

Detecting and responding constructively to transference in the workplace

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Abstract

Both managers and the staff they supervise bring unconscious and unresolved personal issues into their relationships in the workplace. This phenomenon is called ‘transference’. Transference generally interferes with the positive working relationships that are essential to achieving organizational objectives. This article provides a conceptual framework for differentiating transference from other complex emotional interactions that can occur in the workplace as well as a set of clear action steps for how the manager can respond to transference constructively. Examples of both staff and manager transference are presented to illustrate how managers can detect and then respond effectively to transference. It is noted that managers are not psychotherapists; knowledge about transference should therefore be used with caution. It is a manager’s job is to help staff to succeed with their work, not to help them resolve personal problems.

Keywords: management practice, management theory, meaning of work, motivation, organizational behavior, psychology (individual), psycho-dynamic theory

INTRODUCTION

Managers and the staff who work for them experience a complex array of emotions in the workplace. A manager will have interactions with staff that sometimes generate emotions that are disturbing. One particular type of interaction, termed ‘transference’, can be particularly troubling because it catches managers by surprise, often generating thoughts, feelings, fantasies, and behavior that are experienced as out of control and irrational. This can present a serious challenge to managers’ ability to do their jobs.

The term ‘transference’ (Freud & Breuer, 1895/2000) derives from Freud’s observations about the surprising ways his patients related to him during psychotherapy and the equally surprising ways he found himself relating to them¹. He discovered that he and his patients unknowingly brought their unresolved emotional conflicts into the therapeutic relationship. The process was unconscious for both parties. Freud believed he helped his patients by bringing their unconscious conflicts out into the open where they could be examined and resolved. In the context of a therapeutic process, understanding transference was very helpful. By examining his reactions to his patients, Freud, for the most part, was able to keep himself from acting out his own problems with his patients. He also found that self-observation of the emotional issues his patients evoked in him provided very useful information. It helped Freud to better understand his patients’ inner psychic worlds.

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¹ For those familiar with the psychoanalytic literature it will be noted that the term ‘manager transference’ is being used instead of ‘counter-transference’. Trying to explain that counter-transference doesn’t really mean what the term implies (i.e., a reaction to transference) would be a great distraction to the reader.

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Transference does not just occur in the context of psychotherapy. It can occur in a marriage, in a friendship, or in the relationship between a manager and supervisee. Most often, it undermines these relationships.

Transference is a concept that refers to our natural tendency to respond to certain situations in unique, predetermined ways – predetermined by much earlier, formative experiences usually within the context of the primary attachment relationship. These patterns, deeply ingrained, arise sometimes unexpectedly and unhelpfully – in psychoanalysis, we would say that old reactions constitute the core of a person's problem, and that he or she needs to understand them well in order to be able to make more useful choices. Transference is what is transferred to new situations from previous situations. As a result, a person's relationship to lovers and friends, as well as any other relationship, including his psychoanalyst, includes elements from his or her earliest relationships. (The American Psychoanalytic Association, 2011)

Managers, unlike psychoanalysts or psychotherapists, have no obligation and are in no position to help staff members to resolve their personal problems or make more informed personal choices. However, they do have a responsibility to help their staff perform optimally and work effectively as a team. To these ends, it will be helpful for managers to:

- Understand how transference-based interactions work
- Learn how to differentiate transference from other interactions that may be intense and troubling and
- Develop the ability to manage transference if it becomes a significant factor in their working relationships with staff.

REVIEW OF THE LITERATURE

There is a growing body of research available that can help managers to better understand the complexity of the emotional environment in which they work. It is becoming ever clearer that the organizations we work for are not 'cool arenas for dispassionate thought and action' (Ashkansay, Hartel, & Zerbe, 2000). The workplace is a highly complex interpersonal environment where emotions play a major role in communication, bonding, motivation, and perception. Strong emotions in the workplace are common and not necessarily destructive; they are most often the reflection of people being committed to their work and passionate about it (Ambler, 2006; Yihan, 2008–2010).

