
2

The Psychodynamics of the Helping Relationship

Consultation is defined in the dictionary as *seeking advice or professional counsel*, a definition that fits very well with the purchase of expertise or the doctor-patient model described in Chapter 1. Process consultation (PC) as a philosophy recognizes that the more fundamental purpose of seeking advice or counsel is to get *help* with a perceived problem. We seek counsel in order to solve problems that cannot be solved alone. And we hope that the counsel or advice will be helpful. But, as we all know from our own experience, advice and counsel are often *not* helpful, resulting in resistance or defensiveness on the part of the person seeking help. In order to understand this resistance, we must delve into the psychodynamics of the helping relationship and examine what conditions must be met for help to be successfully provided.

One must also distinguish the helping relationship from various other kinds of relationships that can develop between people—such as those between givers and receivers, teachers and students, friends, spouses, and superiors and subordinates. In each of these cases, help may be one of a number of issues in the relationship, but many interactions between people also involve the exchange of things other than help.

A way of sorting out this domain is to examine the explicit and implicit psychological contract between helpers and those being helped, call them “clients.” What does each party expect to give and to receive, and what psychological conditions must be met for the exchange to occur successfully? For example, mutual trust, mutual acceptance, and mutual respect may all be necessary for a helping relationship to work. If that is the case, how does one achieve these conditions? The first step is to understand clearly the psychological forces that operate when one person asks another for “help.”

The Initial Status Imbalance in Helping Relationships

Many cultures emphasize self-reliance and put a value on solving one's own problems. For a person to seek help and make herself temporarily dependent on another person is a de facto confession of weakness or failure, particularly in Western, competitive, individualistic societies. At the beginning of a helping relationship, the two parties are in a tilted or imbalanced relationship with the helper being “one-up” and the person seeking help being “one-down.” Because of this one-downness, one can anticipate that the client will consciously or unconsciously have one or more of several possible reactions, each designed to equilibrate or “level” the relationship.¹

Possible Reactions and Feelings in the Client

1. *Resentment and defensiveness (Counter-dependency)* manifested in the client looking for opportunities to make the consultant look bad by belittling her advice, challenging her facts, and pulling her down so that the client regains a sense of parity.

“Your idea won't work because of _____.”

“I've already thought of that and it won't work.”

“You don't really understand. The situation is *much* more complex.”

2. *Relief* at having finally shared the problem and the frustration with someone else who may be able to help.

“I'm really glad to be able to share this problem.”

“It feels great to know that someone else might be able to help.”

“I'm so glad that you really understand what I'm going through.”

¹This topic has been of great interest to the more psychoanalytically oriented consultants and has been written about extensively. The work of Hirschhorn (1988, 1991) is most helpful in this area. An excellent summary from the psychoanalytic point of view can be found in Jean Neumann's contribution to the *Proceedings of the International Consulting Conference* (1994).

3. *Dependency and subordination* manifested in looking primarily for reassurance, advice, and support.

"What should I do now?"

"What I'm planning is _____. Don't you agree that is the right course to pursue?"

"I'm so glad that someone else can now give me advice on what to do."

4. *Transference* of perceptions and feelings onto the present consultant, based on past experiences with helpers. Transference may appear as any of the above reactions but is based on deeper and unconscious projections that initially neither the consultant nor the client is aware of. For instance, the consultant may be perceived as a friendly or unfriendly parent or as similar to a loved or hated teacher from the past.

The sense of being one-down applies not only to one's self-perception but can be even more strongly felt in relation to others in the organization. In many companies, seeking the help of a consultant is tantamount to admitting that you cannot do your own job. During my quarterly visits to a European company where I worked as a consultant for five years, I would occasionally be taken to lunch in the executive dining room. There I encountered some of the individual executives with whom I had worked on various projects and discovered that they avoided my eyes and walked past me as if they did not know me. My host explained that clearly they did not want their colleagues to see that they had spent time with me because that would be a loss of status. The counterpart of this kind of feeling is the embarrassed looks that are sometimes exchanged between the patient leaving the psychiatrist's office and the others in the waiting room, leading some psychiatrists to have side doors that permit privacy of entry and exit.

