

Chapter 11

Addicted to Leadership: From Crisis to Recovery

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This chapter looks at why we default towards toxic types of leadership and compares this behaviour to the drivers behind drug and alcohol addiction. Changing our mental models of leadership, the authors argue, is akin to the process of recovery. They describe how the behaviours of toxic leaders create dependence on the part of followers and show how techniques of recovery can be used to reduce that dependence and show the limitations of 'heroic' leadership. Toxic leadership is bad for us in many ways, not least for our mental health.

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Introduction

Following the events of 2020 (notably Black Lives Matter and COVID-19), and with the world hurtling towards a climate catastrophe, a rising groundswell of opinion suggests that leadership is changing and indeed must change (Tourish, 2020). Many now advocate moving away from a ‘heroic’ leadership model toward a more collaborative, inclusive, responsible and compassionate approach, where the *leadership process* is widely distributed and outcomes are more widely owned. Whilst such shifts are to be encouraged, these are not new ideas and this is not the first time writers have urged us to reconsider leadership. Indeed, as far back as the 6th century BC, the philosopher Lao Tzu suggested:

But of a good leader, who talks little, when his work is done, his task completed, they will say: ‘We did it ourselves’.

(Lao Tzu, cited in Manz and Sims, 1991, p. 35)

Despite the pressing need for more collaborative and inclusive leadership, evidence suggests that in both politics and organisations, people are still drawn towards narratives of charismatic, narcissistic and populist leaders (Foroughi et al., 2019). Why is this and how might we break, what appears to be our ‘addiction’ to many unhealthy and destructive forms of leadership? In this chapter, we suggest that, as leaders, followers and citizens, we have a tendency to default to compulsive, habit-forming, learned patterns of behaviour and thinking regarding the ways in which we view and practice leadership. In exploring the parallels between these and drug and alcohol ‘addiction’¹ (including the drivers of addiction and interventions used to support recovery), we attempt to distil key principles, which could support radical change in leadership theory and practice. We use the notion of addiction in both a *metaphorical* sense – by

conceptualising the ways in which followers, leaders and wider society may be addicted to forms of leadership – and a *literal* sense – by drawing on real life examples from addiction services and leaders working within them.

We begin by considering the nature of addiction and the kinds of longing and desires that might lead us to become addicted both to forms of leadership and to substances. We then shift our focus to the wider systemic and contextual factors that underlie leadership toxicity and the potential for leaders and followers to be drawn into destructive patterns of thought and behaviour. This is then illustrated through specific examples from drug and alcohol services, which illustrate the potential for senior leaders to mirror similar patterns of thought and behaviour to that of their clients. We conclude by drawing insights from work with people who are dependent on drugs and alcohol to consider the processes through which we might endeavour to overcome our individual and collective addictions to leadership and begin to navigate the long and challenging road from crisis to recovery.

Addiction and Longing

The process through which people become dependent on drugs, alcohol or anything else occurs over a period of time. Like the ubiquitous frog in a pan of boiling water, the situation deteriorates at a rate that may not be noticed until it's too late. The first step on the road to recovery, therefore, is to acknowledge the nature of the problem and to seek help.

Drug and alcohol addiction is described as a chronically relapsing condition. Whilst a genuine desire and intention to change is an important first step for people who are dependent, it is only the start of what is often a long journey towards recovery, frequently interspersed with lapses and relapses. Classic interventions aim to develop a more conscious awareness of thought processes and behaviours, find ways to sustain a continued level of vigilance around patterned responses and ensure meaningful activity and ongoing support. Recovery is seldom a one-off

event and is frequently described as a daily practice, requiring courage, strength and support to sustain, often over many years.

Addressing leadership addictions similarly requires awareness, vigilance, an exploration of new activities and ongoing support to achieve and sustain change. Collaboration, courage, flexibility and a willingness to consciously engage with complexity and uncertainty feature prominently along this road.

Leadership and Longing

Traditional fairy tales have much to teach us about longing. Their beginnings often introduce us to deep desires, and their telling and endings find ways to resolve and contain them. Bettelheim (1976) suggests that the house in the story of Hansel and Gretel, for example, symbolises a fantasy of infantile bliss:

The house at which Hansel and Gretel are eating away blissfully and without a care stands for the good mother, who offers her body as a source of nourishment. It is the original all-giving mother, whom every child hopes to find again later somewhere out in the world, when his own mother begins to make demands and to impose restrictions.

(p. 161)

The lead author's experience of working with people who are addicted to drugs and alcohol suggests that substances can also symbolise this fantasy. She once asked a client how he would describe a bottle of wine if it were a person. He said it was 'an uncomplaining friend, who met my needs in every way'. He said it 'cocooned' him and let him 'live in a fantasy'. Clients who used heroin also talked about being 'wrapped in cotton wool' and the 'euphoria' of their first heroin 'high'. One woman, in writing about heroin addiction, spoke of her longing for the 'irrevocable glories of the first time' (Marlowe, 1999, p. 1).

