

CONTEMPT

A Barrier to Realizing Leadership

PREAMBLE

This brief reflexive narrative gives the reader a taste of what a reflexive narrative might look like. It unfolds the year of self-inquiry into becoming a leader in my role as a newly appointed general manager of a community hospital. The narrative is constructed from a sequence of experiences that are reflexively linked, triggered by conflict. My initial focus for self-inquiry was becoming a leader whatever that entailed. As such, my self-inquiry was set against the search to find meaning in the idea of leadership. It was only after my first experience that I narrowed my focus to inquire about the following:

“How should I manage conflict as a leader?”

“What factors might constrain me?”

This narrative reflects my inexperience as a budding reflexive narrative researcher, literally stumbling along this novel research path. As such, it is a self-inquiry into becoming both a leader *and* a reflexive narrative researcher. It is not a perfect reflexive narrative! Reflexivity is not so easily grasped, especially for the novice researcher. Its nature and form need to be played with.

When I first constructed this narrative, I titled it “Stumbling Along the Path: Leaping Boulders” to reflect the reflexive narrative journey toward self-realization. After reading a newspaper article on “contempt in modern Britain,” I sensed that contempt was at the root of conflict and a significant barrier to becoming a leader that I needed to confront, understand, and, eventually, overcome. It forced me to rework the narrative in

that light. Hence, reflexive narratives are dynamic—that is, open to change in the light of new experiences. As a consequence, I changed the title to “Contempt: A Barrier to Realizing Leadership” to give the narrative greater focus.

I didn’t write the narrative with a view to performing it to an audience. However, I have adapted the original text, so I could perform it to leadership students with the intention of engaging them in subsequent dialogue about its significance and their own experiences of leadership. By performance I simply mean to read it to an audience with appropriate dramatic emphasis and embellishment. Reflexive narrative texts are designed to be dramatic and confrontational, to disturb the status quo and stir the audience to reflect on their own experiences, and to incite reflection on their own practices.

An example of dramatic effect is “Beady Eye.” Beady Eye is made manifest using a stick. It is named so because he has his “beady eye” on current issues. As such, he draws the audience’s attention to the core ideas of “contempt” and “conflict” that thread through the narrative unifying what might seem, at first glance, disparate experiences around becoming a leader.

Another dramatic technique is using “empathic poems.” These poems enabled me to reflect deeply on the perspectives of others involved in “my” experience. It challenges my own partiality and the ways I construct my reality. It highlights that all experience is relational and pitted with conflicting perspectives and that contempt radiates through them.

For all techniques, I use footnotes that refer to and expand on ideas and theories indicated within the narrative for the interested audience to pursue.

All reflexive narratives invite the audience to dialogue. As you read it, ask yourself what points would you raise to explore in dialogue with the researcher. In doing so reflect on your own experience of contempt, especially its association with conflict and leadership. Perhaps you’ve not recognized contempt as an issue before? Perhaps you haven’t considered yourself a leader before?

THE NARRATIVE

I’m called “Beady Eye” because I like to keep my eye on things. Reading *The Guardian* newspaper, a picture of a large foot dressed in black brogues with a pin-striped trouser leg about to stamp on a very small woman with her hands raised against the foot caught my eye. The headline read as

follows: “How power operates in modern Britain: with absolute contempt” (Chakraborty, 2017). The article stated, “Contempt is the thread that runs through much of the worst barbarism in today’s Britain.” When Grenfell Tower burned down, killing at least 80 men, women, and children, one campaigner told the *Financial Times*: “It was not that we stayed silent, but that they never responded. It was not just that they ignored us, but that they viewed us with contempt.”

The article went on to describe another situation concerning local residents who were not consulted by the council of their plans to privatize an entire housing estate for regeneration. One resident said, “We’re not worth anything, are we? We’ve been treated with utter contempt.”

The word *contempt* reverberates and resonates with my thoughts about the way contempt has become endemic within a society. And yet I do not think organizations mean to treat people with contempt; it’s just the way it has become normal. It is as if people don’t really count and that they are merely numbers in a machine. What is the extent to which you (the audience) have experienced contempt either as a giver or as a receiver? Perhaps with genuine leadership, contempt could not flourish. Give that a thought as you listen.

Stories take us to the borders of possibility, opening new horizons and new borders as we come to recognize and understand the unsatisfactory nature of our own practice and the barriers that make it unsatisfactory. So let’s see whether a border crossing is possible.