Reactions and Feelings in the Helper

The client's feelings of resentment, relief, comfort, and dependency are very likely to *seduce the consultant into accepting the higher status and power position that the client offers*. The consultant's one-upness may then lead to several kinds of feelings and actions.

1. *Using the power and authority* that one has been granted to dispense *premature* wisdom and, thereby, putting the client even further down.

"Simple, just do the following things _____"

"You don't really have a problem; let me tell you what I did in a situation just like that; it was *really* a tough one."

"I have just the answer for you. I have been in that situation many times."

2. *Accepting and overreacting to the dependence* usually manifested by giving support and reassurance even where it may be inappropriate.

"You poor guy; I really feel sorry for you; it's really a tough one."

"You are really in a bind. Do whatever makes sense to you."

"I'm sure what you are planning will work out; if it doesn't it won't be your fault."

3. *Meeting defensiveness with more pressure*.

"I don't think you understood my suggestion; let me explain what I really have in mind."

"I understand your reluctance to try it, but let me explain why my suggestion will really work."

"You aren't hearing me. This will work. Trust me. Try it out."

4. *Resisting entering the relationship* because giving up the power position of being one-up requires the consultant to be influenced and make some changes in her perceptions of the situation.

"Well, I don't really know how to help, but you might try this _____"

"You might try the following _____, but if it doesn't work we'll have to reschedule because I'm very short of time."

"Have you talked this over with _____? He might be able to help."

5. *Counter-transference* or the projection by the helper onto the client of some feelings and perceptions that re-create past consultant/client relationships. The client may resemble a person in a past relationship, leading the helper to unconsciously react to the present client as he did to the past client.

The helper enters the relationship with a lot of psychological predispositions and cultural stereotypes. Just being asked for help is a tremendously empowering situation, implying that the client endows the helper with the capacity to help, with expert knowledge, with a sense of responsibility not to take advantage of the situation, and with the ability to deliver something of value if the help is being paid for. At the same time, the helper may feel frustration because he often perceives himself as capable of giving so much more than the client seems to want, and disappointment when the self-perceived help is not accepted as helpful. Consultants often feel frustrated that they are available as a helper but no one comes to them, a common situation of inside consultants in organizations. When someone finally asks for help, there is so much relief that the consultant risks overworking the situation and providing much more "help" than may be needed or wanted.

As the relationship evolves, the helper often perceives what may appear to be solutions far earlier than the client can see them or, worse, comes to feel that the client is really stupid, messing up, not seeing the obvious or not getting the message. This results in impatience, anger, and disdain. The most puzzling and frustrating aspect of giving help is often that what you might regard as a brilliant insight or intervention is hardly noticed while some of the most routine questions or observations you make turn out to be highly touted by the client as crucial interventions. It often turns out that fortuitous events made far more difference than carefully calculated interventions, as illustrated by the following brief vignette:

Some years ago I was working with the top team of a young company at their weekly Friday afternoon staff meeting. My job was to help them make the meetings more effective. What I observed was a hardworking group that could never get more than halfway through its 10-plus item agenda in the two hours allotted to the meeting. I tried various interventions aimed at cutting down fruitless arguments or diversions to topics not on the agenda, but to no avail. I realized I had to deal with the reality of how this group worked, but I also realized that I had not really "accessed my ignorance" in the sense that I did not really know why they worked in the way they did. I had been working from a stereotype of how the meeting should go.

At one point, after witnessing many frustrating meetings, I asked in true ignorance where the agenda came from. I was informed that it was put together by the President's secretary, but we all suddenly realized that none of us knew how she constructed it. She was asked to come into the room and

revealed that she took items in the order in which they were called in and typed them up neatly for the group's meeting. Without my saying another word, the group immediately decided to change the system by having her produce a tentative list of items which the group would then prioritize so that only the less important items would be tabled or dropped. The quality of the meetings and the sense of progress both dramatically increased. What had helped the group most was my genuinely innocent question about the origin of the agenda.

