Passing the Test:
Mastering the Hidden Agenda in Client Conversations

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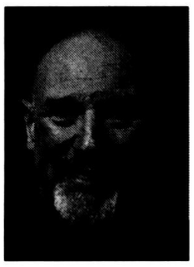

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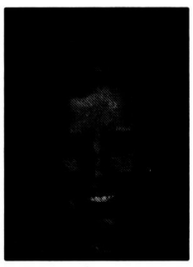

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ABSTRACT

According to Control Mastery Theory, clients enter psychotherapy with an unconscious plan to disprove unhelpful beliefs adopted in childhood. Clients test the psychotherapist in the unconscious hope that the therapist will help to disprove these beliefs. A similar process happens in the consulting relationship. Control Mastery Theory thus offers valuable insights into and approaches to what appear to be puzzling, frustrating, or otherwise unhelpful behaviors by clients.

While organization development consulting is neither legally or ethically psychotherapy, the consulting relationship quite regularly includes elements of that relationship. Control Mastery Theory offers a way of making sense of and successfully intervening in the sometimes challenging and/or frustrating dynamics that arise between consultant and client.

Organization development literature broadly outlines the desired scenario for both the initial conversation and the continuing consulting relationship. Ideally it should include the following elements:

Phases of the Consulting Process[1]:

- Entry & contracting
- Data collection
- Date feedback
- Action planning
- Implementation
- Evaluation
- Termination or continued consultation

[1] Adapted from Action Research: Origins and Applications for ODC Practitioners, by A. N. Freedman. In *The NTL Handbook of Organization Development and Change*, B. B. Jones and M. Brazzel (Eds.), 2006, San Francisco: Pfeiffer.

But does it always work this way? Whatever the size and scope of the consultation, from large system change in a multi-national corporation to a brief intervention in a small family business, at various points the consultant has one-on-one conversations with individuals within the client system. Such conversations are inescapable and are crucial to the success of the consultation. In our work with consultants we hear of a number of problematic interchanges. Here are some common examples:

- Clients tell us what they think we want to hear, or what they wish were true, or what reflects well on them or the organization, instead of what is really going on.

- Clients withhold important information such as their place in the organization, problems with the project, lack of commitment from key stakeholders within the organization, and limitations of time and money.

- Clients have difficulty identifying what is or isn't working in the organization and what the current challenges are.

- Clients have unrealistic expectations of what can be accomplished given the resources that they wish to invest.

- Clients blame others for organizational problems but are unaware of or do not acknowledge their own contribution.

- Clients describe organizational difficulties in such extreme terms that they sound unsolvable, and in a way that leaves the consultant feeling unskilled, discouraged and wondering if he or she is adequate to help the client.

In each of the above examples the consultant has stumbled upon a core phenomenon in organizational consulting: the similarities in interpersonal process between organizational consulting and psychotherapy.

In this article we offer Control Mastery Theory, an *empirically verified* theory of psychotherapy that can be used to understand and enhance the consulting relationship and, most importantly, a theory that can be applied at the behavioral level, avoiding the in-depth aspects of a therapeutic relationship.

Control Mastery Theory in a Nutshell

Much of traditional psychoanalytic therapy originates from Sigmund Freud's *drive theory*. According to drive theory the unconscious mind harbors primitive impulses that are also strongly defended against. Therapy involves confronting patients with their "resistance" to becoming aware of both their unconscious defenses and the impulses that are being warded off. Within this framework, the therapeutic relationship is essentially adversarial. Patients are driven to maintain their defenses and gratify their unconscious wishes in the therapeutic relationship, while the therapist uses a variety of methods including active questioning, interpretation, and confrontation to help patients come to terms with their unconscious wishes and defenses.

In the early 1960's Joseph Weiss, a San Francisco psychoanalyst, noted that the early Freudian formulations did not account for the improvement in many of his patients. Rather than focusing on primitive drives and automatically regulated defenses, Weiss focused on patients' "pathogenic beliefs" which arise in response to early traumatic experiences. An example would be: "I must please others or I will be rejected." When initially

formed, such beliefs are functional and perhaps even insure survival, but as these beliefs are generalized and carried forth in life, they become maladaptive and turn into a hindrance. Weiss discovered that rather than resisting the uncovering of pathogenic beliefs, clients enter psychotherapy with an "unconscious plan" to find a way to *disprove* pathogenic beliefs because they cause suffering and impede the attainment of important life goals. This approach makes the therapeutic relationship collaborative rather than adversarial. Clients repeatedly test their pathogenic beliefs with the psychotherapist (Weiss, 1993) in the unconscious hope that the therapist will help them disprove the beliefs and thereby pass the test. Hence the term Control Mastery: clients want to get better through control and mastery of the beliefs that have up to now limited them.

