



Locating Myself: A Biographical narrative of work

By Simon Western

Introduction

When coaching leaders, I often found that they felt a little dislocated, out of place in this fast moving world. The first task of my coaching work, focused on locating them, helping them re-discover their place, to feel more grounded and located in their networks. After which they were better positioned to take up leadership more authentically, and with more insight and dynamism.

When working in any reflective practitioner role e.g. a coach, a leader or writing as an author, it is important to ‘locate ourselves’ i.e. to be reflective about ‘what authored us’ i.e. what experiences shaped our assumptions, our normative thinking, our preferences and our discomforts. Usually people confine this to thinking about family or cultural backgrounds however, we are also shaped by our work contexts and this short biographical narrative tries to make some of the links between work experience and the self.

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What authored the author?

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I left school with few qualifications, a very poor education, and began work at the age of 17 as an office boy in a factory, witnessing ‘scientific management’ techniques on production lines. Unionized labour, clocking in and out, women spending all day packing paper bags which tumbled off loud clattering machines, men labouring to keep the machines going 24hrs a day feeding them with heavy rolls of paper and ink, this mundane work (now exported to Asia) was brutalizing. I remember tough men and women, with a fierce humour to cope. Factory work was manual labour, the employer bought the labourer’s time and body. Emotions and thinking were to be left at home.

Encouraged by a nursing friend, I left the factory age of 18 to train as a general nurse. Nurses work intimately with the physical body. Touching and cleaning, injecting, lifting and turning, administering drugs, dressing wounds, evacuating bowels, the nurse works with the inside and outside, and the living and dead body. Working with the injured, sick and dying made me acutely aware of the existential issues of mortality, and how important our emotions, thinking and identities are embodied. Later in my work in offices and universities, I reflected on how the body is largely ignored and marginalized. I worked long nursing shifts experiencing the primitive human emotions of fear and anxiety when facing mortal threats. The leadership context was a rigid matriarchal nursing system that had echoes of the military, a commander in chief (the matron) with uniforms denoting rank, strict authority, no

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first names on the ward. The hospital-organization was structured as a social defence against facing the emotional pain of working with illness and death (Menziess Lyth, 1960). Nurses didn't talk about their feelings, and many patients were cared for physically but not emotionally. No counseling occurred after having worked with a traumatic death, just an early coffee break and gallows humour in the bar after work. I loved the work, made great friends, learnt huge amounts about life and myself but struggled in this constraining institutional culture. Nursing leadership was predominantly female, from ward sister to hospital matron in opposition to the medical leadership that was predominantly male. This dual leadership created a symbolic structure replicating a 'hetero-normative' parental structure—father leading with technical expertise, mother being the carer¹. This raised my awareness of gender issues, of power, responsibility and of pay disparity. I was a male on the female team and often in life have found myself in the position of experiencing 'otherness' from a very close proximity.

Within this archetypal parental leadership model, Daddy Doctor and Mummy Nurse, the patients were symbolically childlike in their dependency. When a patient facing major surgery or death, the contemporary rhetoric of individual choice, and the omnipotence of our desire to be in control, is confronted by Freud's 'reality principle'. For some patients the dependency culture was wholly appropriate, enabling them to give up their autonomy to enable the surgeon's knife to be wielded, and to be bed-bathed, toileted and cared for like an infant. For others in rehabilitation, the dependency culture was completely wrong and hindered patients

¹ This is not to paint the stereotypical picture of female nurses as caring angels, whilst I met some exceptionally caring nurses, I also encountered some of the toughest and harshest managers I have ever experienced have been female nurses, contradicting the current rhetoric that women are naturally more humane, emotionally literate leaders.

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attempts to regain autonomy. Dependency cultures have a place in some organizations; in education for example, learning requires us to enter a state of ‘not-knowing’ (if we know already we cannot learn something new) and therefore a level of dependency is required in order to learn (Western, 2005; Obholzer and Roberts, 1994). In the hospital dependency culture unfortunately affected the staff as well as patients, and became very damaging, undermining innovation and autonomous decision-making. Since this time I have been alerted to issues of too much dependency and a lack of autonomy in the workplace.

During this period I was a skilled rugby player and captained my local club, experiencing leadership at an early age. Rugby provided me with the opportunity to learn motivational skills, team-work, and it was probably the most honest and egalitarian community I ever participated in. Our club consisted of lawyers, entrepreneurs, business leaders, the unemployed, ex-convicts, and all were treated with respect. Anybody pulling ego or rank over another was teased mercilessly, it was a leveling experience. Team-work, having the courage to have a go, and being able to laugh at myself were lessons I took from leading the rugby club.