One of the most difficult aspects of being a helper is finding an audience for a discussion of the helping process itself in which your brilliant interventions, key insights, and disastrous errors can be discussed and analyzed. Often the client is completely unaware of how seamlessly the consultant's interventions have led the client to key insights, and it would hardly be constructive for the consultant to point this out to the client. To get some gratification and acknowledgment, as well as to further help themselves, helpers often build associations with other helpers so that they can analyze their own behavior in a safe, peer environment. There they can share stories about things that worked well and get help with things that are not working well. For this same reason, in working with groups and organizations, it is important to work as part of a helping team that often consists of insiders and outsiders who can share the planning of interventions and then review how they came out.

Given all of these forces, it is small wonder that most consultants instantly accept some form of the expert or doctor role because they think that is what the client really wants. We say to ourselves, "If I don't dispense a brilliant diagnosis and offer sound advice, I am not doing my job, I am not meeting the client's expectations." And "If I am being paid, don't I have to deliver a professional service in the form of information, diagnosis, and recommendations, preferably in written form as proof of my service?"

What then is the problem? What is wrong with this picture? Why not just go ahead and be a doctor or expert? From the PC point of view, what is wrong is that the client's conscious or unconscious sense of vulnerability often makes him unwilling to reveal the deeper layers or full complexity of what is really bothering him until he feels that the helper will be accepting, supportive, and, most important of all, willing to listen. The initial problem presentation is often a test to see how the helper will react, and the real problem will surface only later as mutual trust is established. In the initial meetings the client

may be hiding things from himself, and many of these do not surface until the relationship is based on mutual trust.

If the consultant is to be truly helpful, therefore, she must first *create a relationship that reestablishes the client's sense of self-esteem, that equilibrates the status between the client and helper, and that reduces the sense of dependency or counterdependency that the client may initially feel.* If such an equal relationship is not built, the risk remains that the client will not reveal, not hear, reject, become defensive, and in other ways undermine the help offered. Both the client and the helper are then the losers.

Implicit Role and Status Negotiating

To equilibrate the relationship requires insight into the social dynamics of status and role. A subtle but powerful force in any helping relationship is the initial status and role that each party accords to the other, based on cultural norms and personal agendas. When we perceive a problem and feel the need of help, we go through a conscious or unconscious process of sorting out whether to go to a friend, spouse, boss, counselor, psychiatrist, social worker, doctor, lawyer, or some other form of consultant. If we decide to go to a professional, we have to sort out whether we want to go to a stranger or a known person, based on prior experience. If it is the former, how do we select someone whom we can trust to give us good help? In this selection process, we build up a stereotype of what the helper will provide and this stereotype may get in the way of what the helper can actually give.

It is for this reason that so much of the consulting literature emphasizes "contracting" at the beginning of the relationship. However, in the early stages of the relationship neither the helper nor the client really has enough information to develop a firm contract. So a better concept than "contracting" might be "exploring mutual expectations." The helper certainly needs to know what implicit expectations the client has, but unfortunately some of those expectations may be unconscious and not surface until they are violated. For example, clients often implicitly expect that the story they tell will be unequivocally accepted and approved. When the consultant raises questions about something the client did or is thinking about doing, this may initially cause shock and dismay. Only then do both parties realize that approval was expected and wanted.

On the part of the consultant, the implicit expectation may be that the suggestions she makes will be given a fair hearing and she

may be shocked and dismayed when the client turns on her and implies that the suggestion was trivial or clearly unworkable. In building the helping relationship, it is important that such feelings be treated as a source of learning, not as a source of disappointment in each other. These feelings have to be treated as a normal process of relationship building and as a further source of insight and learning.

Complicating these social forces are the psychodynamics of transference and countertransference that require the consultant to become highly aware of the client's projections onto the consultant and the consultant's tendency to project onto and misperceive the client's reality. For the consultant, learning to see and deal with reality is initially a process of learning to see and deal with her own internal distortions. It is crucial for consultants to learn how to access their ignorance and overcome their own stereotypes.

The relationship begins to be productive when both parties begin to feel comfortable with each other's relative status and roles. Cultural norms play an important role here in that we regard certain kinds of dependency as more legitimate than others. If you go to a highly reputed counselor, psychiatrist, coach, or consultant you are more prepared to make yourself dependent on that person than if you were sharing a problem with a friend or acquaintance. If you go to your boss with a work problem, you are more prepared to make yourself dependent than if you go to a peer or subordinate with the same problem.