Whether we love or hate our leaders, there is a strong draw toward them, and even when they fail us, we continue to make them objects of our attention, vilifying them or hoping that they will come good. Despite a well-earned reputation for flagrant disregard of the truth, a catastrophic start to management of the COVID-19 outbreak and many people saying they didn't trust him, millions of people across the UK tuned into Prime Minister Boris Johnson's addresses to the nation during the pandemic. A similar pattern of events unfolded on the other side of the Atlantic as US President Donald Trump mused on various (frequently unscientific and often dangerous) ways of stopping the virus and Brazil President Jair Bolsonaro described COVID-19 as 'a measly cold'. In repeatedly watching these televised addresses, what is it we were longing for? Were we just looking for information from our nation heads – or were we longing for something more, which was offered by the promise, confidence and charisma of these leaders?

Several academics have written about the 'leadership mystique' (Gabriel, 1997; Kets de Vries, 2001) and the 'romance of leadership' (Meindl et al., 1985). Gabriel (2005), following a 'leaderless' teaching experiment with MBA students, concludes that the 'symbolic space' of leadership insists on being filled and that the importance we accord it seems to represent early parental figures. Grint (2009) references Erich Fromm's (1941) *Fear of Freedom*, when he argues that the decline in communal relationships over time has led to people feeling unbearably lonely and increasingly responsible, the fear of which drives us to seek refuge in leaders. Grint (2009) further suggests we look to leaders to protect us from existential angst:

It is into this permanently unstable world that leaders, especially charismatics, step, offering certainty, identity, and absolution from guilt and anxiety to replace – and displace – the moral quagmire and purposeless existence that existentialism reveals.

(p. 100)

It could be argued that the compulsive draw towards our leaders is like an addiction, and that this inhibits followers from taking responsibility. Is this addiction, however, a wholly bad thing? Leaders, after all, provide a container for our aspirations, act as permission givers and represent important issues. Greta Thunberg, for example, could be seen as the physical embodiment of the climate change movement, offering the hope and vision her followers long for. Not all addictions are viewed as harmful. Many people, for example, are addicted to tea and coffee, and there are other common addictions in our modern world which many would regard as innocuous (e.g. addictions to exercise or shopping). Some drugs, however, are seen as being particularly toxic and we would suggest that the magnetic pull of a 'toxic' leader can be harmful, especially in crisis situations.

Toxic Leadership

The concept of 'toxic' leaders and leadership (Lipman-Blumen, 2005; Whicker, 1996) suggests that the very traits and tendencies that enable people to rise to senior positions within organisations (such as high levels of self-confidence, drive, competitiveness, etc.) may also be associated with psychological disorders (narcissism, psychopathy, etc.) that may come to have a dysfunctional effect within organisations and wider society. Maak et al. (2021) compared the handling of the COVID-19 crisis by Trump and Bolsonaro to Germany's Angela Merkel and New Zealand's Jacinta Ardern, arguing that narcissism and ideological rigidity are key 'fault lines' in leadership. They point to the way in which Merkel and Ardern cultivated positive relationships with stakeholders, took heed of the evidence base and sent messages of unity and collaboration. By contrast, Trump and Bolsonaro failed to do this, looking only to evidence which propped up their own view of the world and dividing – rather than uniting – diverse stakeholders. Like many writers, Maak et al. (2021) call for more compassionate and responsible leaders.

Understanding Context

Whilst we wholeheartedly endorse the need for responsible and compassionate leadership, we believe that too great a focus on the characteristics and behaviours of individual leaders – the ‘villains’, ‘heroes’ and ‘heroines’ of our fairy tales – fails to recognise the wider context within which they operate, and which got them to where they are in the first place (see Ladkin, 2020 for an insightful example). After all, villains are often the product of toxic experiences and further supported by toxic environments. Heroes and heroines need healthy people, systems and contexts to help them reach the Holy Grail. So, whilst the world cries out for more compassionate and responsible leaders, it is vital that we create the environments which can sustain and support this style of leadership.

There is a parallel here with the way in which people often view addictions; regarding affected individuals through a negative moral lens, as the ‘sinners’ entirely responsible for their predicament. The reality is that many people who become dependent on drugs and alcohol have been heavily affected by harsh upbringings/environments, including poverty, sexual/physical abuse, parental absence, parental substance abuse and parental mental ill health and/or domestic violence. Evidence suggests that up to two-thirds of drug users have a history of adverse childhood experiences (Tilson, 2018), and there is a strong correlation between substance misuse and other complex needs, such as mental health, criminal behaviour, and homelessness. Studies have found that these adverse experiences can be exacerbated by the ‘system’, which aims to help, but can be daunting to navigate, with the constant demand to re-tell traumatic events, exacerbating symptoms of post-traumatic stress disorder (PTSD) and potentially re-traumatising individuals. In response, services are increasingly focusing on trauma-informed and system-based approaches, where the focus of responsibility for change is seen as not only residing with the individual, but also with the way in which services can collaborate, reconfigure the system and take a more trauma-informed approach to people’s care (Fenney, 2019).

