

*INDIVIDUAL AND TEAM SHIFTS, INTENDED
AND UNINTENDED OUTCOMES:
A CASE STUDY OF A CONSULTING INTERVENTION
INCORPORATING THE CLINICAL PARADIGM
IN A SOUTH AFRICAN BANKING ORGANISATION*

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Executive Master Thesis
Coaching and Consulting for Change
INSEAD, Fontainebleau
January 2014

Acknowledgement

I wish to thank my husband David and my children Aaron and Maya for enduring this thesis and suffering through it, especially over recent holidays and occasions where they were held back by my writing – or non- writing! This project has been a long time coming, and you have put a lot on hold to support me through it, either in the form of my absence, or often my presence but without the required attention and focus. My mind has truly been elsewhere.

Thank you to Liz Florent-Treacy for your endless support and availability, and to our professors Roger Lehman and Erik van der Loo for your valuable inputs, challenges and for holding the space for us to reflect together.

Thank you to a few people who have helped me significantly along this journey. Apart from your critical reflections, you made me feel less alone along the way – Heidi Carter and Marie Claire Dassen for your valuable inputs, Barbara Nussbaum for your more than insightful edits, Roland Roberts for your assistance in transcribing some of the data from the feedback forms, and Debbie Hanekom and Delia Rickard for your endless support and huge skill in formatting, laying out and working beyond the call of duty.

I wish to thank my clients, for being so willing to give of their time and so open to sharing their reflections and thoughts. I continue to be inspired by how you approach the business of leadership, and how you work to contribute in many, many ways, to those who work with and for you, and to the larger South African society that you are a part of.

I also wish to thank my professional partners during this enormous journey over the last 8 years, Heidi Carter and Marc Feitelberg. Together we have laughed and cried, often we have felt we would never find a way through, but always we have managed to find ourselves, find each other, and also a creative solution through the maze of problems and issues to be solved along the way. I treasure the friendships and professional support that I have in both of you.

This thesis was largely written over a remarkable time in South Africa, the time of Nelson Mandela's death. He has been so enormously revered here and abroad, and has left

me with such an immense sense of inspiration of how to be and what can be achieved in this country. South Africa has always been, and is currently fertile ground for innovation and new ways of doing things; new ways of organizing and new ways of leading. During the process of immersing myself in the data and insights from the research, Liz Florent-Treacy reflected on some of the findings and made reference to the fact that these support a collective approach to leadership. The South African context with all its diversity, contradictions, richness and sorrows, provides too an environment in which new approaches to leadership can be experimented with. I am deeply fortunate to have been enriched by my working life and experiences here.

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ABSTRACT

There is increasing focus on changing organisational culture in order to help organisations strategically differentiate themselves and create more authentic work environments. When looking at culture change there is a view that organisations don't transform and that organisational transformation or culture change process is based on individual change processes. However changing individuals is not easy. Embedding lasting change must address unconscious psychic dynamics both within individuals and teams; often rational approaches alone are insufficient in producing fundamental shifts.

This research presents a case study of a large South African banking organisation employing 28 000 employees, that in a time of turnaround and crisis, chose to differentiate themselves by positioning their culture as a strategic competitive advantage. To support this they designed and implemented a large-scale corporate culture intervention which sought to address rational and emotional aspects of individual and team behavior and deal with the deeper underlying unconscious behaviours that inhibit change in individuals and teams. The intervention approach chosen incorporated the thinking and perspectives of a clinical approach. It was led by the leaders in the bank and over an 8 year period it reached the top 8000 leaders, primarily in intact team formats.

The case study analyses data from the top executives and the most senior 10 teams in the bank and examines how the clinical paradigm can be applied to large-scale culture transformation processes in order to support deeper levels of change. It explores how a leader - led culture change processes incorporated both aspects of a rational and emotional change. The research focuses on some of the distinctive conditions that may warrant incorporating a clinical approach to large-scale culture change. It examines intended and unintended outcomes, shifts in individual and team behaviour and what components of the clinical intervention contributed to the shifts. As a secondary focus, it discusses the key difficulties or resistances to this approach.

This case study suggests that a psychoanalytically informed clinical approach can be used on a large scale at a senior level in today's organisations in order to enhance the individual and team awareness and functioning, and in so doing indirectly impact on organisational wellness and health. The research demonstrates how the clinical approach, when practically applied, contributes to both intended and unintended outcomes in

individual and team change processes. The research confirms the importance of integrating both rational and emotional change processes as part of an overall cultural transformation journey. The results also illustrate how some of the key components of the clinical paradigm contributed to the shifts.

Key words: organisational case study, clinical approach, group coaching, culture change intervention, intended and unintended outcomes, organisational change processes, individual change process, psychoanalytically informed organisational intervention.

INTRODUCTION

During August 2005, my work partner Heidi Carter and I found ourselves outside the main board room of a major South African bank preparing to present to its Group EXCO (the most senior management body comprising of all the senior executives) on our credentials and proposed approach to dealing with large scale culture and values transformation in the bank. We were extremely nervous as our business, the Centre for Conscious Leadership, was a very small boutique consultancy and in no way compared to size and capacity of the other competing companies represented by the consultants waiting outside.

In the boardroom, that we later referred to as Battleship Galactica, our anxiety was well founded - we were not only met with the Group EXCO, but also other board members some of whom were on video conference from London. All were present to interrogate the proposed vendors.

We were awarded the tender, and for the past 8 years much of our professional focus has been on conceptualising, designing and implementing the culture and values transformation process, that has by now reached the top 8000 people in the bank. It has been an enormous task, one with many dilemmas, questions and crises that often we felt we would not find a solution to. There were many so called dark moments of internal and external wrestling - and many moments of elation and a sense of privilege at being able to do this work in the world. During the process we have been surrounded by extremely insightful co- thinkers and contributors, and have partnered with many people inside the bank, including the now former CEO, who I believe is one of the most profound thinkers and visionary business leaders in South Africa.

Feeling professionally drained and exhausted and in need of renewal I decided to broaden my thinking and enrolled in the CCC program at INSEAD. During this time I was more formally exposed to the psychoanalytic and clinical paradigm. I could immediately see the relevance and applicability of this paradigm in the work we had done at the bank. I was, however, much too close and too burnt out by the intensity of the intervention, to have any additional space and time for reflecting on the case and the applicability of the CCC learnings to it.

Now, being somewhat more removed from the immediacy of the case, I have been able to reflect on this piece of work through a psychoanalytically informed clinical paradigm. With the benefit of hindsight, the opportunity to write up the case study has helped me realise that although at the time we were not consciously or explicitly applying the psychoanalytic or clinical approach, the design and implementation of the culture and values intervention was based on many of these theoretical foundations. Additional reflection has helped me appreciate how our approach managed to deal effectively with many underlying dynamics that often prevent change from happening.

Increasingly, many organisations are focusing on corporate culture and values as a way to differentiate themselves. They seek to build competitive advantage through human capital, by attracting and retaining people, through efforts to create more empowered, effective and authentic work environments. They are exploring various interventions and methodologies to transform corporate culture and values and are asking key questions about individual and organisational change processes and what large scale systems change entails. There is a rigorous debate among consultants and business leaders about whether it is best to focus on changing organisations or whether the focus should be on changing individuals. There is a growing body of knowledge that supports the idea that in order for organisational change to succeed, the priority must be on changing people (Barrett, 2006; Band 1995; Steinburg, 1992). However when looking at the implementation of large-scale culture change interventions, they pose complex challenges. These have to do with the unconscious dynamics, both at the level of the individual, the team, and the collective socio-cultural context of the organisation (Diamond & Allcorn, 2003). Individuals experience profound reaction, resistance and heightened anxiety when confronted with major organisational changes (Bovey and Hede, 2001).

Bovey and Hede (2001) and Kets de Vries (2004, 2005) argue that too often change interventions are approached from a rational perspective only focusing on the technical process and organisational dimensions. Insufficient attention is given to the human dimension, in particular to containing the anxiety and working with the unconscious forces at play in supporting the individual and collective shifts needed.

Thesis hypothesis, objective and research questions

The main hypothesis I would like to put forward is that the distinctive psychic and unconscious conditions at play in culture change efforts require a balanced intervention approach that not only addresses the rational side of organisations, but also works at a deeper level to support individuals and teams in the shifts needed and to adequately contain the anxiety evoked when changes occur. Furthermore, culture change processes in organisations must be leader – led, they involve rational and emotional shifts in individual and team behaviour, and they have unintended outcomes that cannot be predicted.

With this thesis I would like to demonstrate how the clinical paradigm can be applied to support this deeper level of change in a large scale cultural transformation process, and how when leader led, the clinical paradigm can be effective in achieving both intended and unintended outcomes and shifts in individual and team behavior. In presenting this case study I hope to contribute to a deeper understanding of the distinctive conditions and rationale behind the use of the clinical paradigm in a culture change context.

The key research questions that I am answering in respect of this hypothesis are:

- 1) What are some of the distinctive conditions and decision making processes that may warrant incorporating a clinical approach to large scale culture change process?
- 2) What are the shifts in individual and team behaviour over the 10 senior teams over the period 2006 – 2013 that show evidence of the efficacy of the clinical approach?
- 3) What are the key components of the intervention that contributed to these shifts framed from a clinical perspective ?
- 4) What are some of the possible resistances or difficulties experienced in this approach?

An interesting byproduct that surfaced in this case study was some of the key possible difficulties or resistors to this approach.

This thesis is not intended to be a comprehensive description of the clinical approach but is based on reflections that surfaced with the benefit of hindsight from my experiences as a consultant supporting a large scale culture transformation process, and with the data and findings from the thesis. With reflection these experiences surfaced conditions and

patterns that emerged which could be framed as the conditions for a clinical intervention.

Thesis structure

The literature review summarises the applications of the psychoanalytical and the clinical approach to organisations; culture, values and change processes; the need to balance traditional rational and clinical approaches; and the application of group coaching to support individual and team change processes.

The next section then focuses on the approach used to conduct the research, describing the research design, methodology and data gathering techniques. I then move onto an in-depth analysis of different sources of data and present the findings. The next sections discuss the key findings and offer conclusions and suggestions for further research. The bibliography is followed by an appendix which provides supporting documentation describing additional detail of a core framing document, some of the practical steps taken in the implementation of the intervention including detail of the overall strategy and then quantitative data relevant to the study.

LITERATURE REVIEW

When embarking on the literature review, I started by looking for research that would directly address my research questions and found a lot of literature on the practical application of a psychoanalytically informed clinical approach to organisations. However I found no literature on large-scale case studies using the clinical paradigm as a methodology to support culture change processes at senior leadership levels. I thought that this in itself was interesting, so hoped that this piece of research could make a meaningful contribution to the application of psychoanalytic studies to culture change in organisations. This section reviews the relevant literature and then draws insights and questions relating to the case study.

This particular case study lends itself to many research perspectives, which could inform the literature review. Some of these include: culture and values in organisations; organisational change; individual change; new organisational forms (such as learning and authentizoid organisations); psychoanalytic and clinically informed applications in organisations; application of team coaching; and reflective spaces.

Given the wide scope of the case study and the central thrust of the research, on how a clinical approach can contribute to large scale culture change processes through supporting individual and team shifts, I decided to focus the research on the following topics:

- The psychoanalytic approach and its application to organisations
- Organisational culture, values and change processes
- The clinical approach and its application to organisations (include authentizoid)
- Balancing traditional rational approaches with a clinical approach to organisational change
- Group or team coaching

The literature review has been an iterative process, and I have gone back and forth between reading relevant literatures while also doing the data analysis. I have attempted to present key themes and conclusions of the research and then indicate how insights from the literature relate to questions in the case study.

On the psychoanalytic approach and its application to organisations

Whilst it is beyond the scope of this research to explore psychoanalytic theory in depth, it is helpful to clarify that the core of the psychoanalytic approach is about deeper self-understanding, self-confidence, stability, a richer sense of meaning and greater freedom around personal choice (Mitchell & Black, 1995; Guntrip, 1971). Central to this approach is to understand how unconscious forces are affecting our behaviour and choices in everyday life. Kets de Vries (2000) has demonstrated how the psychoanalytic approach to individual and organisational studies has uncovered the hidden and unconscious aspects of individual and organisational systems.

Driver (2003) explores psychoanalytically grounded approaches to organisational diagnosis and intervention and comments on how much of the psychoanalytically grounded research highlights the dysfunctional side of organisations and unveils a darker more inhumane side of organisations. There are other authors who focus on the more dysfunctional aspects. Diamond & Allcorn (1987) who look at the psychodynamics of regression in work groups stemming from anxiety arising from each individuals attempt to construct a psychodynamic equilibrium. Gabriel (2012) writes about organisational miasma, a concept that describes a state of pollution – material, psychological and spiritual that impacts on those who work in organisations undergoing change.

Since the bias of psychoanalytic research is often on the dysfunctional side of organisations, some researchers have developed a different view and focused instead on how they can improve organisational health and organisational function (Driver, 2003). Driver (2003) states that there is now more emphasis on the enabling approach. For example Brown and Starkey (2001) recommend a psychoanalytic approach to improving organisational learning and performance. Harry Levinson (1972) looks at how to use psychodynamic insights to reduce emotional distress. Kets de Vries (2004) and Kets de Vries and Balazs (2005) have clarified how and why psychodynamic approach can help to create healthier and more effective organisations. Diamond (1993) also suggests that psychoanalytically grounded insights can improve interpersonal relationships and the overall health of organisations.

There is not only a strong suggestion that psychodynamic insights can help to improve the health and functioning of organisations but also increasing recognition that as practitioners working in organisational life, we should be striving to contribute to

organisational health and wellness. Driver (2003) also takes this further: “some practitioners in the field seem to suggest that psychoanalytically grounded organisational insights may (or even should) be applied in organisational practice, such as consultation, for the betterment of organisations.” She adds: “whether and how this may be done in practice seems to depend on, just like in clinical psychoanalysis, how practitioners handle various critical issues” (2003, p.44).

