Transference and Countertransference in Action Research Relationships

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Based on a presentation at the Academy of Management
annual meeting, Boston, Massachusetts, August, 1984.

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ABSTRACT

Transference and countertransference, two concepts from the psychotherapeutic literature, are explored and their relevance to action research relationships is considered. Transference and countertransference phenomena are prevalent in action research, but are more difficult to use constructively in action research relationships then in psychotherapeutic relationships. Implications for practice are suggested.

From time to time, organizational clients seem to assume that I have knowledge, powers, and skills possessed by no action researcher or consultant. The inflated assumptions commonly are expressed in the form of inappropriate requests for direction or other assistance. These requests presume I have a level of familiarity with the organization greater than the client's, and that my role is to prescribe a course of action rather than to help the client system learn how to better solve its own problems.

My answers to such requests have not changed much over time. I point to the limits of my knowledge, and describe my role as I see it. What is interesting is that client reactions to these answers seem to have changed. When I was a novice, clients sometimes responded with a "you can do it" pep talk. After I gained enough experience to make such a response more credible, I no longer heard it! At this stage, clients are more likely to respond by expressing doubts about my role, or questioning my expertise--now that I am more confident of having some.

Events like these in relationships between organizations and external consultants, researchers, or other practitioners can be understood through the lenses of several different perspectives. One way of understanding helping relationships, the psychotherapeutic perspective, has been underrepresented in the literature on organizational change.

Psychodynamic Perspectives on Organizations and Organizational Change

In one form or another, psychotherapeutic and psychodynamic perspectives have been represented in the organizational literature for several decades. Clinical research and practice influenced the development of two of the major approaches to planned organizational change that originated in the late 1940s and remain prominent today. The group dynamics approach was influenced by psychoanalytic thinking as well as the work of such clinicians as Carl Rogers, Fritz Perls, and Eric Berne (Benne, 1976). The sociotechnical systems perspective was influenced in part by the work of W. W. Bion on group dynamics and Melanie Klein on object relations (Trist, 1981; Susman, 1976).

More recently, Maccoby's (1976, 1981) studies of leadership have been heavily influenced by Erich Fromm's concept of social character types, and this perspective also has played a role in a major work humanization experiment (Maccoby, 1975). Levinson's work on executives (e.g., Levinson, 1981) has borrowed from Freudian and other psychodynamic perspectives. Mitroff (1983) has made use of Jungian archetypes in studying unconscious influences on organizational decision making and planning processes; Zaleznik and Kets de Vries (1975) have borrowed from the psychoanalytic literature in investigating the exercise of organizational power; and Kets de Vries and Miller (1984) have based their descriptions of neurotic organizational cultures on the psychotherapeutic literature.

In general, the available organizational literature that

makes use of psychoanalytic and related psychodynamic perspectives is concerned with helping researchers or practitioners understand other people, groups, or organizations. Surprisingly little attention has been given to psychotherapeutic concepts and theories that might help action researchers and consultants better understand their role and the nature of effective helping relationships. Yet there are many parallels between the role of the organizational interventionist and the role of the psychotherapist. The considerable literature on psychotherapeutic practice remains a largely untapped resource for organizational practitioners.

This article is concerned with transference and countertransference, two of the most important psychotherapeutic concepts. These concepts have been virtually ignored in the organizational literature, yet are highly relevant to relationships between action researchers and organizational clients. This paper reviews the meaning of transference and countertransference in psychotherapy, suggests their applicability in action research, and considers implications for practice.

The Concepts of Transference and Countertransference

The concept of transference was proposed by Freud, but his views on the subject were incompletely formulated and somewhat inconsistent. The development of the concept is one of the most important contributions of later theorists (Langs, 1978). Transference now is widely considered to be a critical and inevitable part of psychotherapy for non-psychotic patients.

Transference refers to the client's displacement of emotions

from earlier situations, usually childhood experiences with the parents, to the therapist. According to psychodynamic theory, clients repeatedly though unconsciously relive earlier experiences that resulted in unresolved conflicts. The unconscious defenses against these unresolved conflicts are part of the client's basic character structure. The ineffectiveness of the client's defenses leads to non-adaptive behavior, psychic pain, and the need for therapy. When transference occurs in the therapeutic setting, the client reexperiences earlier unresolved conflicts and responds as though the therapist is a parent or some other significant figure from the past.

