to be given meaning and interpreted. It can be used as a source of data and inform and complement the range and quality of existing consulting interventions.
- Second, the psychoanalytic concept of counter-transference also offers the consultant an additional tool to understand the underlying and unspoken dynamics of the situation as well as a process or technique. There are several aspects to the dynamic of counter-transference
  - Counter-transference is a powerful and interpersonal means of the client communicating unspoken conflicts and difficulties within the system. These dynamics operate through the process of projective identification and being able to ‘hear’ them requires that the consultant is able to tolerate intense emotional feelings rather than act them out through regressive tendencies.
  - It thus requires that consultants use themselves as an instrument: collecting emotional data. Typically they will be in their own role analysis or self-reflective programme using psychoanalytic tools or a psychodynamic approach. It is more than just ‘wild guessing’ and pop-psychology. So it needs to be used ethically and with caution.
  - In order to make meaningful interventions, and use the dynamic of countertransference there has to be a genuine ‘consulting alliance’ of collaboration similar to the therapeutic alliance in therapy. It is a fragile container for the work of the consulting task during difficult periods of change and as the cases show it can easily end up with the consultant ‘enacting’ the client’s frustrations, anger and conflicts. So beware.
- Third, the argument suggests another perspective for interventions. There is no one consulting method that fits all. But that the consultant is able to draw upon a wider repertoire to help develop human systems and organizational effectiveness. It requires consultants to be able to simultaneously understand the client, themselves and the consulting relationship. Taking the ‘observing ego’ is known as the ‘third position’ and opens up the bandwidth for consulting interventions
- There are also limitations to such an approach. First, it requires that consultants be psychodynamically trained in both the science and art of psychoanalytic thinking and practice. Second, it raises the question as to how

far psychoanalytic concepts and methods can be used outside of the therapy room. There are many proponents of this approach who show the value of a this wider bandwidth. A recent critical review article suggests that both concepts and techniques from a psychoanalytic tradition provide valuable consulting insights. However, there appeared to be less agreement about methods, goals and boundaries (Driver, 2003). Thus, the answer to the question seems to rest less on the usefulness of the concepts but more on application in consulting practice. Finally, there may be limits to the scope of the intervention. However, working with individual executives, management teams and smaller organization systems of work units provide tighter boundaries for the inventions.

Such an approach lends itself to key elements in the consulting cycle. In particular, the entry phase, the diagnostic phase and the interventions and review (Jarrett, 1998).

- The application of psychoanalytic thinking in the sphere of organization development and change is still developing and contributions continue to test the boundaries of practice and theory. Thus, there is still more clinical research that can be undertaken in understanding boundaries of the therapy room and systems within organization.

To conclude, it is clear that this is an area for more fertile enquiry. However, Guntrip (1977) reminds us that the emphasis for theoretical development should not be at the expense of clinical practice. He states:

We have to remember that clinical practice does not exist as an arena of psychodynamic theory; rather psychodynamic theory exists to preserve and employ whatever insights we gain from clinical practice. (1977: 44)

Thus, theory informs our change consulting interventions rather than is a substitute for our experience.

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### Notes

1. The case details have been altered to protect confidentiality.
2. Psychoanalysts had to be qualified Medical doctors in those days.

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