However how to evaluate and measure what betterment or health entails is yet another complex issue. Driver (2003) identifies one of the problems with psychoanalytically grounded consultation: the absence of a clear definition of organisational health. Even viewing organisations as healthy is problematic in that in so doing we run the risk of reifying organisations and assuming that like individuals they can be healthy (Mitchell & Black, 1995). Other questions remain: is a measure of improvement related to organisational health, organisational performance, or learning and renewal? Is the measurement quantitative (as measured by staff surveys and other measurement tools) or qualitative (as measured by peoples feeling, loyalties to the organisation)? What are the other intervening variables that impact on quantitative measures? As you can see, the concept of measurement and evaluation of organisational interventions is in itself a large topic of research, which lies beyond the scope of this thesis.

Insights from the literature related to the case:

When applying the knowledge derived from the literature review, I realise that as Driver (2003) suggests, this case study is primarily directed to us the practitioners who apply psychoanalytically grounded organisational insights to organisational practice, for the betterment of organisations. The question however is in what way can psychodynamic insights be applied in a large scale cultural change process? There is no literature to support whether this had been done, nor how to approach it as a practitioner.

Driver (2003) suggests that the application of psychoanalytically informed theory depends on how practitioners handle certain critical issues. I realise that there may be a significant gap in understanding exactly what critical issues need to be handled, and exactly how this should or could be done. This links to a core research question of this thesis: what are the components that contribute to the shifts in a culture change intervention, and how do these contribute to our understanding of some of the parameters of the psychoanalytic or clinical paradigm?

Given the problematic nature of defining organisational health mentioned in the literature, in this particular case, we were extremely fortunate. The CEO had already developed a definition of organisational health. In his view, it was both linked to culture and values and was also linked to ensuring that the organisation continued to survive. The literature helped clarify the nature of the consultant brief: to focus on how to improve the functioning and effectiveness of the organisation and specifically to focus efforts on a positive contribution of organisational health. In essence, this is exactly what this case study is about: how to use a psychoanalytically informed approach to improve the wellness of individuals and the health of the organisation, especially given the previous organisational crisis and ill – health, and its dysfunctional impacts.

Measurement is particularly relevant to this case study. Given that the definition of organisational health is linked to culture and values, the critical question then becomes: how do we measure culture and values in an organisation? Are we choosing appropriate measures?

Organisational culture, values, authentic organisations and change processes

It is beyond the scope of this thesis to look in detail at the broad field of organisational culture and values. However, I have reviewed the literature on authentic organisations and also attempted to understand how the impact of culture and values can be understood in the context of individual and organisational change processes.

Schein (2004) states that organisational culture is best described as “the way we do things around here”, the implicit rules of the game. It is a reflection of the shared basic assumptions, patterns of behaviour, values and beliefs that have persisted over time. Values are an important driver of corporate culture (Barrett, 2006), and are also considered to be the most invisible components of organisational culture (Kotter & Heskitt, 1992) and the deepest drivers of human behaviour. Acknowledgement is made of the fact that values can be conscious or unconscious and have a both a potentially positive and or a potentially negative impact on our lives and on those around us. Barrett (2006) illustrates this point by referring to examples of positive values such as: trust, creativity, passion, integrity and potentially limiting values such as power, blame, greed, status etc. He does not however offer an explanation of how to deal with unconscious values.

A psychoanalytically informed perspective on culture focuses on the latent psychosocial reality of the organisation as shaped by the emotional and unconscious dynamics and not so concrete drivers of human behaviour (Diamond & Allcorn, 2003). When considering culture change processes from a psychoanalytic perspective Diamond and Allcorn (2003) refer to the importance of surfacing collective anxieties, conflicts, underlying motives, unconscious meanings, desires, assumptions as well as the thoughts and emotions that are typically suppressed or out of range of the conscious awareness of organisational members.

There are many descriptions of new organisational forms and cultures that seek to provide better ways of organising systems. Kets de Vries speaks to the need to create “authentic organisations” (*authentizotic* being derived from Greek roots, describing organisations where members experience a sense of authenticity and feel alive, where they are at their best and most productive) (2005, p.2). Executives in authentic organisations take every opportunity to minimise the presentation of a false self. They consciously reduce the identity confusion that can often arise through presenting one image to oneself and another to others. “Such leaders know that authentic individuals are more willing than others to look inside themselves and to accept the consequences of their actions” (Kets de Vries, 2005, p.13). These organisations have climates of openness and trust, where conflict can be resolved authentically, and people can work together more productively.

There is a well-established literature on the need to change organisational cultures, in order to deal with the complexities of today’s environment and to build real competitive advantage through human capital (Barrett 1998). Many organisations have begun to recognise that cultural capital is the new frontier of competitive advantage (Collins & Porras, 1995; Kotter & Heskett, 1992; Barrett, 2006). Cultural capital is the value attached to the leverage that emerges through collective mental programming, i.e. values, beliefs, and behaviours of organisational members are aligned in a way that supports the organisation’s relationship with employees, suppliers, customers and society (Barrett, 2006).

The question is however, how do we go about changing something as entrenched as a corporate culture? Indeed can cultures of organisations change? Some of the literature on cultural and values change processes looks at values alignment (Barrett, 1998; Collins, 2001), values measurement processes (Barrett, 1998) while others focus on behavioural change processes. However there seems to be a gap in describing how practitioners might deal with rich underlying dynamics and unconscious processes in getting people to really

change their core values and behaviours in an organisational context. Kets de Vries and Balazs (1998) speak about many consultants who have over simplified models of human behaviour that pay no attention to deep-seated underlying processes. These change models are not only superficial and simplistic but are often based on rational views of human behavior.

Another angle within the literature on culture and values change is about the role of the leader. There is common acknowledgement of the importance of the culture and values change being led by the CEO or leader. The role of the leader is to help contain the anxiety and break defensive routines. The most common perspective asserts that given the power dynamics leaders are best placed to start and subsequently develop the change process (Kotter 1998; Kets de Vries & Balazs, 1998).

Furthermore there is the question around whether organisations can actually change or not. Many organisational psychologists see organisational change and transformation as essentially involving individual change (Band, 1995; Steinberg, 1992; Dunphy & Dick, 1989). Organisational change requires the participation of people who must first change themselves in order for organisational change to succeed (Evans, 1994). *Thus corporations don't transform, people do* - corporate transformation is fundamentally about personal transformation Barrett (1998).

Barrett (1998) believes that transformation of the organisational culture needs to begin with the personal transformation of the leadership group. For transformation to be successful, the espoused values and behaviours must become pervasive throughout the organisation. This key shift then becomes a tipping point for the rest of the organisation. "Only when the leadership walks the talk and the espoused values and behaviours are fully integrated into the human resource systems will the culture change cascade down through the organisation" (Barrett, 1998, p.3).

When looking at the literature on change processes, there is a strong emphasis on how hard it is for individuals to change: "people have a tendency to hold onto dysfunctional patterns... they cannot seem to change their perspective on life without expending a great deal of effort. And the reason that they cling on to the status quo is that there are many conscious and unconscious obstacles on the path towards change (Kets de Vries & Balazs, 1998 p.612).

Resistance is also named as a key issue that prevents people from embracing change (Coghlan, 1993; Steinberg, 1992). When faced with change individuals experience anxiety and unconscious internal resistance often caused by surfacing “past experiences, fears, or worries the individual has experienced” (Bovey & Hede, 2001, p.536). Anxiety exists when habitual thoughts, feelings and behaviours in the subconscious conflict with new thoughts, feelings and intentions to act, in the conscious mind (de Board, 1983). As a response to anxiety, people employ maladaptive defense mechanisms such as projection, isolation of affect and denial. Bovey and Hede (2001) show maladaptive defense mechanisms are positively correlated with behavior intention to resist change.

Kets de Vries and Balazs (1998) provide a rich contribution to the field by observing that “from a clinical perspective the different stages by which individual change takes place, it is possible to draw parallels between individual and organisational change processes: (1998, p. 612).

Individual change processes: Kets de Vries and Balazs (1998) describe the preliminary steps or prerequisites of an inner journey that contribute to the internalisation of change:

- A negative emotion, a sense of pain or distress that provides an impetus or catalyst for change, for example bad health, unpleasant emotions. Often isolated occurrences have turned out to be steady longer-term patterns.
- A focal event, which provided a specific push to trigger change. This could be an external threat to well – being (e.g. health issues), or the consequences of behaviour on others. The event is experienced as significant as it calls into attention a problem that has been experienced for a long time.
- Public declaration of intent: This indicates and expresses commitment of intent to change, and is important in that it implicitly creates a support network.
- Inner journey or psychological working through of the change process

Organisational transformation processes: Kets de Vries and Balzas (1998) draw parallels between individual change processes and organisational change processes. They describe a number of important aspects to organisational change processes:

- A similar resistance to change in organisations, again due to the loss of the familiar.
- The importance of discomfort or a strong jolt in order to break through defensive routines. This can come in the form of external (such as shareholder) or internal

pressures (such as low morale, high turnover). During this period of shock, individuals often regress to flight or fight mode: leaving or fighting between each other.

- Engendering hope in order to break through the vicious cycle of despair, this often comes in the form of a new leader.
- Changing the corporate mindset and letting go of old things, through acknowledging the problems, acknowledging ones part in them, and collectively looking for solutions and new ways of doing things.

Insights from the literature related to the case:

Authentizotic organisations presume a certain organisational culture and are also another way of defining organisational health. Authentizotic organisations in fact embody a description of health, and in this case study, encapsulate the outcomes that executives said that they wanted from the intervention. Although they didn't use the word "authentic", they spoke of outcomes related to "personal mastery, awareness of self and others" as well as organisational health. The implied link between people who introspect and look at themselves, more productive working relationships and climates of openness and trust was laid out in their brief. This has relevance to the research question exploring what kinds of the shifts occur in individual and teams behavior. It would be interesting to see if any of the shifts in the case study can be explained by the descriptors of authentizotic organisations as developed by Kets de Vries (2005).

When reviewing at the literature on values alignment and culture change processes, there seems to be little or no reference to any description of a methodology for actually integrating changing culture and aligning values with fundamental conscious and unconscious change processes in individuals. The literature on values and behaviour change seems to lack a depth of understanding as to how human beings actually go about changing, especially in a corporate context. Barrett's view that organisations don't transform, but that individuals do, makes sense to me as a practitioner, especially from a clinical or psychological perspective. However the question is then whether a clinical paradigm which acknowledges deeper underlying unconscious drivers of human behavior can contribute towards values and culture change in organisations and if so how can it be practically applied? Can it go beyond the quick fix and superficial models of human behavior as described in much of the literature, and help to transform individuals and teams? And if so, what components of the clinical approach contribute to shifts or changes in an organisational setting?

The literature on culture, values and change processes also emphasises the role of the leader, or leaders in the system, both in terms of driving as well as modeling the change. How important is the role of the CEO or leadership group in a change process, what role do they play in terms of the clinical approach, and do they need to be aligned to the change process? If leaders are the tipping point in a system, how do we as practitioners go about designing an intervention that systematically transforms leaders in an organisation? What levels of awareness must a leader have?

In analysing individual and organisational change processes, the concept of anxiety and resistance is key. How does one manage the anxiety and resistance that people experience during change processes, and how does one work with unconscious defense mechanisms that are preventing people from changing? This suggests that intervention strategies need to promote a sense of personal awareness and understanding of self in order to support the change process.

On the Clinical approach and its applications to organisations

Kets de Vries (2000) prefers to use the word “clinical” rather than “psychoanalytic paradigm” to acknowledge both the importance and need for inclusion of other disciplines in understanding behaviour patterns. Kets de Vries (2004) says that a “broad integrative, clinically- oriented psychodynamic perspective that draws on psychoanalytic concepts and techniques has much to contribute to our understanding of organisations and the practice of management (p.185). He compares the use of the word clinical to the use of a magnifying glass that assists in looking at organisational phenomena. Kets de Vries (2004, 2005) says that a “clinical paradigm” or body of knowledge that acknowledges the triangle of mental life: cognition, behaviour and emotion in shaping human behaviour. He takes the word from “clinical psychology” and states that it is based on taking a psychodynamic perspective in its widest sense (2005 p.9).

Schein (2000) offers a different notion of clinical. His approach is that a clinical orientation “is always geared to the organisation feeling that something is not right; that it is always trying to fix something or improve something” (Schein, 2000, p. 33). This notion of clinical, by implication has some element of pathology, and a desire to improve it. “You are working constantly with toxins and with residues the organisation creates, and you are trying to help the organisation to become more healthy” (Schein, 2000, p.33).

According to Schein (2000) the application of the clinical paradigm in organisations deserves criticism because it focuses too much on individuals “when one of my consulting colleagues tries to explain organisational phenomenon with the analysis of the personalities of the individual actors, I find myself getting impatient... I want to train them to think systemically about organisations” (Schein 2000, p. 48).

Manfred Kets de Vries response to this is, “I do believe that by helping people improve their capacity for self-awareness and increasing their sensitivity to the irrational side of human behaviour, I cannot only help them to manage their own lives better but also help them to directly and indirectly influence life in their organisations.” (Kets de Vries 2000, p. 19).

Kets de Vries (2004, 2005, 2012) speaks about a number of premises that underlie the clinical paradigm. Many of these have been incorporated into the intervention. The premises that underlie the clinical paradigm according to Kets de Vries (2004, 2005) are:

1. The idea that rationality is an illusion: If we hang onto the idea that a human being is rational and can be “managed” in terms of simple stimulus – response models, we not only oversimplify things, but we lose out on the richness of human behaviour, the understanding of intra psychic phenomenon which bring the depth to interpreting systems and human behaviour .
2. Much of mental life – thoughts, feelings and emotions lie outside conscious awareness: Unconscious intrapersonal, interpersonal and group – related dynamics account for many decisions and policies in organisational life and are a powerful force in explaining human motivation and action” (Kets de Vries, 2005, p.7). This view brings home the idea that each person has an inner theatre that is based on our genetic background, plus experiences from early childhood. Thus unconscious thoughts, feelings and emotions may easily influence decision-making, team dynamics and management practices in organisations. For example, the EXCO member who competes with colleagues may find that this is linked to earlier competitive dynamics with siblings.
3. People are often unaware of their own behaviour, as we all have blind spots: Individuals are often unaware of the impact of their behaviour on others and because they are largely unconscious of it, they can’t take responsibility for changing it (Kets de Vries, 2009). Various practitioners such as Luft (1969) and Argyris (2003) have translated the principle of blind spots into models (such as the Johari Model) for

understanding interpersonal interaction. It is an ongoing process to become aware of the impact we have on others, and this can be best done through facilitated conversation involving others. (Luft, 1969; Argyris, 1993).

