Teaching leadership the “Day After”, with care

Alexia Panayiotou
Department of Business and Public Administration, University of Cyprus, Nicosia, Cyprus

Abstract

Purpose – This paper aims to share the author’s thoughts and reflections on teaching leadership in “pandemic times”. The author has been teaching leadership for nearly 20 years, both to undergraduate and graduate students, always stressing the importance of humility and compassion, traits that were often doubted and questioned vis-à-vis more traditional, masculine, perceptions of leadership. Yet, local and international leadership during the pandemic brought to surface the need and effectiveness of such characteristics, or what the author calls “the need for a feminist ethics of care” in leadership.

Design/methodology/approach – This paper is a thought piece stemming from the author’s experiences and reflections.

Findings – The paper discusses the fact that the most successful handling of the pandemic was largely carried out by female leaders, while also asking “why did so many male leaders do badly?”

Research limitations/implications – With this thought piece, the author hopes to not only engage the readers in a discussion about effective leadership but also on how to teach leadership in today’s schools of management.

Originality/value – The paper hopes to serve as a springboard for opening the discussion around traditional masculinist modes of leadership that have proven to be detrimental in managing the COVID-19 pandemic while also proposing that feminist leadership embedded in an ethics of care is what the world needs today.

Keywords Ethics of care, Critical pedagogy, Leadership

Paper type Viewpoint

I cannot imagine going back to the classroom in the Fall, virtual or physical, without making the pandemic a central tenet of whatever I will teach. As a citizen, as a human being, I am aghast at all that has materialized these past few months. As a critical educator, I feel that the pandemic – and its management – is one huge “teachable moment.” It cannot be wasted.

I have been teaching leadership for nearly 20 years to both undergraduate and MBA students. Through the years, as I became a more experienced teacher, I moved from a textbook-style course to what some of my students have called an “idiosyncratic” class, which, to a large extent, reflects who I am. I am aware that as I write this, eyebrows may be raised – is this not a rather self-indulgent admission and, possibly, “bad science”? As I believe that critical reflexivity is actually our only guide to “good science” (Cunliffe, 2004), before continuing, I should explain then what I mean by “reflects who I am.” First, I define myself as a feminist academic and educator. I am an academic who cannot seem to leave her activist life behind, passionate about tying research and policy and with a firm belief in our responsibility to engage with the wider public beyond the

The editors invited the author to be a part of this special issue on COVID-19.

The author wishes to thank the Guest Editors, Adelina Broadbridge and Andrie Michaelides, for their kind invitation and useful guidance during the writing of this piece. The encouragement and suggestions of Miranda Christou are warmly appreciated. And the inspiration drawn from Carol Gilligan and her life-changing classes is at the core of this thought piece.
I am a Cypriot but raised and educated on two continents, with all of my degrees from US universities, none of which are in business or management, although in my pre-academic life I worked in several industries from banking to television, including a stint as an analyst in Silicon Valley. These experiences have led to a simultaneous ease and unease with my own difference and otherness, and it is, perhaps, because of these that I have always been drawn to paradoxes and the need to make sense of seemingly opposite phenomena. I have a natural affinity to “borders” not as separation but as connection, drawn to the dash or the hyphen as the most interesting place one can inhabit. I see, then, my academic life very much similar to Anzaldúa’s (1987) “borderland,” an in-between place where questioning the unquestioned is the driving force. This is the place where my leadership class comes from.