Transference-like reactions are not unique to therapy. Since transference reflects the client's basic character structure, similar responses can be found in everyday life. Transference responses are especially likely in situations that in some way recall the conditions of unresolved earlier experiences. For example, superior-subordinate relationships, which entail the subordinate's dependence on an authority figure, often trigger unresolved feelings about one's parents.

Although transference occurs elsewhere, it plays a central role in psychotherapeutic relationships. The successful conclusion of therapy depends on the client's resolving personal conflicts that are reflected in the transference (Gill, 1982). This involves first overcoming resistance to the awareness of transference, since the client's defenses are likely to be at least partly unconscious. The client also must overcome resistance to resolving transference issues, and change familiar but ineffec-

tive ways of dealing with personal conflicts. It is important to recognize that transference is not only inevitable, but is also necessary for therapeutic progress; without transference the client cannot be influenced in a constructive way by the therapist.

Effective psychotherapists are skillful in helping clients learn to identify ways in which transference is displayed through behavior in therapy sessions and in helping the client discover more effective ways of relating to others. Because transference is deeply rooted in character, however, it may take several years of therapy to reach the point at which these issues can fully reach consciousness and be resolved.

Many types of therapy create conditions that are designed to evoke transference relatively clearly. For example, in traditional psychoanalysis the client lies on a couch while the analyst sits, and the client fully discloses thoughts and feelings while the analyst sharply restricts self-disclosure. These conditions help evoke the power of the therapist and the dependence of the client, and facilitate the client's projection of fantasies onto the therapist as a "blank screen." Little wonder that followers of Melanie Klein believe that every therapeutic communication contains some reference, overt or symbolic, to the transference (Little, 1981).

Transference appears in group therapy settings as well. However, the presence of the group complicates transference patterns (Kadis et al., 1974). Multiple transference is common, since the client may respond to different group members as well as the therapist as though they were different parents or sib-

lings. Transference-related behavior is more exposed in the group setting, since the presence of multiple observers makes it more difficult to deny such behavior.

Countertransference

Countertransference is the mirror image of transference. The therapist may respond on the basis of his or her own unresolved emotional conflicts to the clients' feelings of helplessness, rage, grief, fear, or joy. The range of behavior that is found in transference is also found in countertransference. For example, the therapist may be overly active or withdrawn, excessively withholding or controlling, or too idealistic or critical, in order to defend against unconscious feelings aroused by the relationship with the client (Wolf and Schwartz, 1975).

Clients can become acutely sensitive, sometimes at an unconscious level, to therapist behavior that reflects countertransference. At one time, psychoanalytic theorists considered any display of countertransference to be destructive of the therapeutic relationship. A dream about a client was a signal for the psychoanalyst to seek further personal analysis and to send the patient to another therapist! (Little, 1981)

Even among psychoanalysts, a more recent trend has been to recognize that some degree of countertransference is inevitable, since few therapists are so saintly as to have no unresolved personal conflicts (e.g., Langs, 1978; Little, 1981). Moreover, countertransference-related behavior sometimes has positive effects, especially when the therapist can recognize and own up to the behavior, since this models spontaneity, shows the

therapist as a real person rather than merely a fantasy object, and can promote the therapist's personal growth. However, therapy is for the client's benefit, and the consensus remains that therapists who cannot limit their own emotional displays should seek treatment or other employment.

Transference and Countertransference in Action Research

There are many different kinds of organizational interventionists. Consultants, researchers, and other practitioners of all stripes may face transference and countertransference problems, but such problems are not likely to be a major concern to all. The discussion here will focus on action research, a widely used method of changing organizations that is similar in many important respects to psychotherapy.