4. Nothing is more central to whom a person is than the way he or she regulates and expresses emotions: Our emotions and affective states influence our interactions, our mood states, and our psychological and physical well-being. Many have written about the importance of emotional intelligence in leadership and in organisational life (Reuven Bar-On, 1997; Goleman, 1996; Kets de Vries, 2009). Dr. Reuven Bar-On (1997) states that Emotional Intelligence (EI) is not just about having feelings, it is about acknowledging and valuing feelings in ourselves and others and learning to respond appropriately to them. Daniel Goleman (1996), a leading researcher on EI in organisations, asserts that our emphasis on Intellectual Intelligence (IQ) is far too narrow, and that the emotions of leaders play a far greater role in thought, decision-making and individual success that is commonly acknowledged. Kets de Vries (2009) says that the first thing that he looks for in successful leaders is emotional intelligence. This is more than just introspection, it involves the “teddy bear” factor. “Do people feel comfortable with you, do they want to be close to you... generally emotionally intelligent leaders tend to make better team players, they are more effective at motivating themselves and others” (Kets de Vries, 2009, p. 66).
5. Human development is an inter and intrapersonal process: Kets de Vries (2005) talks of early childhood experiences, how we relate to people and how this is core in our personality development. Transference is essentially confusing place and time. Many of these historical or transference reactions cause us to act towards others in the current situation as though they were significant people from our past. In essence this means that “no relationship is a new relationship; each relationship is colored by previous relationships” (Kets de Vries, 2005, p. 10). Mirroring, (taking cues about being and behaving from people around us) and idealisation are two examples of transference in organisational life (Kets de Vries, 2004).

Building on the premises outlined above, the concept of anxiety and defenses is also central to the clinical approach and needs to be understood in any organisational intervention:

Anxiety and defenses: The role of anxiety is not only core to understanding the clinical approach but also directly linked to the understanding of unconscious behaviour.

Understanding unconscious individual and group defenses in response to anxiety is helpful in understanding individuals and groups (Bion, 1962). These defensive structures protect individuals and groups from anxiety make us unaware of our own behaviour and its impact on others.

When anxiety is not contained, members of the organisation are inclined to engage in defensive routines (Kets de Vries, 2005, 2004). These defensive routines, whilst helping to protect people, can also result in dysfunctional patterns and dynamics. Some examples of these defensive routines include:

- Splitting: dividing the world and others into two opposing categories: black and white; good and bad; us vs. them.
- Projective identification: assigning onto other people negative feelings one has but can't acknowledge
- Denial: denying issues and not accepting responsibility for certain problems

Given the significance of anxiety and defenses, the critical questions then become how can we as practitioners deal with anxiety that inevitably emerges in individual and organisational change processes? How can we, when working with groups contain levels of anxiety, so that the group can become more aware of the defensive routines that cause dysfunctional dynamics in the team?

Insights from the literature review relating to the case:

One key question from the literature research is about the naming of an approach – should it be named a psychodynamic, or a clinical perspective, or a combination of both? The label of clinical approach is used by Kets de Vries as he states that this acknowledges a broader approach based on psychoanalytic principles. In trying to resolve this issue for this thesis, my understanding is that I have applied a psychoanalytically informed clinical approach, but for the sake of simplicity will shorten this and simply use the phrase, clinical approach.

Other questions from the research are: by helping people to improve their capacity for self-awareness can we help them manage their own lives better? By increasing their sensitivity to the irrational side of human behavior can we also indirectly influence life in their organisations? Is there an explicit link between self-awareness, a positive experience of one's own life and how do these have an impact on organisational life?

Key questions from the literature review also have implications for the design of the intervention and how to embody principles of the clinical approach in a large-scale organisational intervention. More specifically: what is an optimal way to introduce the concept of emotional intelligence in an environment that is so focused on intellectual intelligence; how do practitioners help people increase their self-awareness (through understanding their emotional functioning, their blind spots, and their impact on others); how do we build an awareness of the richness of their inner or unconscious lives and help them to understand how their past shapes them and their current relational experiences in a very foundational way.

The challenge lies in introducing these concepts into a very traditional corporate environment such as a bank where all the focus and attention is on the rational aspects such as corporate performance and numbers. These challenges are amplified in environments such as investment banking. How do we as practitioners ensure that these ideas are not regarded as soft and fluffy, but seen as contributing to people's lives, and in so doing to more healthy workplaces?

Another question that the literature raises is the role of the leader in containing anxiety and providing adaptive social defenses to support change process. This is particularly so during a time of turnaround or crisis. The role of the practitioner is also to help contain anxiety by interpreting for the group what may be going on – what anxieties, what defenses and what resistances are up for participants individually and as a group. Working in team environments, it is even more important to empower the group to reflect on their own process, and to help the group interpret things for themselves. These collective interpretations give shared understanding and meaning and help to break down boundaries, create trust and collaboration in teams.

These issues are subtle and require well-honed skills and understanding of human behavior. Not only do they raise the issues of anxiety and defenses in the design of the intervention, but they also bring further clarity to the necessity for practitioner skill and ability. Not every practitioner has a deep understanding of the subtlety of human behaviour and can work with this in a team environment. It suggests that those who have a background or training in psychology may be better equipped to deal with these processes in teams.

Balancing traditional rational approaches with a clinical approach to organisational change

Historically traditional rational approaches to organisational change (such as strategic planning, organisational design, total quality management, business process reengineering) have been regarded as completely separate from the so-called softer approaches to organisational change.

On the one hand, traditional approaches concentrate on more rational responses to organisational problems, rooted in a worldview that sees the world operating according to a machine (Gharajedaghi 1989). Fredrick Taylor pioneered this view and became one of the initial proponents of scientific management (Kets de Vries, 2004). Scientific management is one of the rational approaches to management that analyses and synthesises workflows, with the main objective of improving economic efficiency and labor productivity. It epitomises rational and analytic thinking and is one of the earliest attempts to apply science to the engineering of processes and to management (Huang et al., 2013). On the other hand, softer approaches have sought to improve work place environments by concentrating on so-called softer people issues, such as work – life balance, humanising workplaces, improving individual and team wellness and performance.

There has typically been a divide between organisational consultants and practitioners along these lines, with softer practitioners originating from a psychology or behavioural science background focusing more on human resources or employee wellness programs and rationally oriented consultants focusing on issues like strategy at a senior leadership level.

Often the so-called softer approaches have been marginalised and are criticised for not being relevant in today's world. Schein (2000) states that most organisations are concerned about survival and financial performance and that we in the helping profession may need to face up to the possibility that the improvements that we want for the human condition (e.g. fuller, richer and more fulfilling lives) are not in line with how large organisations define their values and what is important to them. Kets de Vries (2005) too believes that some of these softer concepts can seem naive given huge corporate challenges in the current environment, and the need to balance all stakeholder interests, including shareholders, customers, employees and legislators.

Kets de Vries (2004, 2005) believes that when balanced with traditional rational consulting methodologies the clinical approach offers more promise of meeting 21st Century organisational challenges and helping to create more effective organisations, teams and leaders. A clinical approach concentrates on understanding the deeper drivers and emotionality that underlie human behaviour. Kets de Vries (2005) states that for any organisational change effort to be successful, it has to include a focus on cognitive, rational as well as emotional dimensions. “Affect and cognition go hand in hand; they are inseparable in all things, including human behaviour” (Kets de Vries, 2005, p.9). “I do believe that by helping people improve their capacity for self-awareness and increasing their sensitivity to the irrational side of human behaviour, I cannot only help them manage their own lives better but also help them to directly and indirectly influence life in their organisations: (Kets de Vries, 2000, p. 19).

Insights from the literature related to the case:

The literature highlights that some of the softer approaches alone can seem naive given the corporate challenges in today’s environment. This is even more applicable in the case of a financial services organisation operating in South Africa during a financial and banking crisis. In this context stakeholder challenges become even more onerous because of stringent requirements of Regulators and the Financial Services Board, who are seeking to limit risk and avoid potential organisational failures. Soft approaches certainly alone will not be seen as relevant.

Given all these challenges and complexities and reflecting on the literature, a key question then becomes: How do we organise our systems better to create more sustainable and more effective ways of managing and working that actually have a longer term impact on organisations and on shareholder value? How do we as practitioners meet the challenges with realistic and practical interventions that make business sense, that meet organisations and leaders “where they are at” and so be understood by senior leaders as contributing to real problems that they face? How do we balance the traditional rational approach with a clinical approach that focuses on the deeper drivers of human behaviour?

Group or team coaching

The literature on team coaching is helpful as it provides guidelines that inform a methodology for working with individual and team changes in an organisational environment. Traditionally the discipline of coaching has been focused on individual

coaching, but more recently there has been increased attention given to team or group coaching. The high level purpose of team coaching is to help a team transition from a dysfunctional situation to a more dynamic and productive one. David Clutterbuck defines team coaching as a process of “helping the team improve performance and the processes by which performance is achieved through reflection and dialogue” (Clutterbuck 2007, p.77). Hicks says that team coaching is a “collaborative process that is designed to help people alter their perceptions and behavioural patterns in a way that increases their effectiveness and ability to adapt and accept change as a challenge, rather than an obstacle”. (Hicks & McCracken 2011, p.71).

Kets de Vries (2012) reflects on pioneering the group coaching intervention at INSEAD’s Global Leadership Centre and how surprised they have been of the many positive outcomes of the intervention. His group coaching intervention, based on the clinical paradigm, aims to promote self-insight and change and help participants examine and reflect on their own behaviour, the behaviour of others and the interrelationship between the two.

When exploring the design of his group intervention Kets de Vries (2012) believes that *the focus on two simultaneous individual and team processes* contributes largely to the effectiveness or wow factor in team coaching interventions. The first process is a dynamic process applied to a person in the hot seat whose life and career are discussed. The second simultaneous process addresses cloud issues and themes that are brought by the group as a whole to the table. Kets de Vries (2012) says that these cloud issues often relate to unfinished business of one or more of the participants and become contagious to the group, issues such as envy, rivalry and mistrust. He believes that these cloud issues often remain untouched, but raised by effective coaches and facilitators; they produce a tipping point for change. Some of the following psychological dynamics seem to contribute to the effectiveness of group coaching:

- Providing an opportunity for cathartic experience where a team member can get something off their chest.
- Listening to life stories of others whereby participants may come to realise that they are not alone in their experience and confusion of life and that others too struggle with similar problems.

- Interpersonal learning process helping in detecting and correcting distortions in self-perception.
- Participants feeling that they have become a community going through the same shared experience.
- Participants learning in a group setting about different aspects of human functioning.

The following are then some additional practical methodologies that complement the clinical paradigm in team coaching to support the dual focus on individual and team processes:

The use of 360-degree feedback or multi-party feedback questionnaires as part of a team coaching process. This helps to jump start the coaching process – this feedback “can have a great emotional impact and become the tipping point for change” (Kets de Vries, 2012, p. 16) “I gather information not only from people in the workplace but also from people’s private lives... this helps me get a sense of who a person really is.” (Kets de Vries, 2009, p. 66).

The creation of a container, or safe transitional space where participants can have the permission to talk about issues they never had the opportunity to confront before, a space where the “intolerable is tolerated... where they can be in touch with all of what they really are in an honest and authentic manner” (Kets de Vries, 2012, p.22), a safe space where individual or groups can express themselves (Amado & Ambrose, 2001). In this space, they are also able to let go of previously repressed parts of themselves and understand that their lives are not only determined by fate or by their history, but they have personal choice and free will in how their lives will play out.

Containment is a term introduced by Wilfred Bion in 1962. Bion’s notion of container is where the facilitator system absorbs the participants’ anxiety projected into it. Facilitators become the containers for participants’ emotions, temporarily being recipients of participant’s feelings that really relate to elsewhere in their lives, typically some aspect of their organisation. Working through the process allows participants to re-assimilate it in a more bearable form.” (Rigg & Trehan, 2008, p.379). The practitioner’s role as a container cannot be underestimated. Schein (2000) speaks about the high levels of anxiety involved in learning – anxiety about having to learn something new, about having to confront and look

at oneself in a space that is unfamiliar. In order for meaningful change to occur in the organisational setting, we have to reduce learning anxiety by providing for psychological safety and containment and by creating a holding environment where participants feel free to express themselves.

Creation of reflective practices

A key precondition to meaningful change is giving space for personal and group critical reflection. Hoyrup (2004) describes three elements that are essential for the reflective process: Returning to experience, attending to feelings and re-evaluating experience. In order for critical reflection to happen, there must be an inhibition of action and routine. Space must be made to stop and reflect.

Woerkom & Croon (2008) point out that most of the core processes in reflection involve critical opinion sharing, asking for feedback, challenging groupthink, learning from mistakes, sharing knowledge and experimentation. These can only be realised in processes of interaction with other people. “Reflection brings to the surface – in the safe presence of trusting peers – the social, political, and emotional data that arise from direct experience with one another.” (Raelin, 2002, p.66).

Personal narrative and storytelling:

Learning from life or a life- stories approach to development is increasingly recognised as being of great value in developing and clarifying a leader’s evolving self- concept, core values, motivators and convictions (Bennis 2003; Shamir & Eliam, 2005; Ruderman & Ohlott, 2000). Shamir and Eilam (2005) argue that the ability to reflect on the developmental meaning of our unfolding lives and contract our life stories is a major element in becoming an authentic leader. Their research suggests that authentic leaders possess self-awareness and a personal point of view, which clarifies their own sense of identity, values and convictions. This clarity rests heavily on the self-relevant meanings that leaders have interpreted from and attached to crucible moments, experiences and events in their lives. This suggests that we can help leaders develop their self-concept through helping them construct their life story. The life story that a leader constructs and shares then embodies an internal interpretation of who I was, who I am (and why), and who I might become. It follows that a leader’s identity evolves through the story created, told, revised and retold throughout life (Bateson, 1990). Consequently by incorporating story-

telling into the intervention, we are helping participants to better understand their self-narratives around who they are as leaders through the key events that have shaped them.