Toxic Triangles

The term ‘toxic trio’ has been used to describe the issues of domestic abuse, mental ill health and substance misuse, which have been identified as common features of families where harm to children and adults has occurred. In leadership literature, Padilla et al. (2007) refer to the ‘toxic triangle’, adding the issue of context to argue that, whilst destructive leaders and susceptible followers may be present in many situations, it is only where they are combined within a conducive environment that damaging leadership occurs.

In the wake of the COVID-19 crisis, many leaders in the National Health Service (NHS) emerged emotionally exhausted and bereft, struggling to survive in an environment which is under-funded, target-driven and places huge expectations on individuals. Paradoxically, whilst they operate in an organisation where the founding principles are about responsibility and compassion, they themselves are vulnerable to the toxic impact of witnessing trauma, with staff working in intensive care units during the COVID-19 pandemic showing a 40% likelihood of developing PTSD – twice that of military veterans recently engaged in combat (Greenberg et al., 2021). In such cases, it may be unreasonable to expect them to open their hearts any further to show compassionate leadership, a point noted by Maak and colleagues (2021):

It cannot be overstated, how demanding it is for a leader to make space for human moments, and to be present for and attentive to those who suffer in a situation in which pressure on the leader is relentless.

(p. 74)

The potential for leadership roles to be toxic or harmful in and of themselves has been highlighted by Frost and Robinson (1999), who used the notion of the ‘toxic handler’ to describe the way in which leaders and managers are expected to deal with and absorb distress, anxiety and conflict on a daily basis. Frost (2003) drew an analogy between exposure to these ‘toxic

emotions' and the exposure of a factory worker to dangerous or carcinogenic chemicals – something which he personally experienced in his own work as a manager and which may well have contributed to his early death from cancer.

Gallos (2008) cites research by cognitive scientists that demonstrates that some people are more attuned to being empathic than others. She suggests that caring leaders are likely to fall into this category and considers factors that enable these leaders, who she refers to as 'toxin magnets', to stay healthy. A report published by the Kings Fund (West et al., 2017) argues that compassionate leadership is critical to creating a culture of innovation and improvement in the NHS to meet the needs of a changing population. They argue, however, that it is unrealistic to expect individual leaders to demonstrate compassion unless a culture of compassionate leadership is embedded throughout the organisation.

Addictive Behaviour in Leaders

In 2013, the authors presented a paper at the International Studying Leadership Conference which explored patterns of addictive behaviour in leadership practice in drug and alcohol charities. At the time, the lead author was chief executive of a drug and alcohol charity. Building on Padilla et al.'s (2007) notion of the 'toxic triangle' and in light of her own experience, she was interested to look at how the potentially toxic nature of leadership roles, and the expectations and aspirations of followers, may draw leaders into dysfunctional and addictive ways of feeling, thinking and behaving that are harmful for themselves, their organisations and others. She conducted a first-person action research case study and semi-structured interviews with three senior-level managers in UK-based addiction charities. The action research was conducted over a period of four months, during which time she experimented with mindfulness and reflective practice. She also consciously reflected on her own leadership and management practice throughout this period by keeping a regular journal.

Several issues emerged within the case study and interviews that suggest similarities between the experiences of senior managers in drug and alcohol charities and the clients their organisations support. Research participants described feelings and behaviours such as a sense of deprivation and crisis, the feeling of work being ‘critical’, and the experience of being ‘absorbed’ to the exclusion of all else. A further parallel which emerged in the case study was that between the leaders’ self-destructive working behaviour (e.g. working late, not stopping when tired) and the self-destructive behaviour of addicts. It was noted in the case study that being ‘busy’ could be experienced as a ‘numbing out’ or could lead to ‘feeling more’ due to the stimulation – both feelings that dependent drug and alcohol users will say they use substances to experience. It was further noted that being ‘busy’ could affect engagement with others and lead to feelings of chaos and disorganisation, again having parallels with the behaviours and feelings of addicts. A further parallel noted in the case study was ‘habitual behaviour and associations’, such as eating chocolate when working late. It was observed that relentless activity was often followed by a ‘crash’ – feeling low and empty – and this was likened to the ‘crash’ and ‘come down’ of people who use stimulant drugs.