Action research is a strategy for changing organizations, groups, or other social institutions that was first proposed by Kurt Lewin (1947). There are three major characteristics of action research (Peters and Robinson, 1984). First, action research is problem-focused and action-oriented; it attempts to generate knowledge that informs action as well as theory. Second, action research involves cycles of data gathering, reflection and planning, action, and evaluation. Finally, action research is collaborative. The targets of change, the methods of research, and the nature of the relationship are jointly determined by the action researcher and client.

Action research is frequently used as a strategy or method of changing organizations. For example, it is often identified as a basic methodology of organization development. The emphasis

on collaboration and joint learning distinguishes action research from other types of change agent-client relationships, such as those based on expert prescriptions or coercion.

Similarities between Action Research and Psychotherapeutic Relationships

Action research has much in common with psychodynamic therapies. Both approaches have been termed "normative re-educative" strategies for change (Chin and Benne, 1976). The assumption in both cases is that it is important for the client to discover and feel ownership for the needed changes. In order for this to happen, the client may need to learn new ways of collecting data, testing hypotheses, and developing solutions. Initially, much of the relevant data may be beyond the awareness of the client. The appropriate solutions may require changes in attitudes, values, and relationships. The action researcher or therapist is a co-learner, who helps by facilitating the client's learning rather by dictating changes.

The kind of relationship between client and action researcher that is needed to accomplish such tasks is very different than the kind of relationship established by other types of interventionists. In order for the action research or therapeutic relationship to be effective, an atmosphere of openness and mutual trust is necessary. This requirement, as well as the nature of the tasks involved, means that the relationship is likely to be long-term. In addition, long-term collaborative relationships that involve the exploration of such sensitive issues as client beliefs and values are likely to be emotionally intense. Neither therapy nor action research involves the cool

rationality of an expert who stands on the sidelines, offers "objective" advice, and soon leaves the client to his (or hers or its) own devices.

The similarities between action research relationships and psychotherapeutic relationships suggest that transference and countertransference are likely to occur in both situations. Both types of relationships are helping relationships; the client seeks the help of an outsider in solving particular problems. Both therapist and action researcher are likely to be viewed as authority figures, possessing specialized knowledge that may (or may not) help the client deal with painful issues.

The long-term nature of the change strategy in both cases insures that the client is likely to experience problems for some time, while new and potentially more effective patterns of problem solving are learned. In the meantime, the client may come to view the therapist or action researcher as withholding needed expertise, ineffective at creating change, asking too much of the client, or failing to truly understand the client's problems, much as a parent may be viewed as persecutory, incompetent, demanding, or insensitive.

Action research involves a great deal of ambiguity concerning the survival, effectiveness, and appropriateness of the relationship. There are likely to be emotional ups and downs during the life of the project. These conditions quite naturally evoke unresolved personal conflicts in both action researcher and client. If either party needs to find evidence to support unconscious feelings of depression, anger, guilt, fear, or rejection, the evidence can be found in the conflicting mixture of ambiguous

stimuli surrounding the action research project.

The author's experience suggests that evidence of transference and countertransference can be found in virtually all long-term action research relationships (as well as in consulting relationships and research relationships) in organizations. The way in which such dynamics may be played out is considered next in the context of a specific case.

A Case Example

Several years ago, I was part of a group of four action researchers that helped establish a union-management quality of work life project in a large industrial plant. The senior consultant first worked with a union-management Steering Committee to develop a diagnostic strategy. The diagnosis was to include interviews by the action researchers of over 500 people, mostly in small groups, from all organizational levels and departments. The interviews were conducted over a period of two months.

The organization suffered from almost every organizational problem I have ever seen in any industrial plant. Organizational performance was poor, the organization was poorly designed, employee morale was terrible, and union-management relations often were plainly dishonest.

Some specific examples, of many that could be cited, suggest the depth of the organization's problems. Quantitative data of any kind was distrusted by employees because it was widely believed that management fabricated production data to suit its purposes. (We conducted interviews rather than an attitude survey partly because quantitative survey data would not have been

credible.) In one production area, the most important tool was a "BFH" (Big Fucking Hammer), used to force together critical parts that did not fit; as the workers knew, this almost guaranteed that the product would fail when used. One manager estimated that his department generated 14.4 tons of paperwork a year, most of it useless except as protection during management finger-pointing exercises. Employees described the organization as a hyena laughing at destruction and death, a snake devouring its tail, a pig wallowing in filth before its trip to the slaughter-house, and an octopus wildly swinging its arms. One group said, "It's like management hates us, and we don't know why."