Narrator

Daffodil shoots are pushing up through the soil, reminding me my leadership role is to stimulate growth in staff—pushing through barriers. Yet I’m uneasy and disturbed. Chewing over what’s just taken place. Mike, one of the local doctors with admission rights to the hospital, had insisted, “I want to admit a woman for terminal care.”

I replied, “Sorry, Mike, but we don’t have an available bed.”

He responded knowingly, “Oh yes we do. There’s one empty bed.”

I explained, “Yes, but that’s a respite care bed booked for Mr. Collins. He’s arriving tomorrow. Mrs. Collins is going on a much needed holiday. It can’t be canceled now.”

Mike said, “Yes, but my patient has a greater priority. Mr. Collins will have to lose the bed. Tough about her holiday.”

My pulse quickened, “No, Mike, it isn’t possible.”

“I want that bed.” Mike’s voice echoed its restrained rage.

“I’m sorry, Mike, you can’t have it.”

He stormed off.

Sitting here now, twisting the paper clip, twisted with the emotion of conflict, I reflect, “Did I do the right thing?” “Did his patient have the greater need?” If I had canceled Mr. Collins, I know I would feel guilt that I had failed her. Not a nice feeling. People’s lives should not be political pawns.

Could I have handled it another way? No, I don’t think so. If I had given way to Mike, I could have said to Mike, “OK, but you phone Mrs. Collins and tell her.” He probably would have done so. It wasn’t him that had planned the admission. No matter which way I look at the situation, I know it would be an abrogation of my responsibility to let Mrs. Collins down. It would haunt me.

I did the right thing to resist Mike’s demand, but I am aware that actions have consequences, and no doubt repercussions will come to haunt me. Haunted either way. Mike always treats me as a subordinate. I wallow in the swampy lowlands of practice¹ ensnared in a power game. Ethics and power are tricky games.

Mike arranged the woman’s admission to the local hospice 20 miles away. I wonder how he’s feeling.

Mike

To put it mildly, annoyed.

He needs to know his place

We’ve always ruled the roost

The hospital is our fiefdom

He’ll get his comeuppance

If he fiddles with the status quo

Mark my words

Watch this space

I’ll swat him like a fly.

The experience brings it home that conflict makes me anxious and uncomfortable. I have to face it if I am to become a leader rather than just a manager. As a manager, I am expected to manage a budget that is diminishing yearly due to corporate squeeze, as if managing the budget was my predominant role. I sense the tension between expectations of myself to be a leader and expectations from the Organization to be a manager. My initial vision of leadership is inspired by the idea that caring is concerned with enabling others to grow,² reflecting a reciprocity between caring for patients and caring for staff. The trouble with leadership is that I've experienced so little of it in my years of practice. Can I bridge the gap and meet both expectations?

I scan theories on conflict management. One theory that gives me perspective is the Thomas–Kilmann Conflict Mode Instrument. It outlines five styles of managing conflict: avoidance, accommodation, compromise, competition, and collaboration set within a grid governed by the twin axes of assertiveness and cooperation.³

It is obvious on reflection that leaders must aspire to a collaborative mode of communication and conflict management. The rub—I know my natural mode is to avoid or accommodate conflict, especially with people who I perceive have power over me. Learned subordination! But I'm not alone, if that's any consolation (Cavanagh, 1991). Conflict makes me uncomfortable, perhaps stemming from childhood and nurse socialization where I was “taught” to know my place in the hierarchy. And yet I am also a rebel against authority. Hence, I tend to be passive or aggressive rather than assertive depending on the situation.⁴ I couldn't avoid conflict or accommodate Mike's position just for a quiet life.

I need to collaborate with Mike. Yet it takes two to tango. I felt *forced* into competition because of Mike's insistence and dominant nature. Locked in competition, there are winners and losers and consequences.

Collaboration is problematic within relationships traditionally shaped through power differential. Why should the more powerful submit? Perhaps competition is a healthier mode of managing conflict because of its potential to reveal discrimination from a moral standpoint. Fight the good fight and all that, but keep open the offer of collaboration.

I need to be in a different space where I view conflict as an opportunity rather than oppression.

The question is, “What to do now *as a leader*?” First, I must sweep up my emotional mess. Become poised. Second, to shed fear. Nice idea but not easy to do in practice. I'll phone and arrange to meet him.