Whilst general nursing I became fascinated by the human condition and after running a geriatric ward I left to train as a psychiatric nurse. I found freedom in a more relaxed uniform-free setting, and became totally engaged in the human psychology, discovering a life-long passion for psychotherapy and the ‘talking cure’. I worked with the severely mentally ill; obsessive, neurotic, depressed, schizophrenic and psychotic patients in Victorian built asylums, which Goffman (1961) describes as Total Institutions. I witnessed electro-convulsive therapy and worked on some wards

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where 70 men slept in long dorms without curtains or any privacy. The system of ‘token economy’, a behaviour treatment, was used with the institutionalized patients. Patients received tokens which were exchanged for cigarettes to reinforce good behaviours e.g for getting out of bed, and they had tokens taken away for ‘bad behaviour’. Institutionalization had an impact on both staff and patients (sometimes it was hard to tell the difference), and the concept of asylum and the totalizing institution has stayed with me. The asylum had two aspects, while firstly it provided ‘asylum’ i.e. a container, a safe and caring space, a refuge from the terrors of the world, on the hand it was an oppressive and totalizing space. When working in corporations and large public sector organizations I am often reminded of the asylum seeing the token economy and the institutional culture control that I witnessed but in a more benign, hidden form.

When HR teams, managers and trainers using transactional leadership, ‘carrot and stick’ to change behaviour, I wonder about the humanity of their methods. When transformational leaders draw on culture control, and I see conformist employees, in their dark suited uniforms, sat in rows upon rows in a open office, institutionally eating in the canteen together, I see a modern day asylum. I will never forget this formative experience that alerts me to ethics, and the power of institutionalization. Humanising organizations is a passion and I ask myself at work, ‘does this leadership stance enhance or diminish humanity?’ Other important lessons were discovering how thin and blurred the line is between madness and sanity, and this has helped me work with some of the undiagnosed pathology that occurs in workplace. I also learnt

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counselling skills, group facilitation skills and most importantly how to manage my own and others anxiety, when facing dangerous disturbance and distress.

At the age of 23 I became a Charge Nurse role, leading a regional residential unit, for emotionally disturbed adolescents. This was run as a therapeutic community with the philosophy to devolve leadership to the young people themselves, empowering them to find their voices and to learn how to take responsibility for themselves and others, through experimenting in a safe environment. I was given a huge amount of responsibility at very young age, working with young people who had serious problems such as anorexia, who were suicidal and who were abused. Working closely with the boss we radicalized the unit to make it fully self-catering, and the medical input was marginalized, removing the dependency culture and the stigma of being given a medical diagnosis and treated as a patient. This was the most therapeutic environment I have experienced and I learnt two key lessons here: 1) My idealism that if you remove leadership, power will be removed and pure democracy will flourish was crushed. Actually chaos and fear flourish. 2) Devolving power and decision-making responsibly, and enabling dispersed leadership within safe boundaries works wonderfully. Our so called 'disturbed' young people, were able to run the unit, making important decisions together and work on their emotional selves at the same time. They helped us to interview and appoint new staff, took control over their own destinies and supported their peers with great skill and empathy. This experimental community, set in the NHS, marginalized the medical model and gave power back to the client group. I am indebted to this intense learning experience, and to Mike Broughton who was an excellent leader, and the first to help me realize my

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own leadership potential. The core of this work was family therapy, group and drama therapy.

In my mid 20's, I spent three years as a single parent on welfare, and again found myself challenging gender stereotypes, wandering into mother and toddler groups and struggling with the responses I received. Sometimes I was mothered (which I rejected) and at other times I considered a threat to the group norm, an external male body to be ejected. However, I loved the freedom of being a home-parent, each day being thrown back to my own resources to make ends meet and creating each day with my beautiful and delightful son Fynn. Living in the margins in terms of money, and without the identity/respect work gives you, I was nevertheless immensely happy as a father, making fires, stories and pancakes— this was a time of adventures!

On return to work I spent ten years training and working as a Family Therapist and psychotherapist with the urban underclass, in a deprived northern city. I was a Clinical Manager of a community based, multi-professional healthcare team. I loved Family Therapy, and took the opportunity to be immensely creative in therapy sessions. In family therapy you quickly discover that a) power is not where you (or the family) think it is b) how systems impact on individuals c) how patterns of communication completely entrap us, even if we really want to change. This learning has hugely influenced my leadership work since.

In my 30s I decided to get educated and studied for a Masters in Counselling at Keele University, and felt exposed and overwhelmed by the academic language, rituals and culture which made me feel inadequate and an imposter (not having A-levels or Bachelors Degree). I adjusted and found great joy in learning and excelled in my studies.