Insights from the literature related to the case:

A question arising from the literature review is how to apply the various methodologies to support the simultaneous focus on individuals and teams in a group environment. For example one problem with traditional 360 degree feedback tools is that often people are not completely honest in that they skew responses for fear of retaliation. The issue is then how to use a 360 degree feedback tool in a group environment in order to create a safe space to be able to give feedback that is real, that also helps individuals to understand the quantitative comments behind most 360 feedback forms. This question applies to other methodologies such as personal narrative and storytelling.

When reflecting on the literature in relation to the case, the simultaneous focus on individual and team processes is directly relevant to this study. The intervention was rolled out focusing on individuals as members of intact teams. However, question remains about whether both individual and team shift were both necessary for organisational change processes. Were they equally important, and should they be given equal focus, or is the one important than the other, for example are individual shifts more important, or are team shifts more important? This question is directly linked to my research question number 2: ‘What are the individual and team shifts’ that are reported. It would be interesting to see if they are given equal importance by participants, or whether one is more dominant than the other.

The literature on team coaching refers to 360 degree feedback instruments, the creation of safe and reflective spaces, and personal narrative as contributing to the shift. But a crucial question is: are there other factors that contribute to the shift in such interventions – research question no 3;” What are the key components of the intervention that contributed to the shifts framed from a clinical intervention perspective such as the creation of reflective space and containment of anxiety?” Are there additional aspects that contributed to shifts at an individual or team level?

The literature review has highlighted a variety of issues which help to understand and reflect on both the theoretical and clinical background to this case study which seeks to identify some of the distinctive conditions and process which warrant a clinical approach to

a large scale culture process and to document what shifts in individual and team behaviour occurred in this particular case. I now move to the story of the case, beginning with a description of the historical context and external conditions facing the organisation and then move to outlining the commencement of the clinical intervention and the innovative practice followed to apply the clinical approach to a culture change process.

CONTEXUAL BACKGROUND TO THE CASE STUDY

The research done for this case study is based on a clinical intervention in a large South African bank, employing approximately 28 000 employees around the country. The intervention was initiated at the peak of an organisational crisis and during critical moments of turnaround. The intervention needs to also be viewed in the context of a post apartheid South Africa with many transition dynamic and racial tensions that play out in all work contexts. In many ways, South Africa has been a fertile context for this work, because there has been, a commitment from more progressive corporate leaders, to match a more inclusive and democratic political dispensation with required shifts in corporate culture. It is important to acknowledge the widespread commitment to transformation in many South African companies and how this kind of commitment to change formed a backdrop to the intervention.

Brief description of the history and the crisis:

During the 1990's this bank had outperformed the market and was both highly rated and highly respected. But in 2001, a downward trend started to emerge when judgment calls and investment decisions began to unravel. The bank hit rock bottom in 2003 with the market capitalisation reaching the lowest of the South African "Big Four Banks". The organisation was on a rapid downward trajectory in direct contrast to the competitors' upward trajectory. The harsh reality, shocking to the investment community as well as the staff, involved a shortage of capital, an incorrect reading of interest rates and excess overseas capital. There was a major loss of credibility, the investment community and staff no longer trusted management and the bank was at risk of being shut down.

A new CEO was appointed in 2003 to lead the bank out of these troubled times, but market sentiment towards the appointment of the new CEO was negative. The bank's share price tumbled 6 percent immediately following the announcement of the new CEO. At the same time a new executive team was formed. The majority were newcomers while the minority represented former senior executives. Tension escalated and factions grew between these two groupings in the executive team, with accusations directed from the new team members to the old members. The general sentiment was that the old team members should have been dismissed because they had directly contributed to the crisis. These accusations and conflicts rippled down to levels below the EXCO group.

The burning platform was obvious. The Group Executive (EXCO) adopted a two-tiered business recovery strategy. Tier one: fix what is broken. Tier two: build for the future. In the CEO's words "even customer satisfaction at that time was a second tier priority." Striving to become the biggest and the most profitable was not the goal, staying alive was. Staff morale was at an all-time low as bonuses were cancelled, most share options were worthless and all news about the bank was negative. The impact of the various mergers, retrenchments, internal challenges and changes of the past few years had taken its toll. Staff were change-fatigued and dispirited. As one interviewee said, "people used to be proud to work for this bank. From being the most respected bank, they now worked for the least respected bank." EXCO realised that with high conflict at the senior levels and without the staff behind them, anything new, no matter how good it was, wouldn't work. They needed to fundamentally rebuild the business, deal with interpersonal conflicts at a senior level, rebuild staff morale and trust and re-establish the credibility of leadership.

During 2004, the CEO personally held a series of dialogues with top senior leadership and staff to brainstorm the strategic direction, corporate aspirations, key focus areas and core values. The outputs of these workshops were collated into one document and approved by EXCO, named the "Dagwood" (see Appendix A). The Dagwood has remained an integrated framework over the last 9 years, and has been slightly amended as the strategy and focus areas have changed. It remains a central building block for staff and stakeholder engagement sessions.

The commencement of the clinical intervention and culture change process:

At the same time, due to the high levels of conflict in the executive teams, the CEO commissioned a facilitator to run an interpersonal conflict resolution process with the EXCO team, later referred to as the "truth and reconciliation session". Many team members described the session as a "Damascus-type" experience where their eyes were opened. The session brought about a mutual commitment between the old and the new EXCO members to work together for the good of the bank. The team described the experience as radical and many of them for the first time said that they had begun to appreciate the importance of understanding one's emotions, revealing more of oneself and one's personal feelings, understanding others, having the courageous conversations and clearing the air. After this initial experience, they held a number of sessions with their

underlying teams, the Cluster EXCO teams, which they also felt were extremely useful and beneficial.

These experiences, together with the identified need for a culture transformation program, led to the CEO and EXCO commissioning a large-scale transformation journey in 2005. The primary intention was to link the bank's strategy to leadership, culture and values as a key strategic initiative to build a sustainable business for the longer term. They made the pivotal decision to view organisational culture not as a soft issue, but as a strategic competitive advantage of the business. This culture intervention was sponsored and actively steered by the CEO and EXCO as a key cross-group initiative managed from the CEO's office. Our consulting organisation, The Centre for Conscious Leadership (CCL) has partnered with the bank in the designing and facilitation of this journey from 2006 to present. The Centre for Conscious Leadership is a small niche boutique consulting organisation, started in 2001 by my partner Heidi Carter and myself. Both Heidi and I have backgrounds in organisational psychology. During the process we have worked with a specialised team of about 20 facilitators and coaches, and have partnered with Marc Feitelberg, a clinical psychologist in the design of the culture intervention.

The core assumptions guiding the conceptual approach to culture and values were informed by the CEO's belief that "if you make the company a great place to work, you also make it a great place to bank". He felt strongly that a vision and a set of values had to be established before staff could be drawn into what would become a challenging transformation process. He drew his guiding mantras from the book *Liberating the Corporate Soul* by Richard Barrett (1998). Firstly *the most successful organisations on the planet are vision guided and values-driven*. Everyone in the company needs to know where the company is headed and what individual role he or she needs to play in getting there. This overarching vision was articulated by the CEO in what was referred to previously as the bank's Dagwood: "To become South Africa's most highly rated and respected bank by our staff, clients, shareholders, regulators and communities" (refer Appendix A). The second mantra that inspired the CEO was Richard Barrett's notion that *organisations don't transform people do*. Consequently, he felt strongly that an essential feature of the business transformation must be a process that enables personal transformation, and in-line with Barrett's thinking, that this transformation had to *start with the leadership group, thus the leadership group had not only to drive the change, but had to internalise the personal transformation process themselves* and be role – models for the rest of the organisation.

Being largely a group of bankers with a financial background, the CEO and EXCO team believed in measurement and held the view that “what you can measure you can manage”. They thus sought out measurement tools that would provide an initial benchmark of where they started out, help to indicate areas of required intervention and also help measure any future progress. They eventually decided to use two measurement tools across the organisation to measure culture and values: a staff survey (similar to an organisational climate survey) and a values measurement tool designed by Richard Barrett. These are administered annually in the bank, and results are presented by division and by team, and are linked through scorecards to performance management and reward process. It is beyond the scope of this thesis to discuss the measurement instruments; however I will briefly refer to the positive shifts in the measures between 2005 and 2012 in the discussion section of this thesis.

The high level focus of the CCL intervention included strategy alignment as well as leadership, culture and values. The focus of this thesis is the cultural alignment intervention which was articulated as *leadership, personal mastery, values and team effectiveness work stream* within the senior cluster EXCO teams. It would not be appropriate to describe in detail the other focus areas and project streams implemented between 2006 and 2013, neither is it the purpose of this thesis. They are however outlined in Appendix B.

A DESCRIPTION OF THE INTERVENTIONS UNDERTAKEN AT A SENIOR LEADERSHIP LEVEL BASED ON A CLINICAL PARADIGM

The focus of this case study is to describe and analyse the interventions at a senior leadership level (Group EXCO, and 10 Cluster EXCO level teams below Group EXCO) during the period 2006 to 2013. Initially the teams went through foundational leadership, personal mastery and team effectiveness interventions, which included assessments, coaching and then a three-day workshop, which I will describe in more detail. All of the senior leaders then requested follow-up sessions with their teams and each of these sessions were customised to deal with specific business-related or team issues, but all in hindsight were based on the application of the clinical paradigm. The follow-up customised workshops addressed additional issues such as: Leadership transition (new leaders, including the transition from the former to the new CEO), introducing new organisational structures or ways of working (e.g. matrix organisation), or dealing with difficult and dysfunctional dynamics in the teams. Appendix C names the senior teams that the data was gathered from, states the number of interventions in these teams over the time frame, and provides timelines for the interventions in these teams. Overall the thesis is based on an analysis of data from 36 interventions over the period 2006 to 2013.

Group EXCO identified the core aspects of *personal mastery, leadership, values and team effectiveness* as being important outcomes to address in the design of the culture intervention. It is important to note that initially neither the CEO, EXCO nor ourselves as practitioners made an explicit call that the intervention must be based on the clinical approach. The initial rationale and principles expressed in project documents were described as follows:

- *Core to the business transformation process is the focus on individual transformation and personal mastery.* By focusing on positively addressing individual awareness, mind-sets and behaviours, individuals are able to master change, live the values and support the culture and diversity of the organisation thereby creating the platform for supporting the broader organisational transformation process.
- Strong teams that support the organisational transformation and turnaround are a key requirement of the high performance culture that the bank wants. We need to develop robust *team-based ways of working throughout the business with an emphasis on building the capacity for courageous conversations to respond to emerging issues and improve on-going team*

effectiveness and business contribution. Thus the decision was to combine an individual and team development process to be run in intact teams, in order to accelerate the transformation effect.

- *A community of leaders needs to be developed throughout the business that live the values, support the change,* that know how to effectively manage their people through change processes, and ensure that their behaviour and actions support the overall strategic outcomes of the business. Underlying the decision to initially focus on the transformation of 2 000 leaders at a senior level, was our assumption that that they could be the tipping point for cultural change.

Foundational leadership, personal mastery and team effectiveness intervention

When designing the leadership intervention in 2006 to meet the expressed need and outcomes of the client, we worked together as a core group of three practitioners, two of whom have an organisational psychology background (myself included), and a third with a clinical psychology background. We based our ideas and interpretation on what the best design and process might be, based on our previous experiences and learnings in other client environments. At this stage we didn't in any way frame or think of the intervention as being based on the clinical approach. We were merely trying to apply our own version of best practice, knowing from previous experience that you cannot only focus on the rational, that in order to change we needed to introduce a strong emotional component and that it was essential to explore and help people understand themselves and their blind spots and their impact on others. We also believed strongly that we needed to ensure that the intervention allowed participants to have the courageous conversations that were foremost on their minds, even though these often related to “undiscussables” or difficult issues.

Only later, during 2010, when I embarked on the CCC process at INSEAD UNIVERSITY, was I exposed to the formal theoretical foundations of the clinical approach. I was able to then better understand and interpret what we had done in the design and implementation of our work. The theory has helped affirm and entrench some of the intervention calls that we made and also helped me understand some of the blind spots I had not previously considered as a practitioner.

Below is a description of the innovative practice followed, outlining our main intervention themes: personal mastery, leadership, values and team effectiveness. I will try

to draw links between the intervention and the theory of the clinical approach as discussed in the literature review. Initially the ten Cluster EXCO teams went through this intervention, followed by the 2 000 senior leaders.

The ten Cluster EXCO teams worked with two facilitators and two coaches, sometimes the coaches doubled up in the role of facilitator. Each of these people was carefully selected, and most had worked with us on previous assignments. They were given rigorous training, both on the bank's context, and in facilitation of group processes (using the principles of Process Oriented Psychology as developed by Dr Arnie Mindell). Initially each workshop was facilitated by 2 senior practitioners, with newcomers observing. New facilitators then co-facilitated with senior practitioners. During the process we kept a strong focus on quality of facilitators, and a number of people were dropped from the project if they didn't have the capacity to work with subtle individual and team dynamics.

Due to the complexity of the various processes, we felt it was important to work in a co-facilitator team. This is supported by the literature by Driver (2003) and Kets de Vries (2002) who both suggest that in order to ensure the validity of all interpretations, consultants should work with a group of colleagues. Co-facilitation helps to validate each other's interpretation and consensus ensures that the truth rather than illusion is pursued. Each of the Cluster EXCO teams initially went through the following steps for the **foundational leadership, personal mastery and team effectiveness intervention**:

Step 1: Individual assessment: Prior to the team intervention, each leader and team member were assessed using two instruments. The assessments were administered off site and only the individuals and the coaches / facilitators directly involved with each person had access to the results. The CEO held the view that this is a developmental rather than an assessment intervention, and thus no-one in the organisation had access to the results. It was clearly communicated that the data was not going to be used for any personnel decisions (e.g. Promotion, performance appraisal). The two assessment instruments used were:

An *emotional intelligence instrument* the BAR-ON EQ instrument. This is a scientifically validated instrument developed by Dr Reuven Bar-On which measures an individual's social and emotional strengths and weaknesses. It is a self-report tool that is administered online. The high level scales used in the instrument focus on intrapersonal, interpersonal, stress

management, adaptability, general mood and positive impression (Bar-On, 1997). It can be viewed as a model of psychological well-being and adaptation and includes:

A 360-degree multi-rater was developed by the Centre for Conscious Leadership linking leadership themes (extracted from the initial alignment stream of work) to the organisational values. The construction process was rigorous to ensure that the tool was scientifically valid, culturally fair and defensible from an ethical perspective. In 2007, we conducted reliability and validity testing, designed to remove unstable variables from the data before it was analysed in order to get the best, scientifically correct results. ¹

Step 2: Team leader contracting and individual scoping interviews: The facilitators of the team interviewed the team leader and each team member separately prior to the three day workshop in order to understand the individual and team history and context, help clarify expectations, understand any likely issues, dynamics, conflicts, tensions that may exist in the team.