Two days later, we meet at his office. My motive was to ease the tension between us.

I say, “Hi Mike, I’m sorry about your terminally ill woman.”

He retorts, “Well, that’s no thanks to you.”

I say, “Maybe, but we need to work collaboratively for the benefit of our local community.”

“I’ve been a GP in the town for 10 years and am a better judge of that than you,” he retorts, a look of disdain upon his face, “and your nursing development ideas are frankly ludicrous.”

He is trying to put me in my place, to assert the traditional dominance. But I hold my ground “I’m sorry you take that attitude.”

There I go again—apologizing—as if some ritual curtsy to dominance.

At least I tried. Maybe I could have stayed and muscled it out. Help him mitigate his prevailing anger. Endure any withering scorn. If I had been more poised, perhaps I could move out of child mode into adult mode, inviting his adult rather than parental response.⁵

Now Mike refuses to talk to me. The hell-to-pay game when natural professional dominance is transgressed.⁶

Becoming a leader is not easy. Old skin to shed. New skin to grow. Vision is one thing, practice quite another. I hang on to my self-esteem by the coattails.

Conflict is a fact of life. Managing it in tune with my leadership values gives my self-inquiry focus. Cope (2001) writes that “true personal leadership must come from the inner strength of ‘who I am’ rather than ‘what I do’” (p. 19).

TIME TO STRENGTHEN UP. *Every step takes me deeper into the border. Not a place I like but a place I must go.*

Some days later at a regular staff meeting I tried to relive my experience with Mike. I pose, “What would you have done?” Staff are uncertain, as if the conflict unnerves them. They expect managers to deal with the politics. Only Jackie is outraged. Two voices hanker after old ways, voices that consider the doctor should be the final arbiter.

It is good to share the conflict. Leadership is developing community where we share responsibility. How do I shift attitudes to nurture that—that this is *our* practice rather than being alone on a lofty management pole?

“Does being open and sharing my anxiety foster community” or “Do they perceive me as weak by dumping my problem on them?”

Leslie's Lament

Some weeks later, the letter lies on my desk. Luke (one of Mike's GP partners) complains that the hospital failed to set up adequate support services for Mr. Waterman in the community after discharge. This came to light when he visited the family at home. The letter is copied to Stella Wickens, the Director of Nursing. A naked power play.

The phone rings.

It's Stella's secretary. Stella's got the letter! She makes an appointment for Stella to visit in 7 days' time. Stella comes on the phone: “Fax me a report concerning the incident in good time before we meet.”

Stella is new on the patch. Her reputation for being tough and unequivocal on issues precedes her. It is said that “you don't mess with her.” I had sensed her authority at a recent briefing session when she outlined her vision and plans for developing clinical services in line with efficiency savings: The corporate squeeze. I had wanted to say something about “our” vision and plans but something caught my tongue. She invited comment but something in her manner warned me to be careful, especially in the public arena. Learnt behavior reared its ugly head. Not wanting to get my head shot off. We were all so quiet pressed down by the weight of authoritative power.⁷

Stella is the archetypal nurse, seeking, like so many of her kind, to join the dominant class.⁸ Her behavior is typically parental—critical and intolerant of subordinates she feels are not conforming. We all become children struggling to avoid sanction and eager to be stroked, in fact to become like her. Does she have contempt for us? She represents the oppressor without. To succeed must one become like her?

Twisting the paper clip, I reflect on the tension between being in the right place and being put in place (Roberts, 2000). Put in your place, you reap reward. Asserting the right place risks sanction and marginalization.⁹ Hence, I live this tension and struggle to emerge positively from it. Oppression within leads to self-contempt with passive-aggressive behavior (Roberts, 2000). The paper clip snaps.

The next day I chew it over in the car. Blue skies are always a good omen. I corner Leslie, “We need to discuss Mr. Waterman.”

He's busy with a heavy patient load: “Can we talk about it in clinical supervision this afternoon?”

At the session, he expresses his frustration: “I know it’s my fault. I didn’t contact Social Services in good time to make continuing care arrangements and I also forgot to inform the district nurse Mr. Waterman was being discharged.”

He squirms in his chair. It isn’t easy for him to accept his failure.

I say, “What can we learn from this situation and what will your response be to the GP and family?”

“I think I need a checklist, and get the GP’s approval that all is in order prior to discharge. I’ll talk to the GP and write to the family and apologize for the poor discharge.”