Of the employees we interviewed, the vast majority were emphatically negative about the organization, although some were enraged, others were fearful, and others were resigned. After the first few weeks, word of the interviews spread through the plant, and it was hardly necessary for us to identify ourselves or ask questions. Employees came prepared to spread before us their own experiences of misery and woe. Many would have been satisfied if we had done no more than listen, take notes, and acknowledge what they had said. The whole experience seemed to be a long mass catharsis.

Why did employees--as well as managers and union officials--speak so openly of their problems? We promised only to provide feedback to the Steering Committee; we promised nothing in the way of solutions. They did not know us. Few interviewees bothered to ask more than our names. Their distrust of the company was so well grounded in experience that it would have been more rational for employees to keep silent than to be open

with us--as some people told us, before continuing with their stories. We obviously symbolized something to them. Did they see us as their father confessors, avenging angels, therapists, friends, or powerful agents of change?

The action research team found week after week of such interviews extremely painful and frustrating. At times we despaired that the problems were too widespread and deep-rooted to be solved. After several weeks, we realized that three of the four of us were experiencing unusual and probably psychosomatic symptoms. The lead consultant had a constant pain in his upper spine that was finally relieved by a chiropractor. Another team member caught the flu, although it was mid-summer and he knew no one else who had it. I contracted a painful case of hemmorhoids for the first time, and conducted the last few interview sessions while sitting on a rubber donut. In other words, one of us got a pain in the neck, another got a pain in the ass, and another got sick all over. The fourth member angrily withdrew from us.

There are several possible explanations for the appearance of psychosomatic symptoms in the action research team. Perhaps the symptoms were merely indications of objective stress. However, we did not respond to other kinds of stress with such symptoms. Another plausible explanation is that our symptoms were a case of parallel processes--the tendency of small groups, such as consulting groups, to mirror the host organization (Alderfer et al., 1985; Berg and Smith, 1985). Perhaps our group was internalizing and somatizing the pain we kept hearing about.

There were many countertransference themes in our behavior,

however. At times, all of us were filled with righteous fury at the injustice and incompetence of the authority figures at the plant. We tended to forget that these same people had asked for help in addressing the kinds of problems we were hearing about. In addition, the lead consultant's behavior was vigilantly monitored by the rest of the team for signs of insensitivity or authoritarianism. At one point, we started showing up at the plant a bit late, until we recognized this classic sign of low-grade psychotherapeutic rebellion.

Prior to feeding back the results of the interviews to top management and union officials, we spent a good deal of effort in ventilating our emotions with each other. This was probably critical to our ability to provide effective feedback. We told the Steering Committee and others present what we had found in an all-day meeting. In general, we successfully adhered to our plan of providing unadulterated data, without using the data in a punitive or parental way. The experience was cathartic for this group too.

The story does have a happy ending. The feedback meeting proved to be a major milestone for the project and the plant. It marked to beginning of a number of important organizational changes and changes in the union-management relationship. A few years later, the project was being hailed elsewhere in the company as an example of what union-management cooperation could accomplish.

In this case vignette, there is circumstantial evidence of transference for members of the client organization. Most interviewees opted to trust unknown outsiders with stories of

highly emotional personal experiences, although a reluctance to disclose threatening information would have been understandable under the circumstances. Employees believed that the action researchers could help solve their problems, although the competence of the outsiders had not been established. It is difficult to say with certainty how employees consciously and unconsciously viewed the action researchers, however, because this topic was not widely discussed with us. This situation probably is not atypical of most action research projects.

The evidence of countertransference is clearer, in part because the author has better access to the relevant data. Especially interesting is the selected evidence cited here to suggest that members of the action research team were struggling unconsciously (for example, through psychosomatic symptoms and tardiness) as well as consciously with their feelings about working with authority figures viewed as being incompetent, vindictive, and/or untrustworthy.