The concept of transference does not fit neatly into the major theoretical constructs that have been developed to describe emotions and behavior in the workplace. It is best described as a 'middle-range theory', one that attempts to explain only a part of a puzzle where all the pieces are yet to be connected (Pinder & Moore, 1979, 1980). Very little has been written specifically about transference in the workplace. The psychoanalytic literature has explored the application of transference theory to organizational behavior (Diamond & Allcorn, 2003) and leadership (Maccoby, 2004), but not specifically to manager–staff relationships. Certainly one can see how various components of psychoanalytic theory, such as projective identification (Klein, 1946) and the re-enactment of family dynamics (Dattner, 2010) apply to transference in the workplace, but they are never explored in this particular context and offer a manager no practical guidance regarding how to respond effectively to transference. Mandel (2006) does present some helpful ideas for the manager, but they are limited and are not grounded in theory. This article is designed to address these shortcomings.

Given the complexity of the phenomena that transference describes, it is essential to rule out simpler explanations of manager–staff interactions before concluding that transference is the concept

that best describes what is being observed. There are both external and internal explanations for emotional pain that are far simpler than transference. They must always be considered first.

The organizations we work in and the people we work for can be the cause of significant emotional pain for their workers. Frost (2003) observes that both can be toxic. 'Companies merge, bosses make unrealistic demands, people lose their jobs. Such outcomes can leave people feeling frustrated, angry hopeless or despondent'. Further causes of emotional pain are 'incivility, interpersonal incompetence, malevolent intention, thoughtless institutional practices, and external jolts and traumas'. Cultural factors can also be a significant contributor to miscommunication and tension in the workplace (Gordon, Whelan-Berry, & Hamilton, 2007). Fineman (2008) describes how these factors drive the establishment of the social rules which inform us what is appropriate to express and feel in the workplace. What is expressed or not expressed will make a difference in whether a person advances or stagnates in a given organizational culture.

There are psychological theories which address interpersonal discord which can explain manager–staff conflict more simply than transference (Ablon & Bernstein, 2011; Wilmot & Hocker, 2001). Emotional contagion theory, for example, summarized by Hatfield, Cacioppo, and Rapson (1994), demonstrates that negative emotional experiences can be the product of emotional contagion which is observed to occur in a manner that is 'automatic' and 'unconscious'. Without conscious awareness we mimic and synchronize our expressions, movements, and behaviors with those with whom we are interacting. Moment to moment our perceptions are altered and our emotions are activated by this feedback loop. As a result, we tend to 'catch' the emotions of those with whom we are interacting and groups are affected by the emotions of individuals (Praides & Pratt, 2010).

In the business community Goleman's (1998) theory of emotional intelligence has found a receptive audience because its skill-based approach is a good fit with a results-driven environment (Daus & Ashkanasy, 2005; Jordan & Troth, 2004, 2006), though it is not without its detractors (Eysenck, 2000; Fineman, 2004; Locke, 2005). For Goleman, the skills needed to manage conflict are a combination of what he terms 'social awareness' and 'relationship management'. George (2000) views these skills as essential to effective leadership.

Transference theory is not in conflict with emotional contagion theory or emotional intelligence; it complements them. It provides an explanation for a subset of 'contagious' interactions where there is a clear interactional theme and emotional tone that derives not from the present interaction between two people, but from highly charged interactions which occurred in the past for one of the participants. Most likely these historic interactions were between parent and child; they left the child feeling overwhelmed and psychologically (and possibly physically) injured. Studies show a clear link between child abuse, PTSD and problematic adult behavior and health status (Felitti et al., 1998; Mullen & Fleming, 2012). It does not take a great leap of imagination to see how these, or other painful childhood experiences, could manifest themselves years later in workplace interactions.

METHODOLOGY

For the past 10 years I have run a small, publicly owned managed healthcare organization. Before coming to work for this organization I was a senior executive at both a large national consulting firm and series of large managed care organizations owned by national insurance companies. I have had hundreds of people reporting to me either directly or indirectly over the course of my business career. However, as a student embarking on a career it was never my intention to work for an organization of any type or to be a manager. I simply wanted to be a psychotherapist, healer: A person who helped individuals recover from mental illness.

My training as a clinical psychologist prepared me to handle the complicated feelings that clients would bring to the therapist–client relationship. It was common and expected that clients would

project onto me feelings and attributes that had nothing to do with me personally. Learning how to use transference to help my clients to understand and address their most problematic behaviors, relationships, feelings, cognitions, and fantasies was at the core of my training.