The class did not start from this place but it ended up there. It did not start out striving to “do leadership differently” (Sinclair, 2005) nor did it necessarily aim to critique traditional heroic masculinity (Panayiotou, 2010) or to place the “quest for the primal mother” at center stage (Hopfl, 2010). But through a journey, like all journeys of learning, it came to materialize in a place where I teach that humility, compassion, empathy and care are the defining characteristics of good leadership. In the first session, I like to provoke the students by asking who jumps to mind when they hear the word “leader.” In countless renditions of this question, I invariably get similar answers with minor variations for the president or prime minister of the time or the most prominent football player. From Alexander the Great to Steve Jobs, I typically get a leader prototype as a well-known, historical, political figure, a white, able-bodied, upper class, heterosexual male from the West. I prompt the class to think of other figures by projecting on the screen unknown, (purposely) female figures – and, lately, with a ‘twist’: they are unexpectedly taken from Fortune magazine’s 2019 list of the most influential leaders in the world. These include the teen activist Emma Gonzalez campaigning for gun control in the USA and Sister Norma Pimentel who has been helping thousands of immigrants on the Texas–Mexico border. I then give a non-textbook definition of leadership by relying on a famous quote by the 6th century BCE Chinese philosopher Lao Tzu: A leader is best when people barely know he exists, when his work is done, his aim fulfilled, they will say: we did it ourselves [1]. Usually, my (male) students are aghast, especially those in top-level managerial posts. There is definite silence. Students with army and police backgrounds often stare in disbelief, if not contempt: “how can you, a petite female academic with no on-the-ground leadership experience, tell us how to lead when we have been leading hundreds of people (men) for the last x years.” I typically get references to war and how disastrous such a perspective – my perspective – would be “in real life.”

The pandemic has showcased, even if tragically, the cost of this typical reaction in the global “classroom.” It has also showcased why a feminine – and I would say feminist – type of leadership is the only viable type of leadership in today’s complex world. A lot of articles in the popular press have highlighted the success of several female world leaders in managing COVID-19. A Forbes article asked, for example, what do countries with the best coronavirus responses have in common? [2] The answer is that they are female. From Germany’s seasoned chancellor Angela Merkel to Finland’s young and newly elected Prime Minister Sanna Marin, female leaders who are only 7% of world leaders seem to have done a better job, on average, in dealing with the pandemic, regardless of a difference in specific tactics – Chancellor Merkel, with a doctorate in Quantum Chemistry, relied heavily on Science; New Zealand Prime Minister Jacinda Ardern led with what she called a “kindness first approach [3].” Statistics, for example, Figure 1 from The Telegraph on April 28, 2020, documented that female-led nations had significantly fewer deaths.
In Figure 1, we can see that, even though some countries with male leads also did well in regard to the overall death toll (including Cyprus and Greece, which are not shown in Figure 1), very few with female leaders did badly.

So, to repeat the question posed by The Telegraph’s Rigby, Newey and Gilbert, why do female leaders seem so good at tackling the coronavirus pandemic? [4] There are, first of all, several common characteristics in how the heads of Germany, Taiwan, New Zealand, Iceland, Finland, Norway, Denmark and Serbia dealt with the pandemic: they listened to scientific expertise; they implemented widespread testing; they gave easy access to quality medical treatment; they relied on aggressive contact tracing; and imposed tough restrictions on social gatherings. Beyond specific measures though, it is important to assess what lay behind the measures taken. I propose that this is an ethic of care (Gilligan, 1982).

Although mention of an ethics of care has featured in the work of several philosophers in some form (e.g. Kierkegaard and Heidegger), I would like to make a special reference here to the work of Carol Gilligan who brings a feminist understanding of this. (I have also been Carol’s doctoral advisee, so her influence on my thinking – and life – has been profound). In her influential book In a Different Voice, Gilligan (1982) argues that women’s sense of morality is based on relationships and feelings of care and responsibility toward others. Noting that women’s development is tied to connections rather than differences – which in turn is tied to a sense of self – she criticized traditional moral development theories that were both male-centered and undermining of women’s (socially constructed) experiences. According to Gilligan, an ethic of care ties the self to the other and emotion to reason; transcending these binaries in traditional thinking was a paradigm shift in psychology. It highlighted interdependence rather than separation and underlined that the human condition is inevitably one of connectedness [5].

In discussing effective pandemic leadership, I propose then that those leaders who gave everyone a voice, through the power of their own voice, who listened carefully and who directed attention to relational understandings of the situation were the ones with the most successful outcomes. We also know that the leaders embodying these characteristics are overwhelmingly women – for whichever sociological, political or psychological, complicated reasons. The reasoning of an ethic of care is, as Gilligan says on her website [6], inductive, contextual and psychological, rather than deductive or mathematical – and this is what is needed during unprecedented crises. To use one of Carol’s favorite quotes, the world’s complexity, when seen through the lens of an ethic of care, is “like a puzzle with humans.”