We believe that a similar process frequently happens in the consulting relationship. Control Mastery Theory thus offers valuable insights into and approaches to what may appear to be puzzling, frustrating, or otherwise unhelpful behaviors by clients, and without the use of psychotherapeutic techniques (e.g., confrontation, interpretation, and questioning about early childhood experiences) that are generally inappropriate in the organization consulting process.

Control Mastery in the Consulting Relationship

Empirical Verification

Through repeated examination of verbatim clinical interviews, teams of researchers have found that when a therapist has passed the client's test, the client's behavior becomes more open and new important information is revealed (Silberschatz, 2005). Most consultants have had a similar experience of being tested by clients. Consider the following example:

> On short notice the client requests that the O.D. consultant give up one day of a planned two-day retreat so that the group can attend to an operational "emergency." The consultant holds firm, saying that they've agreed that the goals of the retreat are important and require the full two days. The client withdraws the request, devotes renewed energy to the retreat, and shares with the consultant that the operational "emergency" is typical of the organization's dysfunctional pattern of "putting out brush fires."

Two Types of Tests

Weiss found that while the content focus of the test could vary widely, there are basically two types of tests: transference and passive-into-active.

A. Transference Test

This is the most common type of test. Basically, the client unconsciously communicates according to a pathogenic belief and tests to see if the therapist will respond and reinforce it, or if the therapist will behave differently from the client's parents or early caregivers, thereby challenging and helping to disprove the belief. Following are examples from O.D. consultations illustrating transference testing and both successful and unsuccessful responses.

POSSIBLE PATHOGENIC BELIEF	TRANSFERENCE TEST	UNSUCCESSFUL RESPONSE THAT CONFIRMS BELIEF	SUCCESSFUL RESPONSE THAT CHALLENGES BELIEF
My ideas are stupid.	Client: "I have some ideas about how to change things, but no one wants to hear them."	Consultant: "So, other people don't want to hear your suggestions?"	Consultant: "I'd like to hear them."
I need to take care of other people.	Client: "Some people are really worried about the feedback session."	Consultant: "Well maybe you should set up another meeting to reassure them."	Consultant: "I heard you explain the process pretty clearly. What exactly did they say to you?"
If I reveal my feelings I will be rejected.	Client: "We're a task-focused group. I don't want the retreat to be touchy-feely."	Consultant: "Don't worry. This will be strictly focused on work."	Consultant: "You know, you did reveal some of your feelings at the initial meeting with the CEO, and it seemed to go well."
If I take on a challenge, I will fail.	Client: "This team is really screwed up."	Consultant: "Then it may be really difficult to turn things around."	Consultant: "Everyone did manage to show up at the planning meeting. What do you see as some of the strengths, actual or potential, of this team?"

B. Passive-into-Active

In this test the client behaves in such a way that the therapist feels as the client felt in the initial trauma. The client is doing to the therapist or consultant what has been done to him or her. In other psychological frameworks this is also known as projective identification. While much less common than the transference test, this test can be more traumatic for the therapist -- or consultant -- for it can be experienced as a direct attack on his or her competence, identity, and/or integrity. Ironically, however, the unconscious goal is *positive*, for it is to see if the consultant can handle the test in an assertive yet non-defensive way, thus modeling strategies that the client might use (Foreman, 1996). Following are examples from O.D. consultations of passive-into-active testing and both successful and unsuccessful responses. Notice that the unsuccessful tests tend to "'hook" the consultant into giving defensive responses, while the successful responses are pragmatic, logical and usually data-oriented. (see page 43)

What Is Happening Here?

Notice that the pathogenic beliefs relate to what might have been personally traumatic experiences back in the family of origin. A Control Mastery therapist would explore the early experiences and help the client see that while the beliefs may have been helpful at that time, they are no longer help-