After being in private practice for several years, a number of life experiences led me to have an interest in business in addition to psychotherapy. At the end of the 1980s, a time when managed mental healthcare was just getting under way. I found an opportunity to work for a start-up company that grew by leaps and bounds, providing me with many opportunities to learn about business and to take on ever-expanding levels of responsibility. With the explosive growth of managed care generally, and managed behavioral health care specifically, it was not long before I was recruited by a major national insurance company to a senior management position. Four years later I was recruited to work for a large, national consulting firm. This firm worked directly with very large health care systems around the country. I had the opportunity to see and experience firsthand how many different organizations worked (or didn't work) and how their senior managers effectively (or not so effectively) led them.

My 27 years of experience as a psychotherapist has very much informed my 22 years of experience as a manager. As a manager I have had the opportunity to directly observe a whole host of behaviors that people only talk about with their therapists. I have seen how people's emotional issues play out with their coworkers, customers, and supervisors. I have observed how my own emotional issues play out with my coworkers, customers, and supervisors. It has been my observation that the most challenging emotional issues both for staff and managers are those driven by transference.

This article represents a summary and communication of these experiences. It also incorporates the observations of other clinicians who have worked as managers. After writing the first draft of this article I did two things to verify that the thoughts I had about transference in the workplace were not mine alone. First, I spoke with scores of colleagues who also had both clinical and business experience. Next, I conducted a survey of these clinician-administrators to quantify the utility of the concept of transference to their work as managers. The survey I developed was sent to 85 individuals. Of the 42 clinician-administrators who responded to the survey (a response rate of 49%), 95% indicated that they were either 'familiar' or 'somewhat familiar' with the concept of transference. Sixty-five percent indicated that they found the concept 'somewhat helpful' in understanding their staff's behavior or they way staff related to others; 22% indicated it was very helpful. Fifty-seven percent indicated transference was 'somewhat helpful' in understanding their own behavior in the workplace as well as feelings they had toward their staff. Thirty percent said it was very helpful. Twenty-two percent of this group provided specific examples of how the concept of transference was helpful to them in their work as managers.

The survey provided no information about the utility of the concept of transference to administrators who do not have a clinical background. A primary goal in writing this article is to familiarize such individuals with this concept so that they too can have an opportunity to make use this concept in their work. Additional surveys will need to be conducted at a later time to determine if this effort was effective.

STAFF TRANSFERENCE

An example of staff transference in the workplace is presented below, followed by discussion and analysis.

The manager reads an email from David (one of his staff) which implies that the manager's most recent policy decision was poorly thought out and ill-formed. Although David's email was sent to the whole department, the manager does not fire back a Reply To All message to correct what David

has written. Instead, the manager walks over to David's office to speak with him. The manager asks David if he has a few minutes available to talk. David hesitantly says 'yes'. The manager calmly sits down and tells David what he believes was inaccurate in David's email. He also describes the awkward position David's misstatement puts them both in. David does not communicate his feelings directly. Instead, he becomes visibly more and more detached as he responds to his manager. The eye contact that is usually present when he talks to his manager is gone. David makes a number of downward glances as he describes what he will do to address the problem created by his email. His voice gets softer and softer. The manager has to lean forward to hear him.

Saying hello to the manager in the morning is normally David's habit, but over the next week, he does not do so. When the manager passes him in the hall, David is stiff and formal. At points in his work day where he would usually drop by the manager's office to consult, he doesn't. This behavior makes it difficult for David to do his work. The nature of his work requires ongoing input from his manager. David's withdrawal makes it difficult for the manager to be an effective and supportive supervisor. It takes two weeks for David's behavior and his relationship with his supervisor to return to 'normal'.

This example raises a number of important and related questions:

- Why did David react to his manager this way?
- A colleague of David's who knows him well tells the manager that, 'David has a problem with authority figures'. What does that mean? Is it even relevant? Is there a simpler explanation for David's behavior?
- How could the colleague's observation be useful to the manager in maintaining a positive and effective working relationship with David?

To answer these questions, it is essential to give thought to what it means to have 'authority issues'. In David's case, he grew up with an alcoholic father who was rarely interested in what he did. His father was not mean to him; he never said disparaging things about him. From time to time his father showed David affection and could occasionally say 'I love you'. The problem for David was that it was very hard to get his father to pay any attention to the things he did day to day. David felt that something must be wrong with him or inadequate if his father paid so little attention to the good grades he worked so hard to get or his many accomplishments in sports. David came to believe he was a boring person whose accomplishments would always be second rate.