In each of the interviews and in the case study, there was a common theme of the difficulty in managing and maintaining work-life boundaries. These were most frequently expressed in terms of time management, identities and the expectations of others. The theme of boundaries is particularly significant in considering the behaviour of people addicted to substances. People using illegal drugs, for example, break legal boundaries and those injecting drugs break the boundaries of their own skin. In the case study, a recurrent sense of ‘not enough time’ was noted which may be linked with an underlying sense of deprivation/crisis.

All the research participants talked of the practices they used to manage their stress levels, including acupuncture, yoga, reflection and meditation. Each talked of the need to have someone to talk things through with. Within the case study, the author experimented with mindfulness meditation and keeping a personal journal. She noticed a change in her approach to reflection, from simply thinking about what had happened and how she thought/felt about this to

asking herself why she was seeing/feeling things in particular ways. This was facilitated by some informal coaching sessions when the coach modelled this approach to her own reflections. The regular journal writing created a further vehicle for increased reflection during this period.

Although balancing competing identities remained a challenge, reflection helped identify and explore how different roles were constructed and positioned vis-à-vis one another and, over time, it became possible to navigate between them more successfully. Both reflection and mindfulness were found to help in stepping back from personal preoccupations and focusing on the needs of others. When engaged in practising mindfulness, the author found herself better able to avoid more habitual and unhealthy working patterns, to notice things which benefited from her attention and to tolerate the ‘not knowing’ that often accompanies senior roles (what the poet John Keats termed ‘negative capability’).

The study suggested that a disciplined approach to reflection and mindfulness can be helpful in managing toxic influences and relating to them differently. The literature review and research further pointed to the importance of self-awareness, so that leaders can be more conscious of and less driven by unconscious thinking and behaviour patterns. Reflection was seen as an important tool in developing self-awareness and managing internal and external expectations and stereotypes. It was also seen as helpful to engaging with and understanding other people better.

The practice of action research was considered as a reflexive practice in itself. This was beneficial in enabling the researcher to critically explore her reflections in an iterative manner. Similarly, with mindfulness, action research enabled her to look at the ways in which mindfulness affected her role, which encouraged her to access this practice more, see the challenges of engaging with it and try different ways of incorporating it into her various roles.

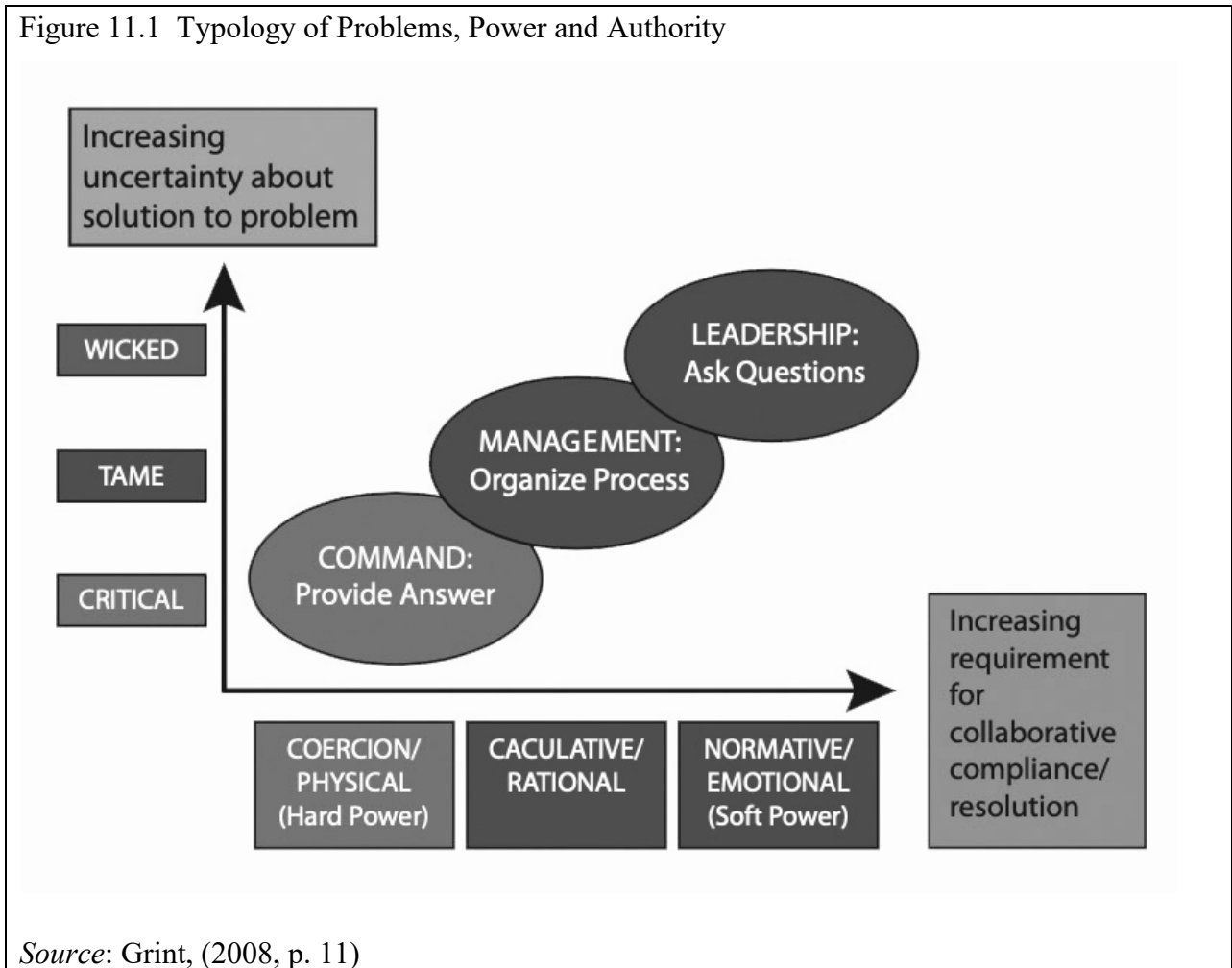
Overall, this study suggests that the demands of senior management roles in drug and alcohol charities (and most likely elsewhere, too) place pressures on their incumbents that may lead to dysfunctional and damaging patterns of affect, thought and behaviour. Mindfulness and reflection are proposed as potential antidotes that enable greater awareness of self and others and