On reflection this step was a necessary part to begin to craft the psychological or working alliance between the facilitators and the team. These interviews are both aimed at scoping, as well as intervening. Often in these interviews the stated problem is not the real problem. The real problem is something deeper and more difficult to articulate (e.g. leadership rivalry issues between the team leader and a team member). One of the aims of the intervention is to get the real problem articulated and understood by a wider group of people. However at this stage the facilitators need to be searching out for clues, in order to begin to get a sense of what may be the issues or concerns for the team. Diagnostic interviews are not only scoping, but also beginning the process of intervening in the system.

Step 3: Individual feedback coaching session: This was a two-hour confidential one-on-one session between the team member and a coach, in order to share and debrief the individual assessment and feedback instruments. Prior to the session, the coaches would receive the individual Bar-On Emotional Intelligence, and the Multi-rater reports, and would study them in order to better understand patterns and likely insights from the reports. The

¹ In terms of reliability testing, the data stabilised at a Cronbach Alpha Reliability of 97.276%. This is high as the internationally accepted minimum for reliability is 70%. Seven of the 59 statements were refined to improve their reliability. In terms of validity testing, the validity was found to be 60.1658%, again above the internationally accepted minimum, which is 60% for validity testing. The multi-rater was administered through an online portal.

assessments and feedback coaching was not designed to create a sense of pathology or problem focus, but rather as a tool for self-awareness. In the face-to-face session the coaches would then provide a possible analysis and interpretation from the reports and help individuals better understand themselves, their strengths, development areas and possible impact through the lenses of the assessment instrument.

Step 4: Three-day offsite leadership and team effectiveness workshop: These workshops were facilitated by the two facilitators who had initially done the interviews with the team members and contracting with the team leader. The workshops were held at venues outside the major city centers (either in small boutique hotels or country lodges), as we believed it would be important to take individuals into an environment that was more conducive to a reflective space. The purpose of the offsite personal mastery, leadership and team effectiveness workshop was defined as:

- To embed a way of being as a leader in the bank, and understand what it means to live the values.
- To support leaders in better understanding their behaviour, their leadership style, their strengths and their developmental opportunities.
- To clear interpersonal conflicts and enhance communication between team members.
- To enable leaders to better understand their interpersonal impact.
- To identify important team issues that hinder team effectiveness and have the necessary courageous conversations to deal with these.
- To identify and commit to actions and practices that will individually and collectively maintain and embed the changes required.

Whilst most workshops covered the same content, the task of the facilitators was to ensure that they worked in an emergent way, covering core content but also adapting the process and structure to make sure that they dealt with group issues and process as they emerged.

The workshops focused on three levels, the individual level, the interpersonal level (dyad) and the team level, although in our experience, there is often overlap between the levels. This necessitated using different therapeutic models, conceptual models and interventions at different times. We also felt that in order to create alignment, it was important to introduce a common language. Thus at certain stages of the process there

were theoretical models presented, which then allowed the group to reflect on individual and group dynamics using these theoretical models. Often models can be criticised as they can send a group to sleep, but the facilitators tried to present these in user-friendly and engaging ways, and use the frameworks as the basis for a group process or experience. Frameworks also help to contain the anxiety in the group, as they become a tool to begin to name how people are feeling and how they are experiencing each other.

It is not possible to outline each step of the three-day workshop, but Appendix D outlines some of the core concepts and group processes that relate most closely to the clinical paradigm. Again these were not used in a sequentially well-planned three-day training agenda, but they were used in an emergent fashion, with the facilitators often working spontaneously to respond to group issues or processes. This emergent nature of workshops is where magic happened in the team.

Step 5: Feedback and sustainability follow up session: Approximately one month after the team intervention, the facilitators met again with the team leader to debrief the session and to coach the team leader about how to best embed and sustain some of the changes. Embedding and sustaining was approached from different levels: an individual level, a team leader level and an organisational level. Some of the ideas expressed at an individual level included:

- Asking my peers and others for regular feedback.
- Integrating development areas into an individual development plan, sharing this with my team leader, and looking using the current leadership development support, resources in the organisation (such as individual coaching and various university based leadership development programs).
- Ensuring I keep my relationships clear and continue to deal with conflicts and misunderstanding.

Some of the ideas at a team leader level included:

- Committing to regular one- on-one time with direct reports and ensuring that these conversations include a developmental aspect.
- Making time for team review sessions, and conversations around team development.
- Holding myself and the team accountable for keeping commitments.
- Ensuring the team understands the performance management system and how behaviour impacts on the scorecard and on rewards.

- Making time for regular check – ins, and creating formal reflection time.

The ideas about embedding and sustaining at an organisational level were raised, discussed and actioned at a Group Level. Examples of some of these ideas and initiatives were:

- Including values and behaviour measurements (individual and team) into scorecards building links between these measures and performance management and rewards.
- Making sure that culture and values were reinforced through all communication mechanisms, ranging from CEO staff roadshows to investor presentations.

METHODOLOGY

Research design

This thesis primarily uses a qualitative research methodology. Cresswell (2013) states that qualitative research begins with “assumptions and the use of interpretive / theoretical frameworks that inform the study of research problems addressing the meaning individuals or groups ascribe to social or human problem” (p.44). He believes that qualitative research is best applied when a complex problem or issue needs to be explored. Given that the scope of research involved analysing leadership and team behaviour across 10 teams during a 8 year period, and that the intention of the research was to discover shifts in behaviour, the methodology selected needed to be capable of capturing and reflecting the complexity of the data. In this thesis, I refer primarily to qualitative research, but I will also briefly refer to some quantitative supporting data from staff surveys to highlight organisational shifts.

There are many research methodologies that are qualitative in nature, but I felt that a case study was most appropriate. Florent – Treacy states that case studies are most appropriate for a post event overview and analysis (2012). Schramm (1971) says that “the essence of a case study is that it tries to illuminate a decision, or set of decisions, why they were taken, how they were implemented, and with what result”. Yin (2009) states that the case study methodology is better for “how” and “why” research questions, and explanations over time. Furthermore he states that it is preferred when examining contemporary events (as opposed to historical events), and situations when the behaviours cannot be manipulated. A case study was therefore selected as an appropriate lens through which to answer my research questions as these focused on why a clinical intervention was chosen, and how did it impact on individual and team shifts.

More specifically I chose a single case study approach. Yin (2009) also offers a sound rationale for using single case, particularly where the case documents a unique case. This case is unique in that it represents a large scale cultural intervention based on a clinical approach. I am not aware of other examples of an intervention of this size and scope in South Africa.

At a high level the central research questions in this thesis are:

- What are some of the distinctive conditions and decision making processes that may warrant incorporating a clinical approach to large scale culture change process?
- What are the shifts in individual and team behavior over the 10 senior teams over the period 2006 – 2013 that show evidence of the efficacy of the clinical approach?
- What are the key components of the intervention that contributed to these shifts framed from a clinical perspective?
- What are some of the possible resistances or difficulties experienced in this approach?

I believe that a case study approach further supported Yin's (2009) criteria in that I as a researcher am not able to manipulate the behavior of individuals (as any person's behavior is based on numerous factors, and manipulating it raises serious ethical concerns). Moreover, although I was involved in the conceptualisation and design of the whole large-scale intervention, the small group interventions were not facilitated by me, but rather by a larger team of 15 facilitators. The situation is not only historical, but contemporary as the intervention continues within the organisation, and there is a lot of current data in the system (e.g. interviews, documents, surveys). The time boundary of the research is an 8 year period from 2006 to 2013, as this is the period over which the overall culture change or depth intervention occurred.

I chose an embedded case study design because I looked at more than one unit of analysis. Yin (2009) states that "this occurs when, within a single case, attention is given to unit or subunit" (p.50). In this case the overall context represents the large South African bank, the case is about the cultural transformation and the clinical intervention, and the two embedded units of analysis are individual leaders (Group Exco members) and Cluster EXCO teams. Yin (2009) states that it is important not to confuse the units of analysis, and also to understand over time if depending on the data, one unit of analysis is more favoured than another. During the data analysis process I realised that both units of analysis are equally important, however there were more shifts recorded related to the EXCO teams, than individual leaders.

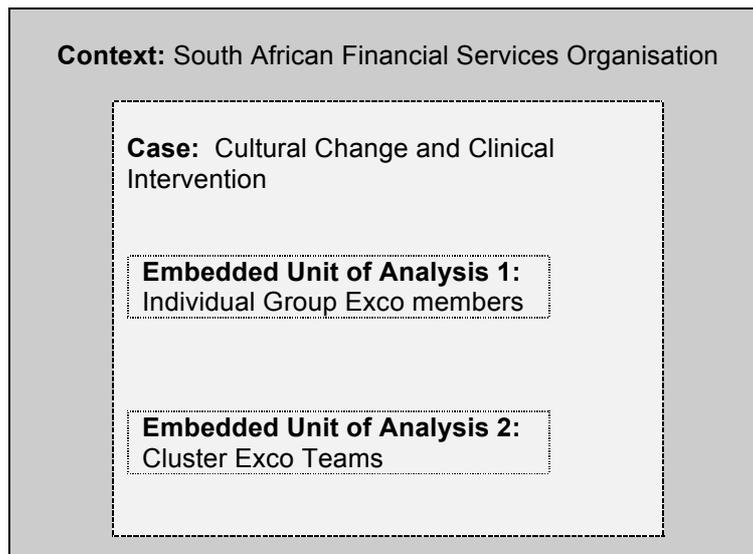


Figure 1: Embedded case study design

Characteristics of the research design:

This research adhered to a number of characteristics of qualitative research as mentioned by Cresswell (2013) and Yin (2009) and Ybema (2009):

- **Emerging process:** The research has been an emerging process where the research question had evolved as data collection and interviews have been conducted. I initially wanted to focus on the entire organisation but realised that this was beyond the scope of this thesis, and that I would struggle to collect data on an organisation of 28 000 people. I also realised that I had access to more data at a senior leadership level, and that as external consultants we had conducted more interventions at this level, compared to lower down in the organisation.
- **Using both inductive and deductive logic:** Themes and categories were built inductively from the interviews and the qualitative input from survey data, and then deductive thinking was also used when themes derived from the literature review were checked against the data.
- **Researcher as instrument:** In this context I am an instrument in that I designed the research, the scope of enquiry, conducted the interviews and analysed and interpreted the data for various themes. The post workshop survey form that was used to collect data on the shifts was also initially designed by me.
- **Researcher reflexivity:** This is the idea that the positionality of the researcher influences how things are interpreted, understood and reported. Ybema (2009) believes that an interpretative role calls for a heightened self – awareness and an understanding of how

the researchers themselves may be shaping the process and outcomes in the research. My role as an organisational consultant practitioner and my own desire/ attachment to do good and to be seen as someone who does good work will entail that I have a certain bias both in the way that I work, and in the way that I reflect on my work. Moreover in this organisation I have played the role as a principal consultant in the culture change intervention over a period of 8 years. This implies that I am not a neutral or outside objective person, and that I have to pay attention to my particular view or bias. I tried to do this by having regular debrief or supervision sessions with outsiders during the course of the research, in order to create some distance between the research process and myself.

- Data triangulation is about collecting information from multiple sources but aimed at corroborating the same fact or phenomenon, Ybema (2009), Cresswell (2013) and Yin (2009 – p 116) all speak about the importance of using different data collection methods and multiple sources of collecting data.. Yin (2009) believes that “a major strength of case study data collection is the opportunity to use many different sources of evidence” (p.114). This corroboration of data helps ensure that findings are more convincing because they have been based on different sources of information. To ensure data triangulation and to address the research questions about what individual and team shifts had occurred in the intervention, I collected data from post intervention feedback forms or surveys and interviews and corroborated these with data from interviews.

Research strategy / methodology:

Research setting:

Setting up and gaining access: In order to gain access to the data I asked the current CEO for permission to do the research. This was not difficult in that we had run numerous interventions for his previous and his current team, and he had been one of the main sponsors of the work. Cresswell (2013) refers to these key individuals as the gatekeepers of the system, the person who endorses the research and opens the doors for others to participate. Following his endorsement and support, I wrote to all the Group Exco members to ask for time to participate in a 1.5 hour semi – structured interview, and ensured them of the confidentiality of the study (Refer Appendix E). All volunteered to be interviewed.

Data collection methods:

In applying a mixed method research design, “the researcher mixes or combines quantitative and qualitative research techniques, methods, approaches, concepts or language into a single study” (Johnson & Onwuegbuzie 2004). The purpose of this is to look at complementary data, and collect a richer and stronger array of evidence, than can be accomplished by a single source of evidence.

In this case study, data was obtained in the following ways:

- 1) Interviews: these were qualitative in- depth interviews asking individuals for their thoughts, perspectives and insights. Their views then became propositions for further enquiry, and many of the interviews yielded rich data on research questions that I had not initially considered. The basic high level interview structure is shown in Appendix F. The following interviews were conducted :
 - 2 hour interview with the former CEO who was instrumental in choosing the design and approach of the intervention.
 - 1 hour interview with the current CEO who has continued to support and build on the work since 2010.
 - 1.5 hour individual interviews with the heads of the 10 Cluster Exco teams that had been through the clinically based leadership personal mastery and team alignment interventions.
- 2) Post intervention feedback forms: These were feedback forms that were handed to individuals post the interventions – Refer Appendix G for an example of one of these forms. In this research I only used the qualitative data pertaining to the “from – to” shifts that the individual noted in individuals and the teams.
- 3) Quantitative survey data: analysis of the Staff survey which is conducted on an annual basis, and the Barrett values survey which is conducted in each team on an annual basis. All these surveys from 2006 to 2013 were reviewed.
- 4) Analysis of documents from the organisation, e.g. annual reports, and CEO presentations.