In every society there are norms about what kind of dependency is legitimate and what kind is a loss of face. In Western, competitive, individualistic society almost any kind of dependency is viewed as a loss of face, whereas in many Asian cultures one is expected to be dependent upon more senior or higher-ranking individuals. The more egalitarian the society, the more difficult it is to sort out how one should feel about making oneself dependent on another, hence the sorting out of such feelings in Western society is probably more difficult than in some other cultures.

Relationship Building Through Levels of Mutual Acceptance

When the person seeking help and the helper first come together, all of the various factors mentioned previously are at work. How then does the conversation evolve to create a relationship in which the two parties will hear each other, understand each other, and give each other

what each needs? The best model for describing this process is to think of it as *a series of mutual tests to see at what level each party can accept the other*. As the client unfolds her story she will be paying close attention to the degree to which the helper is actively listening, understanding, and supporting what she is saying. If the support is consistent and she feels that no matter what she says it will at least be understood, if not always approved, she will experiment with going to a more private level until she feels she might be getting into a level of revelation that would not be acceptable either to the helper or possibly to herself. The consultant must realize that cultural norms will always put some limit on how "open" a conversation can become. There is no such thing as "letting it all hang out." There will always be layers of consciousness that the client will not want to share with even a trusted consultant, and ultimately there are layers of consciousness that we cannot accept in ourselves, and therefore keep them repressed.

The helper, on the other hand, is calibrating how responsive the client is to her prompts, to her questions, to her suggestions, and to her whole demeanor as a helper. She is testing how dependent the client seems to want to be and how willing she (the helper) is to accept that level of dependency. As the client becomes more accepting of the helper, she (the helper) will reveal more of her private thoughts and escalate the conversation to a deeper level. But throughout this process both parties are always testing and alert to any disconfirming feedback. When such disconfirmation occurs, both parties have to recalibrate and rethink the psychological contract—did either party overstep some implicit boundary and create offense? Can the implicit contract be renegotiated or has the relationship reached a level beyond which it cannot move? Or, worse, has the relationship been damaged to the point where feelings of being one-up or one-down are so strong that either the client or the consultant feels they must sever it? As we have all experienced, to build trust takes much more time and energy than to lose it. The essence of building mutual acceptance is therefore to go slowly enough to insure that the movement is toward higher mutual acceptance and more equal status in the relationship. The critical interventions are to let the client tell his story and actively inquire to access and remove the helper's areas of ignorance.

Notice that this process can be viewed as one of *mutual helping*. The helper can create trust by really accepting at every level what the client reveals and possibly changing his own conceptions of what may be going on. In a sense, the helper is dependent on the client for accurate information and feelings, and the helper must be willing to

be helped in order for the client to build up the trust necessary to reveal deeper layers. The relationship gradually becomes equilibrated as both parties give and receive help.

Practical Implications

To establish a climate that creates an effective helping relationship, the helper must first remember the previous five overarching principles "Always try to be helpful," "Stay in touch with the current reality," "Access your ignorance," "Treat everything as an intervention" and "Remember that it is the client who owns the problem." We can now add a sixth principle to be observed at all times.

PRINCIPLE 6: Go with the Flow.

All client systems develop cultures and attempt to maintain their stability through maintenance of those cultures. All individual clients develop their own personalities and styles. Inasmuch as I do not know initially what those cultural and personal realities are, I must locate the client's own areas of motivation and readiness to change, and initially build on those.

The helper must try to sense where the client and the relationship are headed and try not to impose too many stereotypes or needs on the situation. If I am really trying to understand the reality of the situation, and am in touch with what I really do not know, and realize that every question or action on my part is an intervention, and know that I am not obligated to take the problem onto myself, it will feel very natural to adopt the idea of going with the flow, letting the client's feelings and my own reactions guide me to next steps rather than falling back on arbitrary rules of how a consultation should evolve.