Interestingly, one of the many webinars I had the chance to listen to during the lockdown was by Sherman of the Harvard Kennedy School of Government and author of Not for the Faint of Heart: Ambassador Wendy Sherman Lessons in Courage, Power and Persistence (2018). The talk was titled “Leadership in the COVID-19 Era,” and although I had emailed in a question about the gender aspects of effective leadership before the event, to my surprise, it turned out that Ambassador Sherman’s entire talk was devoted to precisely this aspect. Highlighting the effectiveness of Jacinda Ardern and other female heads of state, she also gave other on-the-ground examples of inspiring leadership, again by women; for example, she gave a special mention to Sarah Cody, an epidemiologist and Santa Clara County’s (California) public health officer who ordered the first American coronavirus lockdown [7]. Sherman noted a pattern of common traits in all these leaders: humility and a willingness to consult experts; ability to understand one’s community and empathy; willingness to ask questions and to have their decisions questioned and if necessary altered with a new turn of events; high emotional intelligence and ability to set targets that inspire; ability to negotiate, not for the self, but for the common good; and skilled in being able to operate horizontally and to build community. Sherman also connected these characteristics to female leaders embodying Gilligan’s “ethic of care” under which women tend to see the world relationally. Furthermore, she added, women who have gotten to these top positions have most likely worked extremely hard to get there – given the prevalent sexism in politics – and therefore carry with them a unique repertoire of skills. Following a seeming psychoanalytic perspective, she also said that “maybe there is something that goes all the way back to our childhood... (relating to) who we go to with a scraped knee”, who we go to when we are in pain or have ill health. These figures are typically female, oftentimes a mother or a school nurse.

I do not wish to veer off into a psychoanalytic discussion of leadership, which would be beyond the scope of this paper. But I do want to highlight a point that both Tomkins (2020) and Gabriel (2015) make, a point also made earlier in other contexts by Hopfl and Kostera (2003), “the maternal archetype has received (little) attention from leadership scholars” (Tomkins, 2020, p. 4). Gabriel (2015) argues that the criteria used to judge leaders are often rooted in fantasy and myth as well as early life experiences. Also drawing on Gilligan’s work, he defines a “caring leader” as one who offers personalized attention to his or her followers and is willing to go beyond the call of duty in dispatching his or her responsibilities. This archetype (Kociatkiewicz and Kostera, 2012), even if epitomized in images similar to Christ as the good shepherd, has received little attention, according to Gabriel, especially when compared to the heroic archetypes underpinning leadership. And yet, it is important.

In a recently published article, Tomkins (2020) has also drawn on an ethics of care and compassion to address questions asked daily in UK politics over Boris Johnson’s apparent absence from the handling of the pandemic. She argues that Johnson’s absence has been risky, sending a message that he “does not care,” triggering “especially powerful anxieties about betrayal and abandonment” (p. 1) and a perception that he is not carefree but rather careless (Lowrie, 2020). Tomkins (2020, p. 3) actually makes a distinction between Johnson’s dubious style and Ardern’s combination of “empathy, emotional resilience and[...] efficiency[...] (which seem) to crystallize what it means for leaders to embody and enact care” (Sinclair and Ladkin, 2020). Agreeing with Ciulla (2009) that “the job of a leader includes caring for others or taking responsibility for them” (Ciulla, 2009, p. 3), Tomkins also notes that being present is crucial to both accomplish and show this care. Care, after all, is not just about the self; it is “about active involvement with others” (Ciulla, 2009, p. 3).
Furthermore, Tomkins (2020) draws on Gabriel (2015) to argue that our expectations of leaders are shaped by “familial archetypes.” She says:

Based on the primal template of father and mother, leaders in our adult life are experienced as an all-powerful father-figure and/or an all-loving, caring, accessible mother-figure. The paternal archetype can be seen in notions of heroic leadership, which is stubbornly resistant to efforts to displace it with a “post-heroic” perspective, at least in the public imagination (Grint, 2010) (p. 4).