Yin (2009) suggests that it is useful to ensure that your data collection source is aligned with the unit of analysis that you are looking at in the case. In this case there are two separate but interacting units of analysis, both the individual leaders, and the Exco teams.

The following table gives an indication of how the data sources in the case need to be aligned with the unit of analysis.

		Data Collection Source	
		From Individual interviews	From Team / organisational
Unit of analysis	About an individual	Individual behaviour, attitudes, perceptions	Interviews with others (not done in this research) Post intervention feedback reports
	About an organisation	About team dynamics, shifts, changes	Staff survey, Barrett values Post intervention feedback reports

Figure 2: Data collection source vs. unit of analysis

To some extent the question of individual and team shifts as a result of the depth intervention is a question of evaluation. When evaluating best practice in Organisational Development evaluations, Finney and Jefkins (2009) distinguish between objective evaluation and subjective evaluation. Objective evaluation seeks qualitative, verifiable evidence of measurable change. This is useful when variables can be controlled and direct inferences can be made about cause – effect relationships. However this is becoming increasingly challenging in real world situations where multiple interacting variables impact any given situation and isolating a particular variable is difficult.

Subjective evaluation focuses more on the “subjective experience of those involved in a change process and their perception of the changes that result” (Finney & Jefkins, p.23). This allows for the unfolding of the experience to be described, and often takes into account the personal experiences of the practitioner, the researcher as instrument.

The methodology applied in this thesis is largely based on subjective evaluation. Data was gained from individual perspectives and the researcher has attempted to make sense of what happened, and why it happened. From this perspective cause – effect relationships are inferred by participants, but it would be inaccurate to say that there are no other variables that influenced the outcome. It is also hard to tie specific actions to the outcomes because there may be more factors at play.

The objective quantitative culture shifts are demonstrated in the Staff Survey and the Barret Values survey. Both of these instruments are administered on an annual basis in the bank. Both of these metrics indicate positive shifts in the periods 2006 – 2013. The CEO in his roadshows and communications attributes the shifts to the cultural intervention, but again it is hard to prove direct causality due to other intervening variables. However findings are consistent with data from the thesis. The quantitative results are shown in the discussion section of the thesis and details are presented in Appendix H and Appendix I.

How data was recorded, managed and analysed

Interviews: Each interview was recorded, and during the interview I also took reflective notes commenting on any particular observations or reflections mentioned. Interviews were transcribed and then analysed. I began the analysis by masking the names of respondents, reading and then rereading all the transcripts, trying to get a sense of the data as a whole before breaking it into parts. Not all the information was relevant to the research questions- this was then discarded. I then worked inductively, moving from the particular to general, forming categories, codes or dimensions in the data. Cresswell (2013) says that this represents the heart of qualitative data analysis.

Once I had developed a sense of the categories or codes, I tried to understand what themes, or broad units of information were present, for each research question. I then worked deductively to look for data to support the themes. As all of these stages were both emergent and interrelated, I would change the emphasis of subsequent interviews. Then based on emerging themes I would go back to see whether the categories should be different.

Post workshop evaluation forms: Over the 8 year period we have collected data on each workshop covering a sample size of approximately 8 000 participants who were included in this large scale organisational intervention. However for the scope of this thesis I selected the evaluation forms from all the senior Custer EXCO teams over the period of 2006 to 2013. This amounts to a total of 36 interventions. I ignored the quantitative feedback from the evaluation forms, and focused on the qualitative questions that asked participants to describe the changes in the “from” state to the “to” state with respect to their individual leadership style or approach, the shifts in team conversations, and the shifts in team functioning (refer questions 1.2; 1.3; and 1.4 in Appendix G outlining the post intervention feedback form). Looking at the data from these questions I developed an initial set of

categories that I felt that the data could fit into. I then did a content analysis and transcribed the data from the feedback forms into the different categories, making sure I kept track of the number of times a particular statement was repeated i.e. frequency counts.

Ethical Issues and Limitations:

When reflecting on ethical issues to do with the research, there is an ethical question of what the researcher is giving back to the field, and whether the research is designed to support the researcher's own agenda (e.g. writing a thesis, and possibly a publication) as opposed to supporting the agenda and concerns of the members of the research setting (Ybema, 2009). This research was designed with the organisation in mind, with the purpose of assisting the key decision makers to reflect on a key intervention that they had sponsored. The research is however being used for a thesis and the research questions and hypothesis were not formulated together with the client.

The researcher tried to mitigate some of the additional ethical issues raised by Cresswell (2013) by making a number of decisions: prior to the study, I asked the CEO for permission to use the organisation as a case study; I requested voluntary participation of the Group Exco team (see Appendix E letter to Group Exco members requesting interviews). During the interviews I shared both the purpose of the study and also how it would be used. The organisation and individuals remain anonymous and are protected. When interviewing the former CEO he had a particular approach and worldview that significantly influenced the case – I got permission from him to refer to some of his quotes as being from the “former CEO”. Once the thesis is written, I have offered to share the results and provide a copy of the research to the participants either in the form of the full thesis or an executive summary.

The case study has been carefully thought through and conducted, however I am aware of certain limitations to the study. One primary limitation is my own position in relationship to the case. My role as senior consultant to the organisation means that I have strong relationships with many people in the organisation, including the former and current CEO. Secondly, because I have led the design and implementation teams I naturally have a vested interest in seeing that the intervention is successful. This may have influenced both the interviews, the questions, and the data analysis. My consultant role also gave me easy access to the key decision makers. And at the same time, the fact that I conducted the interviews with EXCO members may have meant that they may have portrayed more positive aspects regarding the intervention than they might have done to a more neutral

person. Throughout the data collection and analysis I tried to moderate this researcher bias, by avoiding the use of leading questions. I also consciously sought to balance a positive as well as a critical view.

A second limitation is that the causal focus was attributed primarily to the clinically based interventions that we had conducted in each team. There might well have been other interventions (e.g. individual coaching processes), and other variables that also contributed to some of the perspectives and the shifts.

A third limitation is that during the 8 years, there were some changes in leadership with 2 Exco members leaving the organisation. In addition there was also a major CEO transition. In these cases I interviewed both the former CEO and the current CEO, as well as one Group Exco member who left the organisation, as well as the current incumbent. These changes however would have impacted on the intervention and on the data.

A fourth limitation is that the post-workshop evaluation forms may have been biased and influenced by the halo effect as there was often a very positive emotional feeling at the end of the three day workshop. One might question how this may have influenced participant's responses on shifts in the feedback forms.

A final limitation is that this is a single case study and scientifically the results do not represent a sample. The results are therefore not directly generalisable to other organisations. The intention however in the case is to provide a description of the intervention, why it was taken, how it affected certain intended and unintended outcomes.

FINDINGS AND DATA ANALYSIS

In this section I will discuss the findings and the data that was analysed, both from the in-depth interviews with senior executives, as well as the from the post intervention feedback forms.

The findings section is structured according to these central research questions:

1. What are some of the distinctive conditions and decision making processes that may warrant incorporating a clinical approach to large scale culture change process?
 2. What were the key shifts in individual and team behavior over the 10 senior teams over the period 2006 – 2013 that show evidence of the efficacy of the clinical approach?
 3. What key components of the intervention contributed to these shifts framed from a clinical intervention perspective?
 4. What are some of the possible resistances or difficulties experienced in this approach?
1. What are some of the distinctive conditions and decision making processes that may warrant incorporating a clinical approach to large scale culture change processes?

In analysing the data from the interviews, there was a surprisingly large degree of alignment about some of the distinctive conditions and decisions that had contributed to this approach a large scale culture change process. The following themes were identified from the in- depth interviews with senior executives, the former and the current CEO:

The organisational crisis, sense of desperation and the burning platform:

Most executives mentioned that had the organisation not been in such a crisis, this approach would not have been chosen. Here are some examples of the reasons cited: The “company was in deep trouble, the merger between the six banks was not working, the systems were not integrating, the people were at war, and the bank had run out of capital”. As the former CEO said “I had a serious burning platform. The biggest resistance to change is mostly when people don’t think change is necessary, our platform was burning so badly and so publically that we were in the media virtually every day with people speculating whether we were going to survive or not. This created the focus and people rallied around accepting that there had to be significant change”. Another executive described the organisation as broken, and “like a cancer sometimes the body

can attack itself. We too were attacking and destroying ourselves – the only fair expectation was death itself”.

Executives believed that it was much easier to get people to change and to think beyond their vested interests towards what is good for the organisation because the organisation was in a crisis rather than in a steady state. In a crisis situation, it is impossible to avoid and deny the gravity of the issues. Interviewees described their openness to exploring avenues and different approaches that they would previously not have considered. As one executive said, “this approach to change is a radical one, and I don't think you can do this successfully if there is not a burning platform”. Another person offered this insight: “people only deal with the big issues when they can be no bigger. People tend to avoid and hide until it is an absolute crisis. When you have a crisis, you have no place to hide, and that’s when you need to really look at yourself”.

High degree of conflict and interpersonal tension in executive teams and a perception that interpersonal conflict detracted from business performance.

Interviewees described a situation where trust had broken down and “people were at war with each other”. There were factions and conflicts between executives from the six banks that had been merged and new recruits that had been hired to “fix the mess”. Complex intra team dynamics were named and often the old team members were blamed for the crisis. As one interviewee said: , “the biggest inhibitor was not the skill in banking, it was the conflicts and lack of skill in leadership and teamwork”. Within this environment it was difficult to focus on the main task at hand, the turnaround of the bank, as the internal conflicts and disruptions absorbed much time and energy”. The former CEO described it in this way: “the biggest problems are very often people not working together. Internal conflict is often the biggest problem that a lot of businesses face and when you should be putting all your energy into the enormous challenges that competition and the changing environment provide, you spend a massive amount of energy managing internal conflicts. It became clear to me that in order to deliver I needed to change the culture of this organisation to be a high performance culture, and it became clear to me that it was the interrelationships between people that were the biggest impediment to this.”

Within this environment, many interviewees believed that there was a greater need for an approach that dealt with self-awareness, interpersonal impact, conflict and

interpersonal relationships. The majority of interviewees felt that simply focusing attention on business imperatives (e.g. capital, assets etc.) was insufficient and that in order to turn the business around it was imperative for the team to sort out their interpersonal conflicts and strained relationships and find a way to get executives to work together.

A CEO with a particular personality, history and worldview

Each interviewee saw the previous CEO as instrumental in supporting, what in hindsight is a clinical approach. As mentioned by some: “he was brilliant, in a sea of confusion he drifted onto the idea of people, realising that you can get short term gain in terms of profit, but for long-term sustainable turnaround you need people”; “this leadership is completely different from any that I have previously worked with in a sense of being values driven, people centered, understanding that in a nuanced and sophisticated way... this in my view was driven by the (ex) CEO, you don’t get a lot of CEO’s who think like that. When the company was in trouble many CEO’s would say let’s fix the structure, let’s fix the processes. Very few people latch on to the culture and people issues and say let’s deal with this first, especially to believe this as far back as 2004”. The current CEO described the previous CEO in this way: , “he always had a fervent belief in culture and values, and latched onto the idea that culture could be a competitive advantage. He had a visionary zeal about this, and it really fired him up. It happened to be the right thing at the right time. He set the course and now he is gone, but we are still firmly on that course”.

In addition, there was a clear understanding that this orientation was linked to the former CEO’s personality, experiences and view of the world. “It was his makeup and his personal history that got him to that point”; “he had a deep wisdom and was very empathic with a high EQ, he is very empowering in the way he leads companies”; “his personal journey led him to this point, he had been through many setbacks, he had lots of skin in the game, and he was up to that point considered by some as a failed CEO”.

In the former CEO’s words, “I had no blinding vision of what to do ... If I look back it was an accumulation of my personal journey to that point... I previously had a number of severe setbacks in my business career and personal life and for me the valuable lessons have been through the setbacks and failures, rather than the successes. I think this has given me a great deal of empathy... people were at war and I needed to listen...

my experiences along the way reinforced what many say but don't believe about people being the most valuable assets”.

A view of people and change informed by the CEO and supported by the executives

All the interviewees held a particular view of people, leaders and employees in the business that seems counter to views typically expressed by senior bankers. Many said that this is not what they had initially believed, but that they had been influenced by the previous CEO and also by their personal experiences of clinical interventions.

This view embraced a strong sense that people are important, that they need to be valued, understood, and that their collective energy needs to be enhanced for the business. Interviewees also communicated the importance of focusing on the personal, and on the relevance of personal awareness, change and transformation. They all placed a strong emphasis on these ideas.

One interviewee commented: “We are so task orientated, when we get a new task all we do is start doing. I have learnt that we need to stop to get to know each other, share experiences, agree on where you want to go together, and in this way you will nail it. This heads down, we don't have time to talk, the accounting approach does not work. It took me 20 years to understand that it's not about the numbers, but it's about the people”. Another executive said “As a finance person I am pretty cognisant of the value that you ascribe to an organisation has over many years moved away from the balance sheet to the intangibles, the people, the culture, and the brand. These are big contributors to our value”.

This people-centric view embraced the notion of empathy, listening, transparency, involvement and participation. “When you truly empathise and understand the position of others, when you speak to people, they talk of the importance of their families, their children, what has gone wrong and what has gone right. So when you then get down to the nitty gritty of the business and the difficult decisions to be made, you make them against the background of the humanity of people rather than their position in the organisation”. Other executives echoed this humanist view: “We cottoned onto the importance of humanity and the things that bring people together, rather than the things that separate them”; “I realised that the capacity that we have as a collective is much more than our individual capacity”.

Interviewees also shared the unusual view that organisations don't transform, but that individual transformation was required to transform a business. This too was influenced by the views of the CEO and by their own personal experiences “the CEO’s thesis was that organisations don't change but individuals do, and then in so doing shift the organisation”. Another described the relationship between individual shift and organisational change in this way: “all too often we set out to change society or to change systems and there is always a basic assumption that those of us who are setting to drive the change are doing that from a position and a platform of being correct or right, we are on the right side of history, we have to change this and we are changing it to provide better. This process has shifted for me. Once you start on this journey you are more willing to acknowledge that we ourselves are work in progress, and so there are things that we have to shift within us, for the whole system to shift”. Another “I do not believe that anyone can go through a significant and profound process of change and remain where they were before the process”. The former CEO said, “If you want to change the organisation you need to change the mindsets, then you have to change the behaviours, and then you have to change the processes, organisational design and the structures. You have to focus on all of them, and in my experience most traditional consultancies come in and focus on one thing, the efficiencies, processes, systems. My experience is that these just remain blueprints when the consultants leave unless you have not fixed the mindsets and the behaviours”.