“Okay Leslie, do it. Draft me a summary of the situation and your intended action.”

Later, Leslie informs me, “I went to see the GP to apologize. Apology accepted. I felt like a naughty boy.”

Leslie was careless. Big daddy (Luke) had scolded him. Big mummy (me) had comforted him and made it better. I want to admonish Luke but this is not the time for a showdown following the Mike incident. They had made their point. They had scored the points. I understand the game.

It is painful to see Leslie brought to heel. He has been put in his place. It was not a place I want any of the primary nurses to be in. I need them to be assertive. I suggest, “We’ll debrief soon with the other primary nurses.”

Leslie’s Lament

I like autonomy but there’s a price to pay for it

It makes me vulnerable

I ask myself am I up for it?

Nurses are not taught to be autonomous

Sheltering behind diffuse responsibility

Reducing the person to a patient as tasks to do

To protect against anxiety

Now the buck stops with me

Although CJ props me up

No blame no shame is the mantra

Learning through mistakes

But easier said than done when you're in the firing line.

Five days later, I sit with Stella in my small office. From the window, the daffodils are in full bloom. We face each other. No hiding behind a desk. I set out the situation and actions taken. She says, "I visited the GP surgery and spoke with Luke. He's satisfied with the actions taken but insisted that care needed to be improved at the hospital."

Defensively I suggest this was an attempt to create hell to pay because of the Mike conflict. She says she can see both sides of the conflict with Mike. She says, "I appreciate the nature of primary nursing but you must take a more supervisory role to prevent such situations happening again."

I accept the censure and yield.¹⁰ Clearly, our practice needs to be safe and indeed we had no previous complaint.

I say, "I have every confidence in Leslie. He's a fine nurse. He has clinical supervision with me and we also meet at the standards group to ensure quality. I must say that this situation had been blown out of proportion and that the GP contacting you was their power play to exercise authority over the hospital. I will act positively to ensure effective communication between us, yet without succumbing to their domination. If so I cannot lead and manage appropriately."

Stella looks at me intently. I suspect she's hovering with a dilemma. I sense she wants to assert nursing, but on the other hand she wants the problem to be smoothed over and dealt with. I sense she suspects further difficulties if the GPs are not appeased. Smooth running her primary agenda. She stands and smiles. "That's good. I fully support you."

In response, "Let me know if I can help you in any way in your new role."

She responds positively "I am interested in your clinical supervision approach. Perhaps we can meet and talk more of that."

She leaves. The sweat quickly goes cold under my arms. I feel her authoritative positional and coercive power over me even as I resist it.

Time to shed my subordinate skin and assert my leadership.¹¹ Time to get on the front foot!¹²

Stella's Lament

Last thing I want is bloody doctors bothering me

Like kids at school

I've got to go and sort it out

Smooth the angst

Lay down the law

Stamp on them if necessary

But give them some rope to play

With a warning don't hang yourself

They need to know their place.

The next day at the hospital, Luke is as nice as pie. Leslie is most attentive. Old norms are reasserted at least on the surface. Shifting these norms takes time. I remind myself that Rome wasn't built in a day.

Four weeks later, I debrief with the primary nurses. Myrna is critical of Leslie for his "defensive nursing," his extensive notes on a patient's discharge.

Leslie says, "It's true I'm being defensive, but I don't want to fail again."

He looks at me. He knows that I know he's doing this to prove to Luke he is competent. I want to liberate him from his own censor that pulls hard at him, that subordinates him to the GP.

I say, "I suggest we review our discharge standard so we are pulling together. I'll invite the GPs to attend although I doubt they will."

Leslie and Myrna agree.

I say, "Leslie—I need you to realize your autonomy as a primary nurse. Myrna—I need you to understand and support Leslie just as you need him to support you. United we stand, divided we fall."

I know old patterns of relationships are not easily overthrown, but at least the tension now lies thick on the surface so we can actively deal with it rather than brush it under the surface in some sort of harmonious pretense.”¹³

Afterward I reflect on the idea that leadership is concerned with creating a learning community or organization (Senge, 1990), where we learn through a positive reflective approach to our mutual practice. Although we have systems in place through clinical supervision and standard-of-care groups, the primary nurses often feel isolated. I must invest more time in enabling them to grow even if they feel worse for wear. Sometimes the path is rocky, we stumble and fall. “No blame, no shame” is a leadership mantra. It has no merit and no place within a learning organization.