Has the pandemic provided then a ground on which to shift past this traditional heroic perspective to a caring (maternal) archetype? From McKinsey to Fast Company and other traditional business publications, we have seen extensive coverage of “compassionate leadership” and calls for empathy and humility [8]. Even the rather mainstream Harvard Business Review has called for “leading with humanity and purpose” [9]. Has the leadership discourse finally shifted to not only encompass non-traditional forms of leading but also to finally accept female leaders as anything other than an “anomaly” (Panayiotou, 2016)? The media has always treated women professionals and leaders as “others,” whereas men have been represented and legitimated as “natural” (Elliott et al., 2016). It has also enacted purposeful strategies to “other” women: by carefully scrutinizing their bodies (Sinclair, 2005) and dress (Kenny and Bell, 2011) or, rather, pantsuits (Flicker, 2013); by framing some women as “champions” that have it all (Liu, 2016); by using discursive strategies such as nicknaming (Pullen and Taksa, 2016); or by calling into question either their femininity or their leadership skills (French and Webster, 2016). Often, female leaders are cast in impossible binds they must negotiate – the femininity/competence bind (feminine women are neither mature nor decisive) and the sameness/difference bind (how to be the same as a man while also being different) (Jamieson, 1995). Leadership is a highly gendered phenomenon (Liu, 2016). As French and Webster (2016, p. 46) write, “women constantly walk a tightrope of inclusion and exclusion” in which they are constantly judged by masculine standards. In this context, female leaders have typically shouldered the burden of hiding their femininity and/or what could be perceived as traditional or stereotypical female behavior.

Yet, what we have seen during the pandemic – and what the media and the business publications mentioned have picked up on – is that it is precisely these traditionally feminine characteristics, such as empathy, compassion and care, that have led to the most effective coronavirus responses. In fact, to go a step further, some female leaders have not only negated the aforementioned “binds” but also worked successfully within the maternal archetype, therefore potentially up-turning traditional media perceptions of leadership: Jacinda Ardern’s video of telling New Zealand children that the Easter bunny may not come this year went viral [10], while Sanna Marin’s first-ever children’s press conference was widely publicized [11].

One could argue, of course, that such acts fall within traditional norms of female behavior and are therefore seen as “acceptable.” I do not think that this is what we are witnessing. I believe that the pandemic and its effective management by many female leaders who used, to a large extent, an ethic of care, has not only brought to the forefront the skills that are required in today’s complex world but also created a new visual image of leadership, one that goes beyond binaries, binds and either-or perspectives. I would like to think that we are finally moving toward new understandings of leadership that significantly call into question, both the mono-dimensional masculinist/patriarchal/heroic depictions of leadership and also its detrimental costs.

I am not saying that the media has picked up on this new image; on the contrary, typical gender stereotyping has led some of the media to applaud women’s “risk averse behavior [12].” However, as Ambassador Sherman also noted, these aggressive responses were anything but “risk averse.” Shutting down one’s country, taking a pay-cut and giving generous aid and relief packages are all politically and financially risky acts. A similar
argument is that these caring acts are less costly politically for women because they do not violate gendered norms and expectations. I think that these positions belittle the sexism that female leaders have to endure and also the impossible binds that they have to face. It is in this context that researchers such as Eagly and Carli (2007) argue that women are not really facing a glass ceiling anymore but a labyrinth, a complex system of visible and invisible barriers, a route full of twists and turns, where the only way to make it through is to be persistent, aware and careful in dealing with the multiple puzzles that lie ahead.

Of course, beyond the question of why female leaders did so well in managing the pandemic, there is another question worth posing here: why did so many male leaders do badly? Nicholas Kristof, one of my favorite columnists in the New York Times, said it quite well:

It’s not that the leaders who best managed the virus were all women. But those who bungled the response were all men, and mostly a particular type: authoritarian, vainglorious and blustering.

Think of Boris Johnson in Britain, Jair Bolsonaro in Brazil, Ayatollah Ali Khamenei in Iran and Donald Trump in the United States [13].”

To get his point across Kristof gives a hypothetical but gruesomely eye-opening statistic: “If the United States had the coronavirus death rate of the average female-led country, 102,000 American lives would have been saved out of the 114,000 lost” (as of June 13, 2020). His answer then to my question above: the male ego. Similarly, Robin Dembroff writing in the Guardian argues that macho leaders have proven to be a weakness in this crisis and blames toxic masculinity for the disastrous handling of the pandemic by leaders such as Trump and Bolsonaro [14]. Dembroff concludes:

We do not need patriotism and weapons; we need globally connected medical research, social safety nets and healthcare. We need leaders who allow public health experts, rather than their political self-interest, to guide policy. We find ourselves in a time that calls for traditionally “feminine” traits, such as empathy, solidarity and compassion. The men in charge have chosen to prioritise their precarious sense of manhood, rejecting scientific evidence, deploying rhetoric of violence, war and division, and placing us all in harm’s way.