It helps to be aware of the pitfalls mentioned previously and to keep asking the question—are we working together as a team, is our status equilibrated, are we each giving and getting what is expected? Process-oriented questions such as "Is this conversation being helpful?" "Am I getting a sense of the problem?" "Are we talking about the right set of issues?" can be very helpful to keep you on target.

If we take seriously the point that the client's situation is likely to be complex and that the consultant is quite ignorant of that complexity early in the relationship, it will keep the consultant from making premature evaluations and judgments. It is not just a matter of not

blurting them out; rather it is an exercise of realizing how little is known and how inappropriate it is to second-guess the situation or evaluate it. Fairly nondirective interviewing that keeps the client in the driver's seat telling her story is most likely to protect one from such premature judgments and, in the process, make the client feel more valued. Such "active inquiry" is explored in the next chapter.

Summary and Conclusions

I have tried to outline the major psychodynamic issues of the helping relationship by describing and analyzing the initial psychological situation in the person seeking help, in the potential helper, and in the initial interaction between them. The strategic goal is to achieve a psychological state in which there is a workable psychological contract, a situation in which each party gives and receives more or less what each expects, and in which the helper and client begin to feel like a team working together first in diagnosing the client's problem and then jointly exploring the next steps. In order to achieve such a workable psychological contract, both parties must gain some insight into their initial stereotypes of the situation and must engage in a conversation that permits the elements of that stereotype to surface. At the same time, they must provide each other a lot of mutual acceptance and support.

The dilemma of creating a workable helping relationship is that both parties must learn about each other while at the same time creating a safe environment for the client to tell his or her story, because initially the client is more vulnerable and dependent than the helper. Helpers must resist the initial impulse to move into the power vacuum that clients create by admitting a problem, and focus instead on equilibrating the status relationship between themselves and their clients. Helpers must realize that they need the help of the client if they are to get a clear sense of the client's reality and that the helping relationship works best when both parties feel they are helping each other, even as they focus on the client's issues.

The overarching principles to keep in mind at all times are:

1. Always try to be helpful.
2. Always stay in touch with the current reality.
3. Access your ignorance.
4. Everything you do is an intervention.
5. It is the client who owns the problem and the solution.
6. Go with the flow.

The cases presented in the next chapter will illustrate many of the points raised here.

Exercise 2.1 Giving and Receiving Help

The purpose of this exercise is to give you practice in (1) adopting explicitly a "helping" role, (2) observing what the psychological dynamics are between the helper and the client, and (3) focusing on the skill of accessing your ignorance.

1. Ask a friend to share some problem or issue with you.
2. As the friend begins to reveal the problem, make a conscious effort to catalogue in your mind or write down on a pad all the things you do not know in relation to that problem.
3. Try to formulate a set of questions that will reduce your ignorance and then ask them.
4. Make it a point *not* to react to what the friend tells you, with advice, judgments, or emotional reactions, even if he or she asks.
5. After about twenty minutes, discuss together the feelings you were having during the first twenty minutes. Review whether you or the friend were having any of the feelings mentioned in this chapter.
6. Review the areas of "ignorance" to determine how successful you were in overcoming your stereotypes or preconceptions.

Active Inquiry and Listening as Status-Equilibrating Processes

It goes without saying that one of the most important things for the consultant to do initially is to listen carefully to the client. Listening is, however, a rather complex activity that can be pursued very actively or very passively. If we are to go with the flow and access our ignorance, it would appear at first glance that we should be fairly passive and attentive to let the client develop the story in his or her own way. But in many situations, the client just asks a question or two and then falls silent with an expectant look. It is at this moment that the consultant must be careful not to fall into the trap of taking on all the power that is offered.

For example, after a lengthy discourse on the strategic issues the organization is facing, the client may ask: "So, how should I organize my executive team?" The consultant, eager to display his areas of expertise, may well be tempted to answer: "Why don't you do some team building with the group. I could develop a team-building seminar for you." Not only will the client possibly not understand what has been offered, but, if her dependency needs win out, she may agree and launch into something that may have nothing to do with her problem. Or, if the feelings of one-downness win out, the client may silently conclude that this consultant is just trying to sell his favorite off-the-shelf product and reject the suggestion even though it might be the answer to her problem. No help has been provided in either case.