Yoko Beck’s (1997) words come to mind: “For a time our life may feel worse than before, as what we have concealed becomes clear. But even as this occurs we have a sense of growing sanity and understanding” (p. 42).

These experiences with Mike and Stella are moments of reckoning. I have slipped along the organization’s transactional smoothness and understand the way its hegemony has shaped me. Smoothness is a mechanism for control and leads to a generally willing self-imposed submission. Its binary opposite is disturbance, and if conflict is a medium for change, then perhaps it is the more positive term. Imagine a transactional organization extolling the merit of disturbance. What anarchy would ensue? But then it would cease to be a transactional organization. It would be transformed.

More words of wisdom from Margaret Wheatley (1999) to inspire (comfort?) me:

Behaviors don’t change by announcing new values. We move only gradually into being able to act congruently with those values. To do this, we have to develop much greater awareness of how we’re acting; we have to become far more self-reflective than normal. . . . Little by little, tested by events and crises, we learn how to enact these new values. We develop different patterns of behavior. We slowly become who we said we wanted to be. (p. 130)

Within a transactional world overly anxious with targets, fiscal demands, and with its own smooth running, you don’t see too much leadership. You might even ask if a real leadership is possible or even desirable. The transactional works its discourses to ensure resistance is muted in order to maintain the status quo. I see how I am caught up in this culture.

I must play a mindful subtle subversive game to create ripples to disturb the transactional smoothness. If the ripples are too strong, it becomes dangerous and will be ruthlessly put down with a message to others that subversion does not pay. Stephen Greenblatt's (1981) words ring in my ear: "Subversiveness is the very product of that power and furthers its ends" (p. 41). Leaders play it softly, softly chipping away at the power block—a metaphor to guide me.

Seeing the Bigger Picture

Sometime later, I chew over my conflict with Mike. He still refuses to talk with me. I suddenly have a eureka moment! Is the use of beds for respite care warranted, given the increasing demand for beds for other uses such as terminal illness and rehabilitation? Umm, why didn't I think of this before? How easy it is to accept things as normal!

I write to the three GP practices with admission rights to the hospital and ask their views on respite bed provision. I get no replies.

At the next "Friends of the Hospital" meeting I ask for their views on continued provision of these beds, sharing my conflict with Mike. I suggest we only provide one respite care bed to enable a more acute use of beds to serve the community better, particularly for terminal care, again noting the Mike conflict. The "Friends" stir as they weigh up this idea. Shifts in tradition need time to sink in. I suggest we adjourn this proposal until the next meeting.

A month later they agree. I feel relieved that this helps alleviate my conflict with Mike. Certainly, sharing conflict with representatives of service users adds a new perspective that is most valuable.

Three Months Later

Sheila, a care assistant who works nights, knocks on my office door. I had deliberately closed it, so she must knock. My power play. Playing the old hierarchical game. The one she knows well. I have summoned her to see me before she went home after her night duty because of her disparaging comments about the hospital's nursing practice that were overheard in a local shop.

"Come in . . . sit down. Tell me how you feel about nursing at the hospital."

She is nervous, being summoned to speak with "matron."

She confesses, “I want things to be like before when matron was here, when everyone knew where they stood. I never agreed with the previous changes and now it’s happening again.”

We agree that patient care is paramount, just the way we go about it we disagree. I reiterate our collective vision about patient-centered care, emphasizing *our* vision that includes a statement about viewing conflict positively.¹⁴

Stella agrees. “I’ve always been patient-centered,” ignoring the part about conflict. I bite my tongue. I want to ask her what she understands by “patient-centered care,” but I sense there is no point in flogging a dead horse.

I am mindful not to be the critical parent, recognizing she has a critical role to play in advancing practice at the hospital and that my role is to enable that contribution. I smile and say, “Well then, let’s work together to genuinely achieve this rather than be a harping voice that demeans the hospital in the local community.”

She says, “I’m sorry for that. I’ll retire soon so it won’t make too much difference to me.”

“OK, let’s leave it at that.”

She closes the door. The twisted paper clip bends and snaps. I sense my lingering contempt like a bad taste.