Clearly, I am not arguing for a causal relationship here between a leader’s sex or gender and effectiveness. It may be, for example, that countries who elect female leaders have other important characteristics in the first place; for example, the countries noted are all multi-party democracies with high levels of public trust in the government [15]. Kristof has also written that, “It’s possible that this isn’t about female leaders but about the kind of country that chooses a woman to lead it [16].” Voters who elect female leaders who listen to science and expertise may also be more willing to trust and to follow epidemiologist recommendations themselves. Or, it may be that cultures that see leadership as less masculine are both more likely to have a female head but also more likely to act in empathetic and collectivistic ways as citizens [17]. Finally, one cannot dismiss that women leaders are also more likely to have diverse cabinets that potentially shield them from risky groupthink phenomena. Finland’s Sanna Marin’s cabinet, for example, quickly made headlines in December 2019 because it was female-dominated, whereas three of her ministers were, similar to her, under 40 years old [18]. Whatever the case may be, understanding these complex relationships is important.

We know that the COVID-19 crisis has had a profound and disproportionate impact on women [19], with some writers such as Helen Lewis of The Atlantic fearing that the coronavirus has taken us back to the 1950s, negating hard-won feminist gains [20]. We also know that the response to the crisis has been largely male-centric [21], so much so, in fact, that the United Nations circulated a policy brief on April 9, 2020 noting both the impact of COVID-19 on women and calling on governments to take specific measures, such as ensuring the availability of gender aggregated data, working with services to deal with the
increase in violence against women, making the increased care burden visible and ensuring home schooling with minimum parental guidance [22]. Some of the other articles in this special issue will deal with all these important topics. What I hope is that amidst all this, we will also pause to think about the power and possibilities of feminist modes of leadership that are based on an ethic of care and the need for human interconnectedness and relationality. We now know that the alternative is deadly.

Notes

1. I qualify the masculine pronoun noting the time in which Lao Tzu lived.
5. Gilligan (1998, p. 342) actually makes a distinction between a feminine and a feminist ethics of care, noting the following: "a feminine ethic of care is an ethic of the relational world as that world appears within a patriarchal social order: that is, as a world apart, separated politically and psychologically from a realm of individual autonomy and freedom which is the realm of justice and contractual obligation[...]. A feminist ethic of care begins with connection, theorized as primary and seen as fundamental in human life. People live in connection with one another; human lives are interwoven in a myriad of subtle and not so subtle ways. A feminist ethic of care reveals the disconnections in a feminine ethic of care as problems of relationships. From this standpoint, the conception of a separate self appears intrinsically problematic, conjuring up the image of rational man, acting out a relationship with the inner and outer world[...]." (emphasis mine).
6. [link](https://ethicsofcare.org/carol-gilligan/)
9. [link](https://hbr.org/2020/03/a-time-to-lead-with-purpose-and-humanity)
12. For example, [link](www.nytimes.com/2020/05/15/world/coronavirus-women-leaders.html)
References


About the author
Alexia Panayiotou is an Associate Professor in the Department of Business and Public Administration at the University of Cyprus. Her research interests include critical pedagogy, gender and work, feminist analysis of organizations, the representation of management and organizations in popular culture, organizational space and symbolism, organizational paradoxes, visuality and organizational narratives. Her work has appeared, amongst others, in the Academy of Management Learning and Education, Management Learning, Strategic Organization, Organization and the Journal of Management Inquiry. Her article “Paradoxes of Change” (coauthored with G. Kassinis) received the 2016 Best Paper Award in the Academy of Management Organizational Development and Change division and was a finalist for the all-Academy Dexter Award. Dr Panayiotou is currently an Associate Editor of Management Learning. She has also served as an Associate Editor of the European Management Review and has been on the Editorial Boards of the British Journal of Management and Equality, Diversity and Inclusion. Alexia Panayiotou can be contacted at: alexiap@ucy.ac.cy

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