If one starts with the philosophy of PC, one would, first of all, be sensitive to the psychological dynamics that are operating when the client first reveals a problem or asks a question and would then engage in a multi-purpose inquiry process whose main purpose would be to rebuild the client's self-esteem and raise her status. Giving the client a sense that she can better understand her own problem (and maybe even figure out what to do next) is the essence of this building and status-raising process. The assumption is that unless the

client begins to feel secure in the relationship she will not reveal the pertinent elements of her story anyway, and the helper will be operating with incorrect information. The trick is to be actively in charge of this process while maintaining a supportive, listening posture. The process of creating this situation can be thought of as *active inquiry* which includes but supersedes basic listening.

The active inquiry process has several purposes:

1. To build up the client's status and confidence.
2. To gather as much information as possible about the situation.
3. To involve the client in the process of diagnosis and action planning.
4. To create a situation for the client in which it is safe to reveal anxiety-provoking information and feelings.

Strategically the goal is status equilibration and the building of a team with the client so that (1) diagnostic insights make sense because client and helper are speaking the same language and (2) remedial measures are realistic because the client is processing their validity in terms of his own culture. *Tactically* the implementation of active inquiry involves recognition that the inquiry must be managed in such a way that the client's story is fully revealed and that the client begins to think diagnostically himself. If the client's story does not come out in his own words and using his own concepts, the consultant cannot get a realistic sense of what may be going on. It is all too easy to project into what the client is reporting from one's own prior experience. The helper's initial behavior, therefore, must stimulate the client to tell the story as completely as possible and to listen in as neutral and nonjudgmental a way as possible.

Active but nonjudgmental listening also serves to legitimize the potentially anxiety-provoking revelations of the client. The relationship between helper and client must become what Bill Isaacs¹ calls a safe "container" in which it is possible to handle issues that may be "too hot to handle under ordinary circumstances."

Active inquiry is summarized in Table 3.1.

This process can be stimulated with several kinds of inquiry questions, but they must be carefully framed so as not to interfere

¹The concept of a "container" was developed by Isaacs in relation to creating the conditions for *Dialogue* (Isaacs, 1993). The helping relationship can be thought of as one kind of two-person dialogue. How this plays out and the dynamics of dialogue are spelled out in Chapter 10.

Table 3.1
TYPES OF ACTIVE INQUIRY QUESTIONS

I. Pure Inquiry

The client controls both the process and content of the conversation. The role of the consultant is to prompt the story and listen carefully and neutrally.

What is the situation? Can you tell me what is going on?
What is happening? Describe the situation. Tell me more. Go on.

II. Exploratory Diagnostic Inquiry

The consultant begins to manage the *process* of how the content is analyzed and elaborated but does not insert content ideas, suggestions, advice, or options.

1. *Exploring Emotional Responses*
How did you feel about that? What was your reaction?
How did others feel, react?
2. *Exploring Reasons for Actions and Events*
Why did you do that? Why do you think that happened?
Why did the other do that?
3. *Exploring Actions: Past, Present, and Future*
What did you do about that? What are you going to do?
What did the other do? What will the other do? What options do you have? What should you do?

III. Confrontive Inquiry

The consultant shares his or her *own ideas and reactions* about the process and content of the story. By sharing own ideas, the consultant "forces" the client to think about the situation from a new perspective, hence these questions are by definition confrontive.

1. *Process Ideas*
Could you have done the following . . . ? Have you thought about doing . . . ? Why have you not done . . . ? Have you considered these other options? You could do . . .
2. *Content Ideas*
Have you considered the possibility that you overreacted? Did that not make you feel angry (anxious, elated, etc.)? Maybe what was going on was really something different from what you thought . . .

with the story. "The story" is the client's own perception of what is going on and should be revealed in as unbiased a fashion as possible.

Types of Active Inquiry

Pure Inquiry. Pure inquiry starts with *silence*. The helper should convey through body language and eye contact a readiness to listen, but she need not *say* anything. The client may be prepared simply to start into her story. If silence does not elicit the story, the consultant can choose any of the following prompts as may seem appropriate.