the capacity to break out of the ‘toxic triangle’. Further exploration of whether these tendencies are more peculiar to this sector (i.e. leaders mirror the difficulties their clients experience or people with addictive tendencies are attracted to this type of work) would be useful.

Addiction and Sensemaking

Grint (2008) looks at leaders’ addictions to making sense of the world through a particular lens so that they can respond in a way which they find easier or more rewarding. Grint looks at how different levels of certainty call for different responses from leaders. He illustrates this in Figure 11.1, using Rittel and Webber’s (1973) classification of different types of problems.

Figure 11.1 Typology of Problems, Power and Authority



Source: Grint, (2008, p. 11)

Grint (2010) points out that more complex, ‘wicked’ problems don’t lend themselves to simple solutions, as they usually cross cultural and institutional boundaries. Grint suggests that the lack of obvious solution requires the leader to engage with a broad range of stakeholders and take a more collaborative approach, which many leaders find difficult to do:

But because we are prisoners of our own cultural preferences we become addicted to them and have great difficulty stepping outside our world to see something differently.

(p. 9)

Although Grint sees what he calls a ‘leadership’ approach as being the most appropriate response to wicked problems, he points out the privileged position of decision-makers, making them the ones who define the problem. Grint argues that leaders are often addicted to management and command, and therefore tend to define problems as being more urgent or straightforward than they are.

Overly simplistic or blatantly false definitions of problems and solutions also result from a further pernicious addiction prevalent in the modern world: our addiction to social media. Vosoughi and Roy (2018) found that fake news spreads six times faster than genuine news and the recent documentary on Netflix *The Social Dilemma* highlights alarming concerns regarding the impact of fake news and the manipulation of data on democratic processes.

Maak et al. (2021) suggest it is incumbent upon responsible leaders to challenge erroneous information:

Responsible leadership that aims to champion evidence-based decision making also needs to actively challenge misinformation and science denialism. Judged by Brandolini’s bullshit asymmetry principle that ‘the amount of energy necessary to refute bullshit is an order of magnitude bigger than to produce it’ (Williamson, 2006), this is a formidable task.

The impact of cultural context on how we define problems – and indeed, solutions – has parallels in the world of drug and alcohol addictions. In the UK, alcohol and tobacco are legal drugs, regulated by the government, which benefits from taxes levied on the alcohol and tobacco industries. Most people would see heroin as a far more problematic drug, yet alcohol and tobacco cause more deaths by far and detoxing from alcohol carries an inherent risk of fatality, which is not the case with heroin. The way in which drugs are viewed varies across cultural contexts and time. Alcohol, for example, was prohibited in the United States between 1920 and 1933, and of course remains prohibited within much of the Muslim world. By contrast, heroin was legal and widely prescribed for common ailments in the UK in the 1930s.

Giving Up Addictions

There are many forces which cause a gravitational pull towards heroic leaders, the allure of toxic leaders, toxic systems and practices, and distorted lenses through which we view the problems and solutions of leadership. If leadership really is to change, what is it that we have to give up, and how can we maintain recovery from our many addictions?

Relinquishing Pleasures

The transtheoretical model of change (Prochaska et al, 1983)² suggests that people considering changing their behaviour go through different stages in the process of change. One of these stages is called the ‘contemplation stage’, during which people are ambivalent about whether they want to make a change or not.