In this vignette, the influence of any transference that occurred was benign or positive. This is often not the case. The author has seen more than one instance in which members of a client group felt angry but fearful toward a key manager, and displaced their aggression onto an action researcher--who represented an easier and more understanding target.

In another situation, a client group was avoiding rather than making a decision about whether to proceed with a major organizational change. This was not just a group or issue-specific phenomenon; members of the group took to the role of

Hamlet in other situations as well. Their indecision appeared to be linked to a fear that any decision would be wrong. The action researcher confronted the behavior, pointing out that the group could not avoid responsibility for making a decision; by vacillation, the group was making a new course of action impossible. The group responded to this intervention by thinking about it for a month, and never inviting the action researcher back. In still another situation, a relatively mild but unwelcome interventionist confrontation of a strong-willed manager led to an emotional rift between the two that was not repaired for months.

Limitations on Using Transference and Countertransference in Action Research

No matter how widespread transference and countertransference may be in action research relationships, these phenomena have a different status in action research than in therapy. The differences make it much more difficult to explore or make use of transference in the context of action research.

Level of analysis and the legitimacy of transference issues. In psychotherapy, the clients are individuals attempting to resolve personal problems of relating to the self and others. Transference is a central and legitimate topic in psychotherapy. In a real sense, grappling with transference is what therapy is all about.

In organizational action research, however, the client is the organization rather than the particular individuals with whom the interventionist may be working. The action research relationship may be riddled with transference issues, but resolving these issues is not what action research is all about, except in

rare instances. Organizational level action research is concerned with solving organizational problems and with meeting organizational as well as individual goals. Since organizational members must solve organizational problems and meet organizational goals, issues of human attitudes, emotions, values, and behavior cannot be ignored. These may well need to change, but change in individuals is not the only or primary goal.

Organizational clients are, in general, "normal." They typically do not see themselves as needing to make fundamental personality changes. If they believe that they need to make personal changes in their ways of relating to others, organizational clients usually have in mind improvements in cognitive and behavioral skills that can be trained. Training, not psychotherapy, is the technique most familiar to managers and other organizational members interested in personal growth and development. Most organizational interventions are not "deep," in the sense of being targeted at or being capable of changing core personality characteristics of organizational members (Harrison, 1970).

Instead of helping clients deal with disorders rooted in individual character structure, action researchers typically are called upon to help clients deal with disorders rooted in organizational structure. This means addressing such issues as improving organizational design, reward systems, job design, problem solving and communication processes, or other enduring aspects of organizational structure. This emphasis is appropriate when the client is an organization rather than a person. Organizational structure can induce behavior in otherwise "normal" people that is healthy or neurotic. Attempting to change individual person-

alities without changing organizational structures usually is misguided; the causes and solutions to organizational problems are found largely at the organizational level.

Consider, for example, action research projects to improve union-management relationships in traditional manufacturing organizations. In many companies, union-management behavior is so obsessively adversarial as to be "neurotic" and destructive, but usually neither the root causes nor the solutions to such behavior are to be found primarily in the personalities of union and management leaders. The causes are more likely found in economic conditions, a history of collective bargaining relationships, traditional roles and norms, and the level of collaborative skill and experience possessed by each party. In order to increase the capacity for cooperative problem solving between union and management, the structure of the union-management relationship must be addressed directly.

This point should not be overdrawn. In order to bring about and sustain organizational-level change, the beliefs, values, and behavior of organizational members often needs to change. Unlike in therapy, however, change in individual character is not an end in itself; it is a means of promoting organizational changes that ultimately meet both organizational and individual needs.

The implication of this point is that addressing transference issues may seem illegitimate to organizational clients. The action researcher who focuses primarily on transference issues in his or her relationship with the client eventually will be seen as ineffective and blind to the real issues at stake. This

perception will be accurate, even though it may be reinforced by the client's resistance to acknowledging transference issues.