POSSIBLE PATHOGENIC BELIEF	PASSIVE-INTO-ACTIVE TEST	UNSUCCESSFUL RESPONSE THAT CONFIRMS BELIEF	SUCCESSFUL RESPONSE THAT CHALLENGES BELIEF
I'm incompetent.	Client: "We don't understand where your recommendations are coming from."	Consultant: "Perhaps I've misunderstood something."	Consultant: "Let me review the data with you and the reasoning behind the recommendations."
I have to put other people's needs first.	Client: "Look I need to see you on the 15th, period."	Consultant: "Gee, I have another meeting that day. I'll see if I can bow out early."	Consultant: "I see how that is important for this project, but as I said, I will be in Texas. However, I will have video conferencing capability there, or we can meet with the executive committee on the 13th instead."
I have to be perfect.	Client: "A few people said the retreat was a waste of time."	Consultant: "That's distressing. At the time I thought it went well."	Consultant: "I would expect people to have a variety of responses to the retreat."
I'm not deserving.	Client: "Your fees are exorbitant."	Consultant: "Well, I would like to continue working with you. Maybe I can discount them some."	Consultant: "Let's take a look at the data and see if it points to some significant bottom line benefits for the company."

ful or even relevant. As a consultant rather than a therapist, you would *not* be doing that. However that does not mean that you cannot successfully pass the tests. Without discussing the origin of the beliefs, you can develop and refine your own intuition so that you can become more sensitive to possible testing of pathogenic beliefs. The first step in refining your intuition, as it is in using any psychological framework or methodology, is *self awareness*. It's important for you to be aware of the beliefs, pathogenic or otherwise, that you bring to the conversation[2].

Then with some awareness of your own beliefs, instead of viewing the client's concerns as interruptions or obstacles to getting your work done, pay attention to when you yourself feel particularly frustrated. When the client's communication seems either extremely negative or unrealistically positive, consider the possibility that you are being tested.

The next step is to simply invite or allow the client to voice his or her concerns, treating them as part of the normal ups and down of the consulting process. In many cases they will be,

[2] An excellent introduction to Control Mastery Theory and understanding your own beliefs as well as those of the client is *Imaginary Crimes: How We Punish Ourselves and How to Stop*, by Lewis Engel, Ph.D., and Tom Ferguson, M.D., Authors Choice Press, 2021 Pine Lake Road, Suite 100, Lincoln, NE, 68512.

because organizational change naturally brings to the surface client's and other members of the organization's personal psychology, including pathogenic beliefs. It is useful to know as a consultant that even though you believe your goals and motives are 100% pure, they may mean something quite different to individual members of the organization. Those excellent changes you are introducing can well be turning your client's world upside down.

Another clue may be that when you think back over your time with that person, you realize they have given you a contrary example. If so, point this out. In one of the above examples, the client was afraid of revealing feelings but had done so at an earlier meeting with no disastrous results. In another example, even though the client was worried about being able to lead the team successfully, the client had managed to get the full team to show up at a preliminary meeting,

Finally, notice when the client voices particularly annoying concerns or requests over and over again. Then ask yourself how you can pass the test by responding differently so as to refute the underlying pathogenic belief. For example, it may be possible to gently confront by pointing out that the client has been voicing concern about the same issue in different ways and asking what the underlying concern might be, or by paraphrasing the issue in your own words and asking if that is the underlying concern.

Example: "You've mentioned several times how intractable the group's problems seem to be. Perhaps you're concerned about taking on an effort that could fail. Is that an underlying concern?"

Coaching and Repeated Opportunities to Pass the Test

If indeed clients have an inherent and basic drive to successfully adjust to reality, then we can expect that they will not give up trying to disprove pathogenic beliefs even if the consultant fails a test. Unlike many other situations and tests in life, where an unsuccessful response to a test ends the process, there are numerous chances to repeat the test. What's more, clients often unconsciously "coach" the consultant so that he or she can pass the test the next time.

Following are a sequence of tests, the pathogenic beliefs that they might be based upon, and how the client coaches the therapist or consultant to finally pass the test.

Client: "I know this is short notice, but we need you to meet with the group next Wednesday."
Consultant: "Okay, I'll rearrange my schedule."
[If the underlying pathogenic belief is that the consultant will abandon the client when things get tough, then the consultant has disproved the belief and passed the test. If, on the other hand, the underlying pathogenic belief is that the client is helpless, the consultant has confirmed the pathogenic belief and failed the test.]

Client: "Well now something else has come up. I don't know what to do. Should I postpone the meeting with you?
[Here the client gives a clue that the pathogenic belief is that the client is helpless without the consultant. The client is also (unconsciously) coaching the consultant to postpone the meeting and thus disprove the pathogenic belief.]
Consultant: "This new issue certainly is important too. Perhaps I can help you deal with it during the meeting time we already scheduled.

[The consultant unknowingly continues to confirm the pathogenic belief and fails the test.]