An exercise called ‘decisional balance’ is a relapse prevention intervention³ commonly used at this stage with people addicted to drugs or alcohol. It prompts users to weigh up the advantages and disadvantages of continuing to use and examine the short-term and long-term

consequences. This enables addicts to acknowledge the pleasures and benefits of their substance use, whilst facing the reality of the consequences.

People in leadership positions are no different, and there are many pleasures to be had from occupying these roles (Gosling, 2019). Some of these may be harmless, but some are unhelpful and may even be toxic. As with addicts, leaders should examine their motivations, ambivalence and the impact the pleasures they enjoy have on others, their organisations and the wider environment within which they operate. DiAngelo (2018), for example, suggests that white leaders must acknowledge their ‘white privilege’ and face up to their ‘white fragility’ in order to engage in meaningful conversations and contribute positively to addressing racial inequality.

Disillusion

Using drugs or alcohol can be an attempt to control and regulate the difficult internal or external environments which users experience. This illusion of control comes at a high price, often spiralling individuals into deeper misery and cumulative difficulties. The numbing effects of use to manage physical and psychological pain and the longing for a state of bliss lead people to go from one drink and one fix to the next. In the process of giving up, addicts have to learn to stop, to be with the resulting empty space, to sit with deeply painful feelings, and tackle what are often complex and difficult situations.

The fantasy that leaders (or one model of leadership) can resolve and control the complex issues we face is also an illusion. Followers, seeking refuge from existential angst, can cling to the comfort of the illusion, whilst leaders, supported by the insidious power of social media, can perpetuate it. The process of disillusionment requires a willingness to tolerate uncertainty and complexity.

Heffernan (2020) argues that Silicon Valley has perpetuated a myth that with enough data, we can gain control over the future. However, she points out that certainty doesn’t exist and

the future can't be predicted. In April 2021, three eminent climate scientists wrote an article which challenged an over-reliance on the notion of 'technological salvation', claiming that computer modelling using anticipated technological solutions to removing greenhouse gases from the air, balanced against forecast carbon emissions, has been overly simplistic and led to erroneous judgements and overly simplistic thinking with regards to when 'net zero' can be achieved:

Such models represent society as a web of idealised, emotionless buyers and sellers and thus ignore complex social and political realities, or even the impacts of climate change itself.

(Dyke et al., 2021)

Negative Capability – Being and Being Without

A powerful antidote to the illusion of control and the inherently future state of longing is a call to engage with present reality and the uncomfortable feelings which can accompany its inherent uncertainty.

Cultivating a quality of 'being' in order to adopt a different kind of attentiveness to the present, using mindfulness and reflexive practices, was explored in the author's research mentioned previously. Von Bülow and Simpson (2020) discuss this in relation to the demand that busy leaders need to be 'more caring', which they say can feel like 'another thing to do' in their demanding jobs. They suggest, instead, that leaders need to foster a quality of being and they point to the concept of 'negative capability' (mentioned earlier) as an alternative way to understand the concept of care. They suggest that negative capability has two aspects: first, the ability to give focused attention to those things which require our attention without the distraction of unhelpful thoughts, feelings and actions; and second, the ability to be with uncertainty in a way which enables an openness to what is true.

Negative capability, as a radical acceptance of *being* and *being without*, thus creates the conditions for giving a heightened quality of attention in all of its multi-dimensional complexity.

(p. 3)

An openness to the uncertainty and complexity of the world we inhabit would also support leaders and researchers to accept that there are likely no neat and simple solutions to many of the challenges the world faces. Whilst we long for resolutions and fairy tale endings, both the addict's road to recovery and the solutions for leadership are unlikely to be predictable, linear or straightforward. In his analysis of leaders' addiction to defining problems as 'tame' or 'critical' to rationalise the use of simple solutions, Grint (2010, p8) suggests we need 'clumsy solutions' to more complex, 'wicked' problems.

Avoiding Cross Addictions

The tendency to give up one addiction and replace it with another is known as 'cross addiction' (e.g. when an addict stops using heroin but starts drinking heavily), which fails to deal with the underlying problems.

In relation to leadership, Grint (2010) points to the danger of replacing the romance of 'heroic leadership' models with an equally dangerous romance of 'distributed leadership' and collaborative working models, which in practice have their own challenges. He contests that groups of people with different philosophical outlooks tend to be addicted to different models of leadership. He suggests that what is needed is an openness to different types of leadership at different times, with followers taking more responsibility and both leaders and followers being prepared to give up their 'addictions':

We need to be managers, leaders and commanders at different times . . . the addiction to command is not restricted to power-hungry commanders but also involves anxiety-prone and responsibility-avoiding followers . . . getting off the addiction will require the equivalent of ‘cold turkey’ – the unpleasant period of ‘drying out’ so that the addiction is gradually halted.