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Later I studied for another Masters degree in Psychoanalytic Approaches to Organisational Consultancy at the internationally renowned Tavistock Centre. My interest was to understand why change was so resisted and to promote collaborative working across health, education and social services in order to better serve families. Developing an understanding of the unconscious processes that underpin organisational culture was a huge learning experience for me, which I have applied in my work ever since.

I finally left the NHS, feeling ‘burnt out’ from the pressure of working with disturbed families and suicidal teenagers in an under-resourced provision. I was frustrated by a leadership dominated by the hegemony of medical power, which allowed little room for constructive dissent and change, particularly if it came from a nurse. The medical model provided the wrong leadership, wrong culture and wrong treatment for this client group. In the most part my clients were not ill but suffered from the emotional, social strains of living in poverty and unemployment. They required therapeutic and emotional support, more resources and structural-political change rather than medical diagnosis, labels and medicines. My attempts to make changes were partly successful, and more collaborative work now takes place. However the NHS has an institutional leadership culture that allows little room for innovation or creativity, and it was time for me to break out of this institution.

In the past decade I also worked with real-estate, working closely with the building trade observing how the leadership is transient, moving between trades on the same building job. The building trade is interesting as it is both highly competitive with a harsh culture and wholly dependent on collaboration. Designing and altering physical

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spaces is a passion of mine, which I apply to my consultancy work, helping leaders think like organizational architects.

Another experience, which has informed my understanding of leadership and organisational culture, is my religious affiliation. I have been a Quaker (Religious Society for Friends) for fifteen years, which has an unusual organisational structure without a formal leadership. It does not appoint church ministers but believes in a 'priesthood of all believers' abolishing not the idea of priests but abolishing the laity. The business meetings are run (and have been for 350 years) by spiritual consensus, which can mean up to 1,000 Quakers at a yearly meeting deciding on Quaker 'policy' (<http://www.quaker.org.uk>). Quaker meetings are structured around the idea of equality. Sitting in a circle, in silence, anyone moved to speak can 'minister' to those present. The Quaker history was an important part of my PhD research, leading me to examine how their informal leadership and organisation has changed over the centuries to accommodate social change, while stillholding onto the central experience and structures. My experience of leadership has been further informed by engaging with social movements; trade unions, feminist, anarchist and green activist movements.

Frustrated by being a nurse, clinical manager in the NHS, and a little burnt out by the intense therapeutic work, I decided to seek pastures new and wanted to experience corporate life and the private sector. I entered a university business school to study for a PhD in leadership and quickly found employment working in leadership development and executive education. Academia I found is underpinned by a

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dependency culture that replicates educational models of teacher-student dynamics, and tends towards a bureaucratic managerialism. However, it also has an adolescent rebellious nature, maybe due to very bright individuals, expert in their own fields, resisting external control, and maybe because it employ's adults many of whom just never left school!

At Lancaster University management school I suddenly found myself working with very senior corporate leaders internationally designing and offering coaching and experiential learning. The cultural difference and the language of the corporate world was a huge learning curve for me. A big adjustment took place from working with the poor, disempowered and disturbed, to working with the rich, successful and powerful. My saving grace was the capacity I had developed to 'think in the face of anxiety' and draw on my past experience to work in depth with these executives.

I was later appointed Director of Coaching at Lancaster Management School, where I established a critical approach to coaching drawing heavily on psychoanalytic and systems thinking. I designed and ran a new post-graduate coaching course (see *Coaching and Mentoring a critical text* sage 2012). After ten years of executive education, I left to work as an organizational consultant and direct a Masters Degree in Organizational Consultancy at the Tavistock Clinic, and later chose to work independently setting up a new coaching and consulting company specializing in leadership. As a practitioner-scholar, I continue to write and deliver training and keynotes at universities and conferences, coaching and consulting a delightfully interesting and diverse client group. I deliver Eco-leadership interventions, and coach chief executives and senior leadership teams from global banks and top business schools. I also work with hospitals, hospices and small companies. Running

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a small business is interesting, extremely liberating and I love the autonomy. I spend a lot of time developing my writing, and publishing.

My journey highlights a movement from working with the body (in the factory and as a nurse) to the mind (as a psychiatric nurse and therapist) to the individual and small group (as a family psychotherapist) and then with organizational systems (as an organizational consultant) and finally with the social through engaging with academia, taking political and philosophical positions.

Leadership crosses all of these dimensions, body, mind, individual, team, organization and social, and this book emanates from the culmination of my lived experience.

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