Intensity of the Relationship. By the standards of organizational intervention and research, action research relationships are highly intense. Yet, action research relationships almost never are characterized by the same degree of psychological intensity as therapeutic relationships in which transference is a major focus. The client-therapist relationship becomes a major part of the life of the client. In psychoanalysis, the most extreme case, the client may spend an hour four or five times a week for a period of years working through a particular set of personal issues.

Action researchers almost never establish such intimate personal relationships with individual members of client organizations. Action researchers usually do not visit client organizations so frequently or regularly, nor do they necessarily spend their time with the same individuals in each visit, nor are the issues under consideration either static or exclusively personal. Key individuals in client groups often change positions or leave the organization entirely. The action researcher is likely to have a series of relationships with individual members of the client organization, and none of these relationships are likely to be as intimate or as important to the client as the relationship between client and psychotherapist.

Even in the safer confines of therapy, transference issues are highly threatening. The client may not be able to deal effectively with unconscious fears for some time after the beginning of therapy. Although action research relationships may

involve a great deal of trust, mutual respect, and collaboration, such relationships rarely are deep enough to be conducive to addressing transference issues directly.

Moreover, there are unavoidable difficulties even if one does attempt to create relationships with organizational clients that can change personality. How does one stimulate enough personality change in enough key organizational members to create organizational change, rather than changes that benefit a few individuals? Psychotherapy is a highly labor intensive endeavor. On practical grounds alone, one shudders to think of what would be required in a unit of even a few hundred people. During the 1950s and '60s, some companies sent dozens of managers from the same organizational unit to T-groups (training groups) as a way of creating organizational change through individual change. The T-group movement faded in part because there was little evidence that such interventions changed the organization. T-groups may not be a very powerful form of psychotherapy, but is anything more practical on a mass scale in organizations?

Clarity of transference issues. Transference is less obvious in organizational than in therapeutic settings. Relationship issues are infused with substantive, content issues in action research. Clients usually have shared experiences and shared knowledge of the content of issues under consideration that provide ready explanations of any behavior in terms of substantive disagreements, rational self-interest, stress, or prior history. Clients have no resistence to advancing such explanations for exaggerated or inappropriate behavior, as they

do for transference.

The conditions created in therapeutic settings to show transference in bold relief are difficult to replicate in organizations. There is nothing comparable to the psychoanalyst's couch in action research, and the restrictions placed by some forms of group therapy on client contact outside the group are nonsensical in organizations. The action researcher's off-site training programs using artificial exercises unrelated to the organization are a poor substitute. In action research, members of the client organization often reinforce each others' resistances because their shared prior experiences make content explanations of behavior more credible.

Balance of power. For a number of reasons, action researchers probably never are as powerful or as important to organizations as effective therapists are to their clients. In group therapy, the therapist's role provides greater status and authority than for any group member. In organizations, senior managers have legitimate authority, access to resources, and powers to reward and punish that are not possessed by the action researcher. Not the least relevant managerial power is the authority to decide unilaterally for the entire client organization that the action researcher's services are no longer needed. In therapy groups, no group member unilaterally can make decisions about the membership of others.

These conditions mean that multiple transference is likely to be quite strong in organizational groups, and that action researchers cannot necessarily provide a high level of psychological safety for members who risk working out their personal

problems in public. Organizational members forget the power of higher-level managers at their own peril. The level at which transference-related behavior can be examined in organizational groups tends to be determined mostly by how far a few organizational leaders are willing to go.

Level of clinical training. There is no requirement that action researchers receive systematic clinical training, and relatively few action researchers in the author's acquaintence have had such training. Without clinical training, it is difficult for action researchers to appropriately diagnose and respond to transference when it occurs. It is also difficult for action researchers to avoid confusing matters with their own countertransference.

For several reasons, then, transference and countertransference are more difficult to cope with adequately in action research compared to therapy. This has important implications for the action researcher.

Implications for Practice

Transference and countertransference are common issues in action research relationships, but are difficult to address directly in the context of such relationships. The question then becomes, what do these concepts do for the action researcher? Despite the barriers to their recognition and use in organizations, transference and countertransference have several positive implications for practice.