(pp. 310–311)

The Paradox of ‘Unleadership’

Jarvis et al. (2020) write about the limitations of both heroic and distributed leadership during the COVID-19 crisis. They point to the many unsung heroes and heroines who shopped, prepared meals for and stood on the doorsteps of neighbours, and who found ways to source and make PPE (personal protective equipment) when the government was failing to provide this.

Paradoxically, it seems that when it appeared that the leaders had no solutions, alternative ways forward emerged. Jarvis and colleagues call this ‘unleadership’, because people acting in these ways don’t define themselves *in relation to* leaders or leadership (i.e. they are not focused on opposing or having power over others), but act collaboratively, co-creating an emerging reality. These people, they argue, challenge our obsession with powerful (and power-hungry) leaders, and highlight the importance of *paying* rather than *seeking* attention to make a difference in the world. They also refer to ‘the illusion of control’ (discussed previously):

In the UK, COVID-19 has exposed the limitations of strong leaders who cling determinedly to the illusion of control . . . underestimating both their citizens’ willingness to limit their individual freedom for the common good, and their creativity and resourcefulness in working around the barriers created by centralised control.

(p. 133)

Services working with addicts and other health and social care services have similarly moved away from models which promote practitioners and clinicians as the only experts, holding a monopoly over the expertise and knowledge required to ‘treat patients’. There is an increasing emphasis on ‘strength-based’ approaches, focusing on the ‘recovery capital’ (social, physical, human and cultural resources and strengths) of people using services, working *with* rather than *for* people, and on the importance of mutual aid and the co-creation of services.

Checks and Balances

To maintain changes, addicts are encouraged to anticipate situations which may lead to lapse or relapse and to put in place checks and balances. They may, for example, draw up an emergency plan for what they will do in a high-risk situation, and they may complete a ‘relapse prevention plan’, looking at different strategies, including meaningful activities and forms of support. Social networks are an extremely important feature in recovery, and for many addicts, regular involvement with a mutual aid group (e.g. Alcoholics or Narcotics Anonymous) is an absolute lifeline.

Checks and controls can be put in place to minimise the potential negative impact of narcissism in some leaders. Maccoby (2000) proposes several solutions, including: finding a trusted sidekick who can challenge the leader’s assumptions and encourage them to consider alternatives; indoctrinating the organisation to internalise the vision and values of the leader; and getting into psychoanalysis, because through self-awareness and reflection narcissistic leaders will be better placed to exploit the positive aspects of their personality and minimise the negative impacts. Dotlich and Cairo (2003) argue that effective executives regularly commit ten ‘unnatural acts’ that help mitigate against derailment, including surrounding themselves with people who create some discomfort, connecting instead of creating, trusting first and asking questions later, giving up some control, and coaching and teaching rather than inspiring and leading.

Waking Up

The thinking and behaviours which underlie addictive habits are often unconscious. Relapse prevention and other cognitive behavioural interventions support addicts to become more conscious of, be vigilant about and take responsibility for those things which trigger them, putting them at risk of lapse and relapse. A commonly used relapse prevention technique, based on the principles of mindfulness meditation, is called ‘urge surfing’. This technique is used to help an addict deal with urges or cravings by sitting with the feeling and exploring the somatic reality of the sensation, as opposed to reacting to the habitual response of their mind.

Leaders, too, can be supported to become more conscious of patterned responses through reflexive and other types of awareness-raising practices (e.g. mindfulness). Self-assessment instruments, such as the Hogan Developmental Survey, can be helpful in identifying and monitoring behavioural tendencies that may lead to executive derailment and putting in place strategies for mitigating the potential causes and consequences; 360-degree appraisal and executive coaching and mentoring are likewise valuable in raising awareness and creating spaces for leaders to talk through, reflect upon and respond to insights with regard to their leadership practice.

The responsibility for vigilance around toxic influences and indicators of leadership toxicity and addiction, however, should not be left to ‘leaders’ alone, but also actively promoted and facilitated at organisational and societal levels. In an environment now commonly characterised as VUCA (volatile, uncertain, ambiguous and complex), it is interesting to note that the Zulu word ‘vuka’ means ‘to wake up’. This could enable all of us to be aware of our responsibilities to play an active part in the governance and leadership of the organisations and communities to which we belong. As Grint says:

Leadership, then, is not just a theoretical arena but one with critical implications for us all and the limits of leadership – what leaders can do and what

followers should allow them to do – are foundational aspects of this arena. Leadership, in effect, is too important to be left to leaders.