A view of organisational culture and values: both informed by the CEO and supported by the executives.

The majority of interviewees believed that competitive strategy was not only focused on what and how the organisation delivers its product and service, but also on the organisational culture and values. They saw the culture and values as a key underlying driver of performance and believed that corporate culture could give a unique competitive advantage to the organisation. Culture was understood to be core to the transformation. Selected comments illustrate this shared view:

- “In the crisis the more we looked at financial, capital and budgeting issues, the more we figured out that the root cause of the mess was cultural misalignment and bad values in the organisation”.
- “A long term, unique competitive advantage is a corporate culture that differentiates you from the crowd”.

- “We have a view that one of the enablers is to create organisational health through dialogue and cultural transformation, and that this will lead to a more balanced organisation”.
- “We initially prioritised getting staff engaged and the culture aligned, before we started focusing on the customer and the environment. Once the foundation was in place around culture we could then move to focus on the client, we could not have done this without the appropriate workforce orientation”.

The approach was not a well-planned blueprint for change. Instead it evolved as an emergent process as a result of experiments.

The majority of the interviewees involved in the initial conceptualisation of the intervention, described the choice to use this approach as something that emerged over time as a result of a series of “happy accidents and discoveries”, as opposed to a plan or blueprint that was conceptualised at the beginning of the journey.

Due to the high degree of interpersonal conflict between the old and the new members of the executive team and the other factors described above, the CEO took a decision to embark on a facilitated team process, which was later referred to as the “Truth and Reconciliation Event”, named after the South African National Peace Process which occurred post 1994. During this dialogue, people examined their own psychological makeup and their stereotypes and prejudices held towards each other. They engaged in many courageous conversations to clear the air. One interviewee said, “We had never before spent any time formally baring your soul as to what drives you, and then having the courage to say how you saw other people big and small. It was seriously terrifying, we were losing money and we had no idea if we were going to survive or not, and there we were in this process. However, in the end you realise what your part is, that you need to understand, not to forget, but to forgive and commit to go forward”.

After this workshop some interviewees described the team as understanding clearly that they were stronger with everyone together, old and new, with a renewed commitment to work harder in supporting each other. “We learnt by doing.... We started having real conversations and then realised how important they are, the impact they were having, and the need to find a way to institutionalise this at a wider level”. Through this emergent process they together formulated a view of intervention and set up

workshops at the next level. One participant described it as “out of a sea of confusion we together formed a view of what was to be done”. Furthermore, according to the previous CEO there was no formal launch or announcement. “There was no *ra ra*, we are going to embark on this crusade of becoming a more humanistic organisation, understanding each other better, understanding how our behaviours impact on those around us. Nobody said anything; we just set up the workshops”.

2. What were the key shifts in individual and team behaviour in the 10 senior teams over the period 2006 – 2013 that show evidence of the efficacy of the clinical approach?

In answering this question, data was analysed both from the qualitative interviews as well as the post intervention feedback forms.

Findings from the content analysis of the post intervention feedback forms

A content analysis was done of the answers provided on the feedback forms from the 36 interventions (approximately 540 individual responses) in the cluster executive teams during the period 2006 to 2013. The analysis was done using questions 1.3; 1.4; and 1.5 in the feedback forms where participants were asked to describe the shifts that they had seen in individual leadership style or approach, the shifts in team conversations, and the shifts in team functioning. Shifts were described in these questions as descriptions of the “from” state and descriptions of the “to” state (See Appendix G).

The following categories emerged from the data and have been listed in descending order, starting with those from a high frequency count to a lower frequency count. The frequency count was based on the number of people who mentioned a particular theme from this category in the feedback form. For each data category the frequency of response is shown in the first column and the category is described by a brief description of the “from” state, and a brief description of the “to” state. These brief descriptions were derived from looking at the content in each category and searching for appropriate descriptors. They are in no way complete as it is impossible to capture all the nuances and subtleties recorded in each category. In naming the descriptors I chose to use those mentioned most frequently as well as the words used by participants. A few direct quotes have also been selected and shown in italics.

<u>Frequency</u>	<u>Name of Category</u>	<u>Description of "from" state</u>	<u>Description of "to" state</u>
162	Team, Team Unity and Cohesion/Oneness/ Belonging	<ul style="list-style-type: none"> Working group Being alone, "I" Excluded High performing individuals Frustration, anger Individual Them – more on the outside Loosely coupled team Strong individuals Me working alone Pockets of people, closed and shy <p><i>A caring team occupied with the responsibility of their individual areas</i></p> <p><i>Self-reliant, well meaning, very capable business heads</i></p> <p><i>Individual barriers being protected, narrow interests</i></p>	<ul style="list-style-type: none"> Team Being part of, "Me and we" Included Strong team ethos Understanding – cooperation and belonging Feeling closer to the team Us – more on the inside Cohesive team Let's work together One unified team with a common goal <p><i>Camaraderie, readiness to assist, a deeper understanding of what team means</i></p> <p><i>A co-operative, supportive integrated team</i></p> <p><i>A deep bond, understanding and appreciation for each other, moving into a single team where all members have a total sense of belonging and receive appropriate recognition of their roles that are so vital to effective functioning of a high performance team</i></p>
105	Ways of working	<ul style="list-style-type: none"> Silo mentality Individual task orientation Individual accountability Independent functioning <p><i>Silo criticism and "my team first" hat</i></p>	<ul style="list-style-type: none"> Cross functional/ matrix mentality and way of working Collective thinking and collaborative orientation Joint accountability Team functioning, connected and interdependent <p><i>Team accountability and acknowledgement that if one fails we all fail</i></p>
95	Openness	<ul style="list-style-type: none"> Not engaged, closed Limited and reserved disclosures Emotional blockages Reserved, cautious and not knowing them Masked <p><i>Was initially closed, very scared to open up and share</i></p> <p><i>Unwillingness to participate and be open to share, now willing to cross certain edges</i></p>	<ul style="list-style-type: none"> More engaged and conversational Open To exposing myself and discovering them Willingness to risk connecting at a human level <p><i>More open, honest and sharing, less guarded and more in harmony with colleagues</i></p> <p><i>Willingness to open up and reflect on issues, to making progress and to understand what the edges are and making an effort to cross them</i></p>
72	Attitude	<ul style="list-style-type: none"> Negative Anger, frustration and huge egos Withdrawn, passive Anxious and uneasy Being cynical/skeptical Reserved, apprehensive Frustrated, despair Thinking about my current Unsupported Who are we <p><i>Critical parent, I'm ok but you are not</i></p>	<ul style="list-style-type: none"> Positive Lightness and full of excitement Assertive and involved Comfortable and embracing Hopeful and believing Engaged and collaborative Committed Thinking about my legacy Supported Who could we be, what could I change <p><i>Adult – I am ok and you are ok</i></p>

		<i>Always wanting to be in control</i> <i>What's in it for me?</i>	<i>Being prepared to let go and contribute at another level</i> <i>How can I contribute?</i>
65	Depth and Emotion	<ul style="list-style-type: none"> • Purely technical debates • Plastic and shallow, closed and shy • Concealment of individual issues and sensitivities • Skeptical and polite • Formal, superficial and repressed • Unaware emotionally • Self-centered and task orientated • Not sympathetic to others • Lack of sincerity <p><i>Self-doubt and guarded</i></p> <p><i>Keeping all my challenges to myself</i></p> <p><i>Superficial, "feel-good" and on the surface engagement</i></p> <p><i>We will help each other</i></p>	<ul style="list-style-type: none"> • Allowing difficult emotional arguments • Connected • Open and deep • Heart and soul • A family with common understanding of each other's needs and emotions • Much more empathetic with a greater sense of feeling • Higher degree of emotional connection • Greater sense of feeling for and support for the other <p><i>Believing in myself and being more willing to be vulnerable, yet feel safe at the same time</i></p> <p><i>Allowing myself to be vulnerable, share and trust</i></p> <p><i>Understanding the softer issues that are not always easy and comfortable to access</i></p> <p><i>We will automatically love each other-meaning commitment to each other and the development of each other</i></p>
41	Understanding / Appreciating Others	<ul style="list-style-type: none"> • Not knowing each other • Not understanding each other's styles, personalities, backgrounds • Unaware of individual team members personal circumstances, personal issues and history • Who are they and what is it that they do? Workmates <p><i>Unaware of the turmoil that individual members were going through</i></p> <p><i>Being seen as ambitious, driven and hard working</i></p>	<ul style="list-style-type: none"> • Gaining a deeper understanding of each other, and of our leaders • Understanding different personalities, styles and backgrounds • Consciousness about one another's contexts • Fully understanding and appreciating each other's circumstances and impact to us all • Thinking about maybe I could help them or they could help me? Trusting each other more • Bonding through better understanding of other team members <p><i>Genuinely trying to understand each other for the greatness that exists in each other</i></p> <p><i>Being experienced as wise, committed and a person who brings value.</i></p>
40	Alignment of vision and goals	<ul style="list-style-type: none"> • Going in all directions • Not being on the same page • Non-aligned and different • Disjointed, disorganized and divergent <p><i>Having splintered views and perspectives</i></p>	<ul style="list-style-type: none"> • Aligned, orientated to the same direction • All members on the same page with 100% buy – in to purpose • Committed to common goals • Cohesive and functional <p><i>Seeing and believing one vision and goal</i></p>
35	Communication/ Courageous	<ul style="list-style-type: none"> • No conversation • Guarded conversation without 	<ul style="list-style-type: none"> • Meaningful interaction • Open conversations, and the

	Conversations	<ul style="list-style-type: none"> direction Purely technical debates Not engaged Discussing some issues outside of meetings Many individual conversations at various levels of depth <p><i>Guarded conversations that went into circles without direction and with no result</i></p> <p><i>No conversations or engagement on real and sensitive issues</i></p>	<ul style="list-style-type: none"> acknowledgment that we need to be more structured Allow emotional discussion even if it's much harder Engaged and free flowing Raising issues in an open and sensitive way Deep conversations adding value to all <p><i>To be more willing to address and discuss sensitive issues considered to be logjams</i></p> <p><i>Tough conversations within an environment defined by respect and trust amongst team members</i></p>
30	Self-confidence / empowerment	<ul style="list-style-type: none"> Passive, reserved, anxious Insecure, uncertain, apprehensive, vulnerable Excluded <p><i>Insecure, uncertain of my status within the team and my contribution</i></p>	<ul style="list-style-type: none"> Confident, inclusive, empowered, assertive Active participant, involved, feeling like a full team member <p><i>More confident, assertive, feeling like a full team member where my views are valued and my skills acknowledged.</i></p>
19	Self-Awareness	<ul style="list-style-type: none"> Less aware of impact Less acceptance of consequences of my action Fear and unwillingness to acknowledge it <p><i>Disconnected and unaware of my impact on other and the organisation</i></p> <p><i>Having blind spots about our own weaknesses and strengths</i></p>	<ul style="list-style-type: none"> Enhanced self -awareness of individual role and impact on the team Confirmation of my blind spots Acceptance of my leadership style, the positives and negatives <p><i>Connected, enthused, much more aware of my impact on the team and on individuals within the team</i></p> <p><i>Better understanding ourselves and our impact</i></p>
13	Belonging to a bigger whole	<ul style="list-style-type: none"> Context of us Separate units Individual unit Focus on your own piece My problems, my issues Individual divisional focus Separate units <p><i>Individual primary functional roles</i></p>	<ul style="list-style-type: none"> Context of team within bank Being part of building a bigger bank Greater role in the wider system Take ownership of the whole Our challenges/how can I support? Collective commitment to work for the greater good <p><i>Trying to understand the whole and have a commitment for the common good</i></p>
10	Overcoming Obstacles and problems	<ul style="list-style-type: none"> Denial and avoidance of problems Trying to solve everything Turmoil and chaos <p><i>Searching for the perfect answer to an issue</i></p>	<ul style="list-style-type: none"> Accepting there is a problem Understanding that you can do it in small pieces Clear and solid base for overcoming obstacles <p><i>Let's go back and collectively work together on our real issues and problems</i></p>
19	Trust	<ul style="list-style-type: none"> Indifference, stiff, not trusting Anxiety Being guarded <p><i>Guarded, cautious, political and lack of trust</i></p>	<ul style="list-style-type: none"> Creation of strong connections and absolute trust Anxiety dispelled Being honest <p><i>Open, fearless, enormous trust within the team, highly supportive of one another</i></p>

14	Performance and delivery	<ul style="list-style-type: none"> • Slow start • Not much detail and surety about what to do • Functional, inward focus • Apprehensive • Not able to do my job <p><i>Feeling obstructed in delivering and doing my job</i></p>	<ul style="list-style-type: none"> • Participative and energetic • Clarity on next steps and progress • More holistic view of overall goal and objectives • Redo vision and focus • Able to do my job <p><i>Feeling able to finally deliver and do my job</i></p> <p><i>Seeing the powerful effect of it to mobilizing the hearts and minds of the 28000 people in the bank to make things happen</i></p>
7	Conflict	<ul style="list-style-type: none"> • Conflict situation • Attacking • Some friction • Pockets of one – on – one conflict <p><i>Friction</i></p>	<ul style="list-style-type: none"> • Better mutual understanding • Acceptance, at peace • Total understanding through enquiring • Alignment and understanding <p><i>Friction removed, better understanding</i></p>
5	Reflection	<ul style="list-style-type: none"> • “Doing style”, like a whirlwind • Not creating space to think • Less inclusive <p><i>Not knowing the importance of creating space and slowing down to listen and reflect</i></p>	<ul style="list-style-type: none"> • Self – reflective • Reflect, slowing down, made more aware • Making time for reflection <p><i>Seeing the renewed power of slowing the pace to reflect and open up on issues</i></p>
1	Values	<ul style="list-style-type: none"> • Work task output related 	<ul style="list-style-type: none"> • Values related
1	Transformation/ Diversity	<ul style="list-style-type: none"> • Being people representing the same team 	<ul style="list-style-type: none"> • Having a better appreciation of transformation

Findings from the qualitative interviews with senior executives:

When identifying shifts at both an individual and a team level, there was high degree of overlap in the categories of data. However interviewees articulated their views with greater depth and in more granularity, and revealing additional aspects that did not come through in the analysis of the post intervention feedback forms.