"Tell me what is going on."

"How can I help?"

"So . . ." (accompanied by an expectant look)

"What brings you here?"

"Can you give me some examples of that?"

"Can you give me some of the details of what went on?"

"When did this last happen?"

The important point is to not prompt with questions that presuppose a problem, because that is precisely what the client may wish to deny. Initially the focus should be merely on *what* is going on so that the client can structure the story in any way that she wants. As we will see, *why* questions stimulate diagnostic thinking, and that may get ahead of the story of what brought the client to the helping situation in the first place. For example, to deal with her feelings of one-downness the client may actually start with an interrogation of the consultant to check out his credentials and say nothing about why she is there. Questions such as "What is the problem?" presuppose a problem, and the client may not be ready to reveal it before getting comfortable in the relationship.

In response to whatever the client begins to report, active inquiry means the usual attentive head-nodding, the occasional grunt or other acknowledgment that the consultant is following the story, and, if needed, further prompts such as "go on," "tell me a bit more about that," and "what happened next?" The goal is not to structure how the client tells his story, but to stimulate its full disclosure in order to help the consultant remove his ignorance and enhance his understanding. Asking for examples is an especially important option because the story often comes out at such an abstract level that it is all too easy to project one's own hypotheses about what is going on and miss what the client is really trying to say.

In listening, it may be helpful, as Robert Fritz advocates², to visualize the scene, the characters, the setting, and the action, and to build a mental picture of what is going on. Such active visualization keeps the consultant from drifting off into his own reverie or distracting thoughts and helps the consultant to remember many of the details of what the client is reporting. According to Fritz, active visualization helps the listener to begin to see the realities of the structures in which the client is living.

Inevitably the client's story will slow down or end, and further prompts will not restart the process. In fact, the client may terminate abruptly and ask point blank "What do you think?" or "What should I do about that?" At that moment the consultant must again avoid the trap of becoming the instant expert by answering the question. If the consultant feels that the client is not ready to hear advice or suggestions, she has several process options that keep the client on the hook and working on her own problem. One option is to steer the conversation into diagnostic inquiry.

Exploratory Diagnostic Inquiry. In this form of inquiry the consultant begins to influence the client's mental process by deliberately focusing on issues other than the ones the client chose to report in telling his story. Note that these questions do not influence the *content* of the story, but rather the focus of attention within the story. Three basically different versions of this redirection are available.

1. **Feelings and Reactions**—to focus the client on her feelings and reactions in response to the events she has described.

"How did (do) you *feel* about that?"

"Did (does) that arouse any *reactions* in you?"

"What was (is) your emotional *reaction* to that?"

2. **Hypotheses about Causes**—to focus the client on her own hypotheses about why things might have happened the way they did.

"*Why* do you suppose that happened?"

"*Why* did you (she, he, they) react that way?" (after the client has revealed a reaction)

"*Why* did you (he, she, they) do that?" (after the client has revealed some action)

²Fritz, 1991.

3. **Actions Taken or Contemplated**—to focus the client on what she or others in the story did, are thinking about doing, or are planning to do in the future. If the client has already reported actions, the consultant can build on that, but often the "story" will not reveal past, present, or future actions either by the client or others in the story.

"What did you (he, she, they) *do* about that?"

"What are you going to *do* next?"

"What did she (he, they) *do* then?"

These categories obviously overlap in any given story and can be explored one at a time or all at once whenever appropriate. However, the consultant must be aware that each question takes the client away from her own thought process into the consultant's thought process and, therefore, constitutes a much stronger intervention than pure exploratory inquiry. Any form of the "How did you *feel* about that?" "Why do you think that happened?" or "What will you *do* about that?" question will *change the direction of the client's mental process* because it asks the client to examine some event from a new perspective and with a new lens.

Confrontive Inquiry. The essence of confrontive inquiry is that the consultant inserts his *own ideas* about the process or content of the story into the conversation. Instead of merely forcing the client to elaborate, the consultant now makes suggestions or offers options that may not have occurred to the client.

"Did you confront him (her, them) about that?"

"Could you do _____?"