Client: "Uh oh. There are potentially three people out of the office next Wednesday. I'm not sure if it's worth your coming in."
[The client offers another clue and more coaching]
Consultant: "Let's reschedule our meeting for a better time, and you can use next Wednesday to deal with the new issue."
[This time the consultant's response challenges the pathogenic belief, and the consultant passes the test.]

Clients also set up *contradictions* and *paradoxes* as clues to what they need to disprove their pathogenic beliefs.

Example: The client complained repeatedly about her inability to say "no" to requests; however when the consultant was ready to leave to catch a plane, the client brought up a whole new set of issues. [The client was coaching the consultant to model behavior about saying "no."] The consultant nicely but firmly pointed out that they would have to deal with this at the next meeting. At the next meeting the client reported an instance when she was able to say "no" to a request.

Control Mastery at the Organizational Level

Although Control Mastery Theory focuses on pathogenic beliefs formed by an individual during childhood and held into adulthood, it is our experience that pathogenic beliefs also operate at the organization or system level. Furthermore, people working in an organization may unconsciously test the consultant in order to help control and master these dysfunctional beliefs. Here you as consultant are given a subtle invitation to take on and then disprove the limiting beliefs of the organization's culture. If you can identify this invitation and respond in a way that challenges the pathogenic beliefs, you can help your client experience the organization differently. In the following examples of transference testing, the client communicates on the basis of a pathogenic organizational belief and tests to see if the consultant will confirm or challenge it:

POSSIBLE PATHOGENIC	BELIEF IN THE ORGANIZATION TRANSFERENCE TEST	UNSUCCESSFUL RESPONSE THAT CONFIRMS BELIEF	SUCCESSFUL RESPONSE THAT CHALLENGES BELIEF
Everything is an emergency around here.	Client: "We need to use the first day of the retreat for an operational issue that has just come up."	Consultant: "I guess we'll have to revise our plans."	Consultant: "We've agreed that the goals of the retreat are important and require the full two days."
People at the top don't want to hear anything negative.	Client: "She's fine as a boss – no problem."	Consultant: "Great sounds like you have a really good boss."	Consultant: "Can you tell me a little more about her strengths as well as areas that she might improve in?"
Never admit to being at fault.	Client: "The problems are all caused by the people in Finance."	Consultant: "Finance is often the problem."	Consultant: "What would they say are their frustrations with your department?"

In the following examples of passive-into-active testing, the client is attempting to evoke in the consultant the hopeless or helpless feelings that arise from working in a system with pathogenic beliefs. You now have the opportunity to model contrary behavior that is both assertive and at the same time non-defensive, and that the client might be able to adopt.

Conclusion

Control Mastery Theory offers a uniquely useful way of understanding confusing and/or difficult communications with clients. When challenged by such communications, the consultant may want to consider whether she or he is being tested and asked to help the client disprove an unconscious pathogenic belief. The key for you as a consultant, as in many consulting situations, is to listen fully to both content and process, and to both the client's and your own unspoken beliefs and emotional reactions.

While transference testing may be more common, passive-into-active testing may be particularly challenging to the consultant in that the client wants the consultant to feel as the client feels or has felt in the hope that the consultant will model effective strategies for responding to difficult situations.

If the consultant fails a test by responding in a way that confirms the pathogenic belief, the individual may retest and coach the consultant until

POSSIBLE PATHOGENIC BELIEF IN THE ORGANIZATION	PASSIVE-INTO-ACTIVE TEST	UNSUCCESSFUL RESPONSE THAT CONFIRMS BELIEF	SUCCESSFUL RESPONSE THAT CHALLENGES BELIEF
There's never enough time.	Client: "We'd like you to do some team-building, but we can only give up a half day."	Consultant: "Okay. Let me think about what we can do in a half day."	Consultant: "Given the issues, I don't think a half day is going to make enough of a difference. Let's devote enough time to get real results."
Organizational dysfunction is inevitable, so there's no point in trying to change things.	Client: "Our problems are no different from every other place I've ever worked."	Consultant: "So it may not make sense to hold a retreat?"	Consultant: "What outcomes would tell you that you were making progress?"
One has to have all the answers.	Client; "I sure hope you'll be able to tell us what to do. The last consultant was incompetent."	Consultant: "I have a pretty good track record with this sort of thing."	Consultant: "Part of my job is to help you all identify some changes that may be helpful."

the consultant refutes the pathogenic belief and passes the test.

Although Control Mastery Theory focuses on pathogenic beliefs held by an individual, clients may use similar processes to disprove dysfunctional beliefs that operate at the organizational level. Being aware of this dynamic can help the consultant to respond effectively to such challenges and meet the client's unconscious need.

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