This experience left David hyper-sensitive to indications that his work was inadequate. When his boss pointed out the misstatement he made in his email, David withdrew and his inner dialog became focused on negative self-observations. David did not knowingly say to himself, 'my boss treats me just like my Dad. I'll never please him either'. These thoughts and accompanying emotions and behaviors were outside of his awareness. Because David's negative experiences were triggered when he was around his boss, David avoided being in his vicinity as much as possible.

The manager found this behavior odd and disturbing. He did not understand that David was bringing behavior and feelings that were learned in David's family of origin into the work place. The manager liked David. He saw him as highly competent. For the manager, the email was not a big deal, but not a matter to be swept under the rug either. What was a big deal to him was to be ignored and to have no eye contact during conversations. The manager observed that David's negative behaviors are not being directed at his peers or at the other managers – just at him, so, the loss of 'hi, how ya doing' in the morning felt like a snub. When staffs' behavior with their managers change as David's did, managers quite often react on a personal level without thinking. When managers do not take the time to understand these changes they can amplify the problem and make matters worse for

both parties. If the manager in the example above had understood the meaning of David's behavior, it might have been possible to shorten the time it took David to return to his baseline affect, behavior, and performance. If the manager had created some distance between David's behavior and his reaction to it, this would have diminished the strength of his emotional response.

The key to a manager being able to create a healthy emotional distance with staff is to understand the role that he or she typically plays in psychological life of a staff member. Most often, a person's boss is the primary authority figure in that staff member's adult life. The manager hires and fires, writes performance reviews, makes compensation decisions, and writes job reference letters. This reality gives the manager considerable control over very important, survival level aspects of an employee's life. There is no comparable level of control that the employee has over his manager. The only comparable power relationship in most people's lives is that of parent and child. This is precisely why manager–employee relationships are so powerfully influenced by their employee's experience with the authority figures of their youth.

The literature on leader–followership relationships (Gilbert & Matviuk, 2008) helps us to understand many of the dynamics that are common to relationships in work environment between two people of unequal power and authority. In organizations that have a clear hierarchy and congruent organizational culture, it is not surprising that boss–subordinate relationships easily elicit memories of historic parent–child conflict. Parent–child relationships are inherently unequal. When painful experiences are perceived by the child to derive from that inequality, there is likely to be a sensitivity later in life to interactions that occur in the context of similarly unequal power relationships. Transference theory is complementary to leader–follower theory in that it helps to explain the underlying themes that emerge in these relationships where there has been some past trauma.

In the home, the question underlying a transference reaction is most likely to be, 'am I lovable' (Etchegoyen, 2005; Racker, 2001) when the power relationship between the therapist and client is primarily based on fantasy. The workplace is most likely to provoke transference reactions that are a response to the question of 'am I competent'. In addition, there are a number of specific interpersonal issues that are likely to be associated with transference in the workplace. When staff members are discussing them, the manager should pay extra attention. 'Fairness' is an example of such an issue. My observation, based on 40 years of management and clinical experience, is that 'fairness', in a social context, is about emotional scarcity and how a limited supply of love and attention (real or perceived) gets divided up within a family. In many families, children have very real and painful experiences of there not being enough love or attention to go around. This occurs most often in families where there are multiple siblings or a parent who sees him or herself in competition with their children for their spouse's affection. A shortage of parental nurturance is sometimes driven by real world constraints such as when parents need to work long hours to make ends meet; there is a disabled child who requires intensive support, limiting the time available for other children; or a single working parent struggling to raise children. It should be noted that concerns expressed by staff regarding 'fairness' often have substantial basis in fact. The literature on bias in the workplace, particularly as it relates to gender and social status, is extensive (Ollilainen, 2000; Tiedens, 2000). A shortage of love and attention can also result from a parent's emotional limitations. Parents who suffer from mental illness may be too preoccupied with themselves to nurture their children. Children who grow up in this type of family culture have their emotional antennae fine-tuned to detect the most minute variations in how scarce resources are allocated. When they grow up, they bring this sensitivity not just to the families they create, but to the workplace.