"Did it occur to you that you, (he, she, they) did that because they were anxious? (in the situation where the client has not revealed any awareness of that emotional possibility)

In all of these cases, what makes the intervention confrontive is that the consultant now is seducing or pushing the client into the consultant's own conceptual territory. Whereas the previous inquiry questions only steered the client through *her own* conceptual and emotional territory, the confrontive intervention introduces new ideas, concepts, hypotheses, and options that the client is now forced to deal with. The helper is now messing with the client's content, not just the process.

The magnitude of this step cannot be overemphasized even if the intervention is a low-key question like "Had you considered your own role in these events?" or "Did that make you angry?" because it

either forces or allows the client to now abandon her story and work within the framework provided by the consultant. And, in this process, the great danger is that further information about the reality of the client's situation will be lost because she is now busy dealing with the new concepts instead of revealing what is in her own memory banks. The issue with confrontive inquiry, then, is *when* and *how* to do it.

Constructive Opportunism

In deciding *when* to switch from pure inquiry into the diagnostic or confrontive mode, timing is crucial. Sometimes such a shift will be appropriate within a few minutes of the beginning, and sometimes one has the sense that one should stay in pure inquiry throughout the interaction. Often it is appropriate to jump back and forth among the three modes based on what one is hearing and on the strength of one's own reactions and ideas. There are no simple criteria for deciding when the timing is right for a shift in focus. Ideally the focus should be put on events in the story that offer some potential leverage either for better understanding of the client's issue or problem, or on the kinds of remedial action that might be possible if the problem is obvious. The danger is that one forgets the previous principles—the need to be helpful, to deal with reality, to access one's ignorance, to realize that every question is de facto an intervention, to let the client own the problem, and to go with the flow. The temptation is tremendous to leap in with insights and suggestions, and to project one's own version of reality onto the client.

At the same time, one cannot become just a passive inquiry machine because strong feelings and ideas will arise as one listens. And one's own feelings and ideas may be highly relevant to helping the client understand his or her reality. Going with the flow must, therefore, be balanced by another principle of "constructive opportunism." My major criterion for when to seize an opportunity to shift focus is when the client has said something that has obvious significance to the client's story and that is vivid enough to be remembered by the client. In other words, intervention must be obviously linked to something the client said, not merely to my own thoughts or feelings.

When the timing feels right, the consultant must take some risks and seize an opportunity to provide a new insight, alternative, or way of looking at things. As the case below illustrates, in seizing such opportunities the consultant will sometimes make an error, either in terms of timing or the level of the intervention, leading to rejection by the client and a period of tension in the relationship. At such times the

consultant must recognize that the client's reaction reveals not only that the consultant may have erred, but also new data on how the client reacts to certain kinds of input. In other words, everything that happens is data to be learned from.

We make conversational errors all the time in what we say, how we say it, or in the timing of when we say it. Instead of being discouraged by such errors, we need to recognize that they provide opportunities for learning and should therefore be welcomed.³ We may learn a lesson such as "be more careful in how you state things" or "don't make assumptions, access your ignorance," but we must always go beyond the lesson and ask what the new data reveal about the situation. Thus the learning occurs in two domains; the reaction to the error gives us data about *ourselves* and what we might have done differently, and data about the *client* how he thinks about things and what he is ready for. All of this can be summarized in three further principles.

PRINCIPLE 7: Timing Is Crucial

Any given intervention might work at one time and fail at another time. Therefore I must remain constantly diagnostic and look for those moments when the client's attention seems to be available.

PRINCIPLE 8: Be Constructively Opportunistic with Confrontive Interventions.

All client systems have areas of instability and openness where motivation to change exists. I must find and build on existing motivations and cultural strengths (go with the flow), and, at the same time seize targets of opportunity to provide new insights and alternatives. Going with the flow must be balanced with taking some risks in intervening.

³Don Michael pointed out long ago in his seminal *Learning to Plan and Planning to Learn* (1973, 1997) that errors should be "embraced" as keys to learning instead of denied and regretted. Fortunately, this important book on organizational learning has been reissued with a new foreword and epilogue because its applicability today is greater than ever.