(Grint, 2005, p. 4)

Conclusion

It would be rather neat to end this chapter with a ‘happily ever after’ solution to where leadership needs to go, a formulaic recipe for success of the kind which makes bestsellers. This would, however, ignore the wake-up call COVID-19 gave us, the call to grapple with much bigger and substantial issues that our world faces (e.g. climate change, social inequality, polarisation and isolation, and the increasing misery caused by a plethora of addictions). These ‘wicked problems’ will likely only respond to ‘clumsy solutions’. We do, however, suggest that there is merit in drawing together parallels between key principles and approaches in understanding addiction and an emerging discourse regarding the ways in which we need to fundamentally change our narrative about leadership.

There is an important role for drugs in our society. Diamorphine (pure heroin), for example, provides a kinder ending to people who suffer pain in their final days. Equally, there is a role for leaders and for different types of leadership to respond to different types of problems. As people, and as leaders and followers, we need to recognise, however, when our leadership addictions become harmful.

Just as Hansel and Gretel needed to relinquish the fantasy of the ‘all-giving’ mother, we need to be willing to relinquish the fantasy that drugs and leaders will quell and distract us from our longings and discomfort. This requires a maturation and letting go of the illusion of control by addicts, followers and leaders. We don’t suggest that there can never be any straightforward solutions or plans made for the future. Indeed, we uphold that longer-term visions and aspirations are vital to effective leadership. However, strategies of leaders and their organisations (to realise

their visions) need to acknowledge, tolerate and make space for an increasing level of uncertainty, twists and turns, and emergent solutions along the road. Nurturing a quality of attention (e.g. through reflection and mindfulness meditation) supports leaders and followers to do this and to pay attention to the right things. As Jarvis et al. (2020) argue, this paradoxically opens the space in which solutions (familiar and unfamiliar), compassion and responsibility can emerge.

A high level of consciousness regarding situations, tendencies, behaviours and habituated ways of defining and responding to problems which are associated with substance use and leadership toxicity would benefit leaders, addicts and organisations. Leaders should examine their motivations and be prepared to give things up, including privileges, which cause harm to themselves and others. Whilst there are times when the expertise of the clinician or leader is needed, leaders and practitioners (health and social care) need to be prepared to give up on the seduction of being the expert and recognise the part their clients, employees or citizens will play along the road to recovery or in the resolution of ‘wicked problems’.

Putting in place checks and balances which root out toxic influences and developing leaders’ self-awareness will support this. Addicts need to re-evaluate their social networks, choose their friends wisely and find people who will support them and refuse to collude with their addiction. Similarly, we need to critically appraise and choose our leaders wisely, ensuring they are surrounded by the right people, who will support and challenge them to act wisely.

Tendencies towards addictive behaviour must also be seen within the context of the system, and the forces supporting toxic systems (notably the media) must be held to account. Our leadership systems tend towards an individualistic orientation, emphasising progression, promotion and reward. If we are to nurture compassion and responsibility in leaders, we should ensure that compassion and responsibility are at the heart of the system within which leaders operate, and develop ways to identify and address systems where this is not the case. As some academics would attest (Jarvis et al., 2020), a focus on outcomes – as opposed to the performance of the individual leader – creates the conditions for ‘unleadership’ to emerge,

whereby people get things done because they see that things need doing, as so many people did during the COVID-19 crisis. This is not just about leaders or followers, but about what can happen in the co-created space between them both. Similarly, allowing space within the system for users of drug and alcohol services to co-create services, as experts in their own recovery journeys, can have remarkable outcomes.

Responsible leadership requires a deep sense of self and community – valuing diversity, ethics, the individual and the collective. It is something that involves all of us, leaders and followers, binding us in a moral relationship that can be quickly undermined through neglect, indifference and the sleepy dreaminess of the candy cottage. In much the same way that supporting the recovery of people who are unfortunate enough to fall into addiction is both an individual and a societal responsibility, so, too, is the need to wake up to and call out the harmful aspects of toxic leadership and our collective leadership addictions. Only then can we escape our dependency on villains and travel the long, uncertain and winding road from crisis to recovery.

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- 1** The term ‘addiction’ has been used to align with what other writers have written regarding addictions in leadership. It should be noted that this is a contested term, which has its roots in a disease and more individualistic model of addiction. Furthermore, the term ‘addict’ is often associated with moral overtones, which can ‘demonise’ individuals. The authors take a more collective perspective (viewing ‘addiction’ as the outcome of societal and cultural influences, and hence a collective – as well as individual – responsibility). They would usually talk about *people* who are dependent on drugs or alcohol.
- 2** This is one of the stages in the Transtheoretical Model of Change described by Prochaska and DiClemente (1983).
- 3** Relapse prevention is based on a cognitive-behavioural model of the relapse process developed by Marlatt and his colleagues (Marlatt and Gordon, 1985; Parks et al., 2001).