What a manager should and shouldn't do about staff transference

In the vast majority of such situations in which transference is suspected it will take conscious effort on the manager's part to say, 'wait a minute. I don't usually feel this way toward David and he doesn't

usually interact with me in this way. What's going on here?' This pause to reflect may be the single most important action a manager can take to avoid a destructive cycle of transference, reaction and counter-reaction. Next, the manager needs to differentiate a 'real' workplace issue or one that is influenced by emotional contagion from one that is influenced by transference? The primary evidence that transference is the driving force is:

1. The disproportionality between the supervisee's emotional intensity about an issue and its significance and
2. A thematic consistency between the supervisee's current emotional/relational experience and one that occurred a number of years ago in a different relationship and
3. Multiple instances of interaction in which #1 and #2 have occurred, i.e., there is a pattern.

A highly emotional response to some issues is perfectly appropriate and expected in many circumstances. For example, if a manager has to lay off 20% of a team, it can be expected that many staff members, both those who will be laid off and those who will not, will have strong feelings about their manager's choices and how they were made. As Frost (2003) notes, the workplace can often be the source of avoidable (toxic) pain. On the other hand, a highly emotional response by an individual staff member to an issue or event that only produces a mild reaction in other staff – or none at all – is an indicator that something other than this precipitant or issue is provoking an unusual response. It could be a transference reaction. It could also be that something stressful is going on in a staff member's life (probably not in the workplace) that the manager does not know about. Perhaps a close friend has become ill. Perhaps there has been conflict with a spouse. Perhaps the staff member is picking up on the manager's intense emotions or that of a colleague (emotional contagion). In other words, just because a staff member's behavior at work is not easily comprehensible does not mean that it is transference.

Sometimes the manager knows enough about a staff member's personal history to draw a connections between past emotional injury and the current situation. There is a theme. Quite often this is not known, leaving the manager only with the ability to hypothesize that there may be such a connection. However, knowing the staff member's specific personal history is not essential. The manager is not a therapist and therefore does not have the job of helping another person make the connections between specific past events and their experience in the present. The manager's job is to help staff succeed with their work. It is appropriate for managers to talk with staff about their relationships at work as well as their communication skills. When they are problematic and represent barriers to success, they must be talked about. For most workers, these aspects of their work are as vital to them and to their organization's success as their technical skills. So, when such discussions occur and transference is suspected to be a factor, it can be helpful for the manager to wonder out loud, 'you know, I'm not quite understanding what is going on between us. I sort of feel like you are talking to me and someone else at the same time. I don't know. Does that make any sense to you?' There are many variations on how to phrase this idea, but they all should have the quality of raising a question and then leaving it up to the other person to decide whether to attempt to fill in the blanks (Ablon & Bernstein, 2011).

There is nothing a manager can or should do in a given moment to push a staff member to cross a relationship boundary that has been erected for purposes of safety. The best they can do is to try to earn their staff's trust. As this occurs, staff's sense of what is safe to talk about may expand. There are a number of things I have observed that managers can do to earn trust. First, they can honor their staff's boundaries and, within reason, to tolerate their distrust. This communicates to staff that they have control over where the boundaries are set; the manager will not violate them. Second, they can acknowledge their own mistakes. Managers don't always do the right thing or say things in the most

helpful or sensitive manner. Such admissions will often earn the manager more trust with their staff than a year's worth of 'perfect' behavior. Managers can't expect staff to back off a highly cherished, but erroneous perception or perspective if they can't do that themselves (Parker, Williams, & Turner, 2006).

Third, managers can be patient, giving their staff an opportunity to have a positive and potentially corrective emotional experience with a new authority figure. However, managers must be realistic. Transference issues are very resistant to change. The person with a transference issue views interactions with others through a lens that filters information so that it confirms a strongly held world view. Most often, just being aware of this phenomenon and finding ways of working around it is the best the manager can do. Managers should avoid reacting defensively or angrily to transference because this will make a difficult situation even worse.

A positive working relationship with staff is essential to a manager's ability to create functional teams and to achieve measurable goals. Sometimes transference manifests itself in ways that are disruptive of workplace relationships. To effectively deal with these situations, the manager must focus on performance, not psychology. Every workplace has (or should have) a process to follow when an employee's work becomes problematic. The manager should follow that process, referencing in writing the specifics of the staff member's job description and the observable behavior and objective performance that are evidence of the staff member's inadequate job performance. The manager's theory about the psychological issues driving a staff's behavior is conjecture and irrelevant to a formal evaluation. If problems are noted, these need to be communicated. Staff's progress toward implementing corrective actions need to be monitored and documented. It is always a good idea to consult with Human Resources (if available) to be sure that all the required steps of the performance improvement process are being followed and to listen carefully to their suggestions and recommendations.