Sheila’s Lament

He comes here full of ideas and disrupt everything

I like everything smooth so we all know what we are doing

Thank god I’m retiring

I’ve been here years

I feel abused

As if what I do is not valued

I know that I haven’t shifted Sheila’s attitude, but then what should I expect? The sooner she retires, the better! Cut away the deadwood when the ground is barren. One thing I have learned this past year is that managing change is managing resistance, as people affected by it struggle to

maintain the status quo.¹⁵ But old norms are not easily shifted. Practice is not rational. It is invested with peoples' attitudes and power.

Border crossings are war zones. With Mike and Stella, I am on the back foot as they assume power over me. With Leslie and Sheila, I am on the front foot. Shifting from foot to foot. Not an effective leadership shuffle.

Mike and Stella share a contempt that makes the air toxic when people disturb their authority. But then contempt is endemic. I too am infected as I sense my contempt toward Sheila. But I am now aware of it. I can work on resisting being treated with contempt and not treating others with contempt. Break the transactional pattern.

Life is smoother because conflict doesn't disturb me so much because I am aware of contempt lurking in the background. I have unearthed Greenleaf's (1977/2002, p. 27) ideas on servant leadership that strengthens my leadership vision and gives me a more meaningful leadership framework. In particular, the idea that my core leadership role is to be of service to others and enable those others to grow. Is that true for Roger, Sheila, Stella, and Mike?

It is imperative to maintain hope even when the harshness of reality may suggest the opposite (hooks, 2003). The vogue expression is resilience.¹⁶ Indeed, the narrative could be redefined as bouncing back/moving on from adversity, and the capacity for that is resilience.

The Guardian article on contempt led to a razor-sharp insight that cut deeply. Few people can tolerate the existence of contempt. Yet it is a hidden part of the fabric of everyday practice. It cuts across the grain of health *care*.

Drawing deeper insight from my experience with Mike at a team meeting, I sense, perhaps for the first time, the essential difference between management and leadership. Managers must control using positional and coercive power and that failure to control creates anxiety. In direct contrast, leadership is letting go of control and appreciating the flow guided by values, described as strange attractors within chaos theory.¹⁷ Clearly as a leader I must downplay positional and coercive power and cultivate a relational power,¹⁸ as indeed I have aspired to. Most of all, I erase any contempt for others and see it for what it is when it rears its ugly head. Yet the reality of the workplace is difficult to shift where everyone is wrapped in a transactional and professional dominance culture where contempt lies thick within its skin, although few would acknowledge it. You would think that people who care could come together in common purpose to realize a shared vision, yet the differences between people mitigate against it.

Xmas Party

Fueled by alcohol, Mike, Luke, and myself, our arms wrapped around each other, karaoke “Wild Thing.” All angst seems forgotten. Things return to normal or have they? Have they subtly shifted? Holding the image of being “of service” is helpful. It downplays any positional power play and emphasizes the significance of relational power. It is a humble position to take and helps me be more poised and let go of ego. Ergo conflict is not so threatening. Contempt transcended.

AFTERWORD

In subsequent chapters, I show how this narrative was constructed to guide the interested audience to construct their own reflexive narrative, no matter what their professional discipline is. Perhaps leadership is a pertinent topic?

NOTES

1. The swampy lowlands is attributed to Schön (1987). He wrote:
In the varied topography of professional practice, there is a high, hard ground overlooking a swamp. On the high ground, manageable problems lend themselves to solution through the application of research-based theory and technique. In the swampy lowland, messy, confusing problems defy technical solution. The irony of this situation is that the problems of the high ground tend to be relatively unimportant to individuals or to society at large, however great their technical interest may be, while in the swamp lie the problems of greatest human concern. The practitioner must choose. Shall he remain on the high ground where he can solve relatively unimportant problems according to prevailing standards of rigor, or shall he descend into the swamp of important problems and non-rigorous inquiry. (p. 3)
2. Mayeroff (1971) writes, “To care for another person, in the most significant sense, is to help him grow and actualize himself” (p. 1). The idea of *actualize* resonates with reflexive narrative’s focus on self-realization.

3. Thomas–Kilmann Conflict Mode Instrument offers five styles of managing conflict that can be mapped within an axial grid of assertiveness and cooperation (Thomas & Kilmann, 1974):

Avoidance is both nonassertive and noncooperative

Accommodation is nonassertive yet cooperative

Competition is assertive but noncooperative

Collaboration is assertive and cooperative

Compromise sits in the middle, a kind of no man's land.

From a leadership perspective, I assume that the leader always strives toward collaboration.