Derived from the interviews and supporting the data categories in the table above are the following additional insights:

- **Openness:** As expressed by one interviewee “I have always been self-aware, but not been comfortable to share things I feel deeply about. This process has enabled me to share when I am upset, and if I am angry I am not afraid to say so. It has helped me be more authentic”; “I have developed the skills to be more direct, but in a way that does not detract from evidence that I care about my people”.

- **Ways of working:** “How we work together has changed fundamentally in order of magnitude... we now spend quality time as a team together”; “an interrelated, client centered approach requires trust and this intervention has helped us build trust”.
- **Depth and emotion:** “I previously saw people as single dimensional instruments to execute what I wanted done... This intervention has brought much more depth and meaning to my work”; “It created the emotional maturity to help us lead the organisation better”; “I think there is a deep need to belong, whether people will admit it or not, and I don't think this extends to relationships, friends and family, I think it extends beyond. Having said so, I think people are surprised to find it is possible at work and when I look at much of the work we have done it actually crafts what I believe to be the closest social relationships between people... because if you can see a position or situation through someone else's eyes you are much inclined to be flexible. It largely eliminates the sibling rivalry you see in other businesses because people realise that the whole is more than the sum of the parts”.
- **Self-awareness:** “It has helped give me the internal compass that guides me, the barometer that helps me measure my blind spots. Without this you may unwittingly actually derail your career”; “ I am infinitely more aware of how I make people feel in the moment”.
- **Team / team unity/ cohesive/ oneness and belonging:** “We walked in as individuals and left as a team. I do not feel so alone after the intervention”; “we have reclaimed for ourselves what makes us a team, team cohesion is infinitely better, not just on a superficial level”; “ I could see the team shifting and becoming a team before my eyes, it was absolutely profound”.
- **Reflection:** “It created space for leaders to explore themselves within a safe environment”; “it enabled me to slow down and spend time reflecting on myself and my impact on others, something I did glibly, but not intentionally in the same way”.
- **Communication/ courageous conversations:** “It helped me sit back when I have to handle difficult conversations and contemplate before what some of the outcomes potentially may be, so that I can try to engineer for a better outcome”; “we have now a much greater readiness to talk about the things that are not working, which is the start of affecting them. This makes it easier to manage these things”; “it changes the pattern of whom speaks to whom and about what”.
- **Attitude:** “We saw who walked in the door and we know who walked out the door and they were not the same people”.

- **Transformation and diversity:** “This approach helps you appreciate people from very different perspectives... I now understand that there is a deep richness to who people are”; “many diversity programs deal with ethnic groups, but this approach speaks of your qualities, likes and dislikes, and being different – it helps you become more conscious of the rank you have”.

Some of the comments from the interviews with senior executives suggest other categories of data that are not represented in the table above:

- **Impact at home and on family:** “The process has helped me communicate and relate better at home”, and another “My family has seen the changes, my children and my wife. They say I am much calmer at home”.
- **Impact on the need to manage conflict in teams:** “My life became a lot easier. I tend to avoid conflict by finding consensus, making light of things and being the nice guy. A huge amount of my time and energy was spent resolving conflicts between the team and it never went away. This eased to such an extent after the interventions that I had much more energy that I could give to the problems of the business and I had confidence that the divisions would function and I was not instantly going to be the referee. It was hugely liberating and my job became much more fun. The change of that dynamic was profound”; “tension is taken out of the system if you allow space and time for people to understand others perspectives, and how they see the path to the goal. Failure to do this creates politics and power, negative energy that takes away from performance”(former CEO).
- **Impact on experience of anxiety and conflict as a member of an EXCO team:** “Most EXCO teams are full of conflict and coming in to present to EXCO is the most traumatic experience ever. This EXCO is really different, we are more free of the politics, power and conflict compared to other EXCO teams that I have been a member of”; “In my early days of going to EXCO I was ill for two days before going to the meetings. It was like the penalty that I had to pay for the privilege of running my team. It was not a welcoming environment; it was hostile and judgmental. I was neurotic before those meetings, if I could have phoned in sick I would have. It was that bad”.
- **Impact on my ability as a leader to lead my teams and drive the business:** “It equipped us to have the right conversations, even if they are difficult, and to do this in a constructive manner. This liberates you as a leader because you know what needs to be done, but it is not easy to ascertain where your team is at”.

- **Helps accelerate the pace of change:** “This approach accelerates shifts in the mindset of a team when they feel distrustful of leader, of each other, or of the end state. It allows you as a leader to get the blessings of your team with any key changes”; “this ensures that you slow down first, in order to speed up later”.
- **Helps support the turnaround:** “The turnaround would have been slower and less successful if it were not for this intervention. We have seen the powerful effect of mobilising the hearts and the minds of people in order to make things happen”.
- **Assists in marking transitions with new people and new leaders:** “When I joined in the middle of the financial crisis, it was like jumping onto a speedboat at the highest possible speed. This process helped me integrate into the new team and deal with the transition”; “it helped us break from previous leaders and shift in identity to seeing me as the new leader of the business”.
- **Shared and collective leadership:** “It has created a sense of shared leadership where we know we are all responsible”.
- **Defining individual and team protocols, principles and practices:** “It has helped us create together and understand what the norms are, what are the do’s and what are the don’ts”; “it has helped us understand how we work together”.
- **Creation of a common language and tools:** “It has given us a common language of emotions to help us articulate and reflect on what might be happening”; “it has allowed us to reflect on when we go off course into our individual positions, and has given us tools for self-correction so that we are aware of what is happening”.
- **Attraction and retention of staff:** “There are numerous examples of people leaving to go to other banks supposedly for greener pastures and some because of more money. These people have ended up desperately wanting to come back. Some of them we have taken back, and some not. All of them have wanted to return because they have then realised that we have a good cultural environment to work in”.
- **Contribution to good governance and a risk mitigant strategy in financial services industry:** “I would never not use this approach, I believe with it we are less likely to have the financial accidents like Barclays with a big Libor scandal, or JP Morgan trading positions that were never disclosed, and other banks that are sitting with big surprises etc., the list goes on. For us the culture of looking after people and courageous conversations is entrenched and its part of the governance of running the business, and for that reason it's a huge risk mitigant”; “with all the scandals that have been happening around banks I have attended enough meetings locally and internationally with all the

accountants where the profession was put under scrutiny, saying you ordered the numbers, but it looks like you are missing the real story, because the real story is how people get to the numbers, and if the culture is broken you should have a reasonable belief that the numbers that you see cannot be credible”; “the Saltz report states that the root cause of the Barclays disaster in the UK was a lack of alignment around culture and values... astute investors realise that it is more about culture and values than only about the numbers”.

- **Organisational resilience:** “ Our culture gives us the strength to withstand shocks or challenges more robustly, whether they are economic or corporate”.
3. What key components of the intervention contributed to these shifts framed from a clinical intervention perspective?

The findings indicate that executives believe the following components or aspects of the intervention contributed to the shifts that they experienced and described. Most were either related to conditions created through the clinical intervention, or linked to the individual experiences of the change process. The data is presented in these two groups:

Conditions created through the depth intervention:

- The creation of a safe space or container where real feelings can be expressed
- The intact teams setting: working with peers on real team issues
- Tools, frameworks and a common language
- Trust in the facilitators and consultants

Themes related to individual change experiences:

- Personal willingness and a desire to improve
- A transformative experience:
 - The process of feedback or a mirror being held up
 - A moment of truth or vulnerability
- Inner reflection and inner wrestling

The following are quotes from the interviews that illustrate components related to the clinical intervention:

The creating of a safe space of container where real feelings can be expressed: As mentioned by one executive “what makes a difference in this work is the building of a container or space of trust, so that one feels that one can be real and say what one really feels without being

threatened”; and by another “this work creates a safe environment that creates the dialogue in a constructive way that people don't feel threatened, but that they can actually voice their concerns without feeling it's inappropriate to do so and do it in a way of learning and growing”; “unless you have a special container, a safe environment, it is highly unlikely that you are going to get the real issues on the table”.

The intact team setting: working with peers on real team issues: “We co-incidentally ran the workshops when there were real inflection points, real work crisis issues that needed to be sorted out. This created the platform to discuss relationships”; “the change only happens because you are with the people that you interact with on a day to day basis”.

Tools, frameworks and a common language: “A set of tools and common language provides a container and using these tools in a controlled environment create a default expectation that something difficult can turn into something positive – tools allow you to incubate the expectation that it may be positive”; “most people avoid conflict, this gives you a process, an interaction that provides for a safe sort of crucible for dealing with conflict”; “techniques and tools are required to create the emotional readiness, this is crucial before having important conversations”.

Trust in the facilitators and consultants: “The consultants are skilled professionals who can understand complexity, anxiety, help explore and push through people's emotions”; “there are not many people that can run one of these processes. It is highly skilled, and to me not just about technical expertise... you guys were brilliant, but what gave me faith was that you were fair, honest and neutral... and that's important as you can be led up the garden path... but we had absolute faith in the people that were contributing to the future of the bank”.

The following quotes highlight themes related to individual change experiences:

Personal willingness and desire to improve: “You need a personal willingness to be open to change, I'm ambitious and I want to improve, thus I am more open to this”; “only true leaders are leaders people want to follow not because they follow out of fear or out of respect or out of anything else, but it's more out of admiration. If I could strive to become anything I don't necessarily need to be liked, but it would be nice if I could look back and people admired me and they followed me because in a way they wished they could be like that or they would like to emulate me, it feels good”.

A transformative experience:

- *Relating to the process of feedback or a mirror being held up:* “The mirror was held up to me, I was told I was a bully... this changed how I behaved forever”; “the team gave me feedback and confronted me on my behaviour of how I had torn somebody to shreds in public - this changed me forever”; “I moved from being dominated by my inner critic to being absolutely humbled by my colleagues feedback and by how my elder status is viewed and respected.
 - *Relating to moment of truth or vulnerability:* “It was the most dramatic experience of my life, we all had to bare our souls as to who you are and what drives you, and have the courage in saying how you saw other people”; “a defining moment is when you as a leader speak your truth and draw your sword, as in the time I confronted the team as to whether they were on the bus, or off the bus. I asked them to speak then...”; “this was probably the first time I engaged properly with my team. I turned around and said that everybody is at the table by my invitation, they are my team and they belong here. The feedback from the team was that this was the first definitive statement that I had made that I am the leader of the team”; “we create permission to be vulnerable and this allows others to step in and support. This creates closeness and cohesiveness. Cohesiveness can be misinterpreted, I am not talking about superficial cohesion, I am talking about a deep personal commitment to support”.
 - *Inner reflection and inner wrestling:* “After the feedback, I looked in the mirror and thought that this is me, and that's not the way I want to be. These are people that I hand-picked and now I am treating them like this – this is not fair. I have let myself down and I have damaged people”; “the easiest thing is for humans to externalise. I can easily have a view when I look at external data and give my analysis. It’s much more difficult if it’s to do with me. This process is about reflecting on yourself and being comfortable in your own skin to expose yourself”.
4. What are some of the possible resistances or difficulties experienced in this approach?
- Interviewees were asked what they considered to be difficulties in the approach, or negative resistances. They cited issues that fell into two broad categories: individual anxiety and resistances and organisational resistances.

Individual resistances and difficulties:

High degree of individual anxiety: Many executives spoke of their own anxiety or that of others before and during the intervention. They identified various kinds of anxiety:

- *Anxiety as fear of the unknown*, :“Many people find it enormously difficult, there is a lot of fear of the unknown around what you will go through, and what people will say to you, how you may be criticized, you also get worried about what you will have to say to others in the process... so there is anxiety all around,”; “you introduce a high level of anxiety before the process, anxiety of the team leader, and of participants... that process causes enormous angst”.
- *Anxiety regarding the risks of being vulnerable*: “During the process you have to be vulnerable and expose yourself, and that is really difficult... you have to try hard to really be yourself and open up to make a contribution, in order to land up in a better space afterwards... after all we are not used to this sort of stuff”.
- *Anxiety related to the difficulty of looking at yourself and seeing parts that you don't necessarily like*: “It's easy for me to externalise and believe that the problem is out there, it's much more difficult when it is to do with me”.
- *Anxiety of needing to be more authentic as a leader*: Many leaders spoke of how the approach whilst it brings benefits, also demands more of you as a leader: “ it demands much more of you as a leader, you have to be totally authentic or else others will see through you”; “ you have to put yourself out there, there are times when you need to be vulnerable, and there are times when you need to speak your truth, there are times when you listen and also times when you just say thank you but this is where we are going and then you show and lead the change..... it demands that you be quite agile and see the world through different perspectives”.

Individual styles and personalities less suited to vulnerability: Whilst interviewees felt that the approach was suited to the majority of people, there was a view that “it is not for everyone... there are certain personality styles and individual types that have more difficulties with this: “ some people love the touchy, feely, talky stuff as something in their character or upbringing makes them comfortable with this, however for other people it terrifies them... you have to create safe spaces to hear these voices too”.

Resistors and difficulties related to the intervention and the broader organisation:

The following difficulties were named as arising from the intervention itself, and related to the broader organisation:

Risk of complacency and a feeling that once we have done it, we can “tick it off” as done: A number of senior executives mentioned that one of the difficulties was the need for some sort of ongoing intervention: “there is a feeling of complacency that once we have done the work, we can relax.... But you can’t take culture for granted – you have to continue to work on it and keep on investing in different meaningful dialogues”; “this is an issue of practice, you fail at some things and you get better at others. The fact that we stayed with CCL so long deepened all the concepts over time – I honestly think if somebody looked at me then and looked at me now, they would say I was a different person”.

Time consuming nature of the work: A difficulty expressed by participants was the large amount of time that was required to dedicate to these processes: “this approach takes time to do properly.... the economic crisis has meant that we don't always have the time and space at Group EXCO to do this properly... the macro- economic environment contributes to this pressure”.

Can be seen to be a “soft “approach, which if not balanced by business concerns can become one – sided: Some interviewees expressed this as: “occasionally people criticise the approach in terms of its softness, saying we take too long to make hard