MANAGER TRANSFERENCE

Just as staff members can bring the influence of their childhood and other formative experiences into their relationships with their managers, managers can bring the influence of their childhood and other formative experiences into their relationships with staff². Unlike a therapist, who may have years of training, the average manager has no training in this area. Manager transference is rarely taught in business school and on the job training or supervision related to this phenomenon ranges from rare to non-existent³. A manager may hear from time to time from his supervisor that he or she has 'issues' that are getting in the way of work and relationships, but this conceptual framework is too narrow and superficial to be helpful.

Managers who do know about transference are inclined to think, 'we may bring transference to our relationships with staff once in awhile, but staff transference is much more common'. This is not accurate. We all bring the sum total of our experiences and who we are into all of our relationships. We are just as likely to experience transference as our staff. But there is a difference: It is *the manager's* job to deal effectively with transference issues.

The first step in this process is for managers to recognize when they are the source of transference in their relationships with staff. This is quite difficult. There will be no neon signing flashing 'manager transference'. Just the contrary: Every fiber in the manager's body will be crying out, 'this is real!'

² Described as 'counter- transference', this concept was presented in public for the first time by Freud at the Nuremberg congress of the International Association of Psychoanalysis in 1910. This concept, along with the concept of transference became more elaborate and refined over the course of Freud's career and that of his followers. These concepts are still a cornerstone of modern psychoanalysis and psychoanalytic therapies (The American Psychoanalytic Association, 2011).

³ This statement is based on a review of course listing of major American business schools as well as discussions with many business school faculty and students.

Strong feelings are the first clue that either the manager might be having a transference reaction to a staff member or that the manager is responding to a staff member's transference. Strong feelings in a business relationship are not uncommon (Morris & Feldman, 1997; Rafaeli & Sutton, 1987), but they usually can be traced to a matter that is business related, such as a disagreement about a company policy or decision, or to an easily comprehensible personal conflict.

When managers conclude that it is their personal issues that are the cause of a conflict, carefully consideration should be given to what is disclosed to staff. It is one thing to say, 'sorry, I am having some personal difficulties at home that are affecting my work' and quite another to say, 'you remind me of my impossible to please mother and I am overreacting to you'. As the latter example illustrates, it is generally not helpful for managers to talk with staff about their own transference issues. It imposes a burden on staff which is not their responsibility. This is much easier said than done. From time to time managers will not be successful at containing feelings that derive from transference issues. Their issues will impact other people's lives, including their staff's. When managers realize that they have hurt a co-worker in some way, it is their job to apologize and to rectify the situation. For the manager to say, sorry, this was 'my issue' or 'my problem', is sufficient. When managers observe that they are not feeling calm enough to deal with their own transference they should seek outside help. Recognizing limits is the hallmark of professionalism; it is not a sign of failure. When managers have reached their limits, they should consult with someone who is likely to be helpful: Their supervisor, a counselor or psychotherapist, or their physician. When discussing such situations managers must recognize that they have an obligation to protect the confidentiality of their employees. Managers should not discuss personnel issues with any person who is not legally bound by confidentiality laws – even spouses. Managers should also understand that transference is a very complex psychological phenomenon. Trusted friends and family members may provide a safe relationship in which feelings can be expressed, but they are unlikely to have the expertise to help the manager understand and work through transference issues.

If the manager already has a good relationship with a counselor, it makes the most sense to seek that person's assistance. If the manager does not already have such a relationship, the next best option, if it is available, is to make use of an Employee Assistance Program (EAP) if there is one available. EAP's will have a list of counselors who specialize in helping people with workplace issues.

CONCLUSION

Emotions and conflict are inherent to human interaction. Simpler explanations must be ruled out before transference is considered as the underlying reason for strong emotional expression or challenging behavior in the workplace. When it occurs, transference is generally a destructive phenomenon in people's emotional lives and interactions. The workplace, unlike psychotherapy, is not a place one intentionally goes to work on unresolved personal issues, but they present themselves there nevertheless and jeopardize the relationships that are crucial to an organization's ability to meet its objectives. With education and conscious effort, a manager can recognize transference rather than amplify its effects. Managers will be more successful and satisfied with their work if they have a basic understanding of transference and a plan of action for when it occurs.

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