1. Awareness of Dysfunctional Action Researcher Behavior.

Action researchers can deal with countertransference much

more easily than with client transference. Organizational interventionists have very limited access to the kinds of data that would permit a deep understanding of client behavior. At best, it is possible to make educated guesses about the unconscious roots of clients' struggles. However, if action researchers cannot do a great deal to help with client's private miseries, at least they can avoid increasing the pain unnecessarily. That requires the practitioner to understand the unconscious roots of his or her own behavior. To remain oblivious to one's own causality in destructive patterns of behavior with clients is irresponsible, if not unethical, for those in helping professions.

Action researchers also can enhance their own growth and development by examining their behavior in the field for patterns of countertransference. They can learn enough about their own unconscious processes to avoid causing themselves unnecessary pain. The author cheerfully reports the benefits of one insight into countertransference: he has suffered no recurrence of hemmorhoids as a result of action research.

2. Sensitivity to Important Relationship Issues.

Counselling, family therapy, and some brief therapies offer better psychotherapeutic models than psychoanalysis for action researchers. In such therapies, the emphasis is on analyzing directly observable behavior that is displayed in course of the therapeutic relationship, especially in the "here-and-now." Such therapies also focus on specific, identifiable problems rather than on fundamental character structure. The emphasis is not on

the distant, unconscious past; the duration of the therapy is too short to permit delving deeply into the client's psyche. These intervention characteristics are consistent with common practice in action research.

The main difference between the less intense forms of therapy and action research as typically practiced is that the therapies are informed by psychodynamic theory. It is one thing to be attentive to "here-and-now" behavior, and another to understand which aspects of such behavior are important, the types of interventions that are most likely to be effective with particular clients, how to remain sensitive to clients' limits, the possible unconscious meanings of client comments about the therapeutic relationship, and so on.

The argument here is that familiarity with psychodynamic theory and practice may enhance the effectiveness of action research by helping the interventionist better understand and anticipate transference-related behavior. Such behavior is especially prominent when the client is concerned with such issues as goals and expectations, feelings of progress or disappointment, the role of the action researcher, and termination of the relationship. These issues have direct analogues in therapies of all kinds, and a psychotherapeutic perspective can help the action researcher raise the right questions in a sensitive and timely fashion.

3. Clinical Training for Action Researchers.

Clinical training is desirable for action researchers. As in many fields, personal experience is necessary to gain psychotherapeutic skills and insights; reading the literature is not

enough. Many action researchers will not gain clinical experience, however, for a variety of reasons. Two substitute strategies may help. First, something analogous to a regular clinical case review can be very advantageous. The researcher might bring specific, troublesome cases before a group of interested colleagues who are willing to explore the intervention behavior and its alternatives. The author has found several case sessions to be extremely important in his professional development. Second, the clinical case model could be extended by inviting an interested psychotherapist to attend. Among other advantages, this could provide opportunities for mental health professionals to explore their own interest in working in organizations.

4. The Co-Therapy Model.

There are many sound reasons for action researchers to work collaboratively in teams, rather than as lone individuals. Transference and countertransference issues in action research relationships provide more good reasons, including the difficulty of interpreting transference patterns in organizational settings, the weak clinical training of most action researchers, and the blindness of practitioners to their own dysfunctional behavior. Members of an action research team can provide reality checks, emotional support, and skill development for each other.

This model of action research most closely resembles co-therapy (Goldberg, 1977), a form of group therapy in which there is more than one therapist. Co-therapy is more complicated than individual therapy both for the client and for the therapists. If the relationship between the therapists is unhealthy, the

consequences can be very negative for the client group. Maintaining a good working relationship between therapists (or action researchers) requires time and energy. Co-therapy does have important advantages, however. It can make use of complementary personal styles and skills, promote the training or further development of the therapists, and model collaboration, openness, and trust. Similar benefits can accrue from use of an action research team.

Conclusion

Action research is a method of learning about people and organizations that can be creative, emotionally rewarding, and intellectually satisfying. However, it places difficult demands on action researchers and the client system. One of those demands is to maintain a relationship over a long period of time. This paper has proposed that attention to transference and countertransference issues, although difficult in organizational settings, can be an important way of sustaining an effective working relationship.

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