4. I am influenced by Ann Dickson's (1972) book that explores assertiveness. The book is empowering to read and challenges my passive/aggressive tendency.
5. Here, I explicitly draw on transactional analysis (TA) (Berne, 1961; Stewart & Joines, 1987). TA enables me to understand patterns of my communication with others based on parent (P), adult (A), and child (C) ego states. Communication needs to be reciprocal to work: P-C, A-A, and C-P. If not, it breaks down. The desired state is A-A. When people become anxious, they tend to flip into learned behavior. Each ego state has subsystems such as critical and comforting parent and rebellious and conforming child. So if Mike or Stella becomes the critical parent (in response to their own anxiety as normal for them within transactional systems), it will naturally flip me into a repentant child (to avoid sanction and be reclassified as a good child rather than a rebellious child). The effective leader is mindful to read such patterns and weigh up the potential consequences of response within any situation. I use the word "poise" to stay in adult ego state whatever the provocation. This can lead to breakdown—but can be remedied by saying something like "I can see you are angry/anxious."
6. In "The Doctor–Nurse Game" (Stein, 1978), the nurse makes suggestions as if it is the doctor making it (thus saving his face). The subordinate nurse is motivated to play this game because the reward is patronage. Failure is hell to pay.

7. French and Raven (1968) developed a typology of leadership power that characterizes leadership as authoritative or facilitative. Authoritative power is positional, coercive, or rewardable (for doing what is expected of you). Facilitative power is relational, expertized, and rewardable (for doing what you expect of yourself). Authoritative equates with transactional-managed organizations such as the National Health Service, whereas facilitative equates with a transformational leadership organization.
8. Roberts (2000) writes, “These members of the oppressed group who attempt to succeed can do so only by attempting to act and look as much as possible like the dominant group” (p. 72). Lewin (1951) calls these “person marginal” because they deny their own characteristics but are not authentic members of the dominant group. These persons attempt to “pass,” but feel shame, self-hatred, and disapproval of their own group.
9. Freire (1972) noted the way subordinate groups are socialized into values determined by dominant groups who control education. Subordinates seek to become like the dominant group by adherence and devotion to these values which they unwittingly assume are their own best interests. In this way, “leaders” are replicated within the system to ensure the status quo with the system’s emphasis on management rather than leadership.
10. I take the idea of “yielding” as a tactical retreat from Blackwolf and Gina Jones (1996), who wrote, “Learn to yield. Yielding is not being passive. It is being sensitive to energy flows and extending wisdom. Allow the winds of change to flow through you rather than against you. Be flexible with what is happening today. Yield to the circumstance, yet rooted with who you are” (p. 281).
11. See the assertiveness ladder (Johns, 2017b, p. 197).
12. Getting on the front foot is to be proactive rather than reactive (on the back foot). It is leading the dance, not following it (Johns, 2016, pp. 26–28).
13. This links back to an earlier experience I reflected on resulting in a published paper (Johns, 1991).
14. Based on Burford philosophy (Johns, 2017b, p. 233).

15. Here I draw on force-field analysis whereby forces act to maintain the status quo.
16. Trawling through texts on “resilience” on Amazon highlights just how vogue resilience is as a topic. I can add no significant insight into these theories, except to say it emerges as a word that is useful to describe my resistance to forces that have impaired my performance as a leader. The emergence of resilience reflects how leaders are essentially alone within transactional organizations, despite any effort, as in my situation, to forge a community of mutual support and responsibility. My insight into resilience is that it is not just the ability to “bounce back” from adversity but to learn from the adversity so as to improve in better shape than previously to deal with future adversity more effectively. In this sense, it resonates with poise.
17. Leadership is chaos theory. It is a paradoxical form of control. As Wheatley (1999, p. 118) writes, “When we concentrate on individual moments or fragments of experience, we see only chaos. But if we stand back and look at what is taking shape, we see order. Order always displays itself as patterns that develop over time” (p. 118). Indeed, reflection and reflexivity enable this appreciation. The strange attractor that gives shape to pattern is the idea of “collaboration” (p. 118).
18. Here, I draw on the work by French and Raven’s (1968) typology of power. They make a distinction between authoritative and facilitative sources of power. My interpretation is that leaders always use facilitative power such as relational and expert power. Despite working within a transactional organization, I have positional power due to my managerial role. I am mindful that their work is dated, yet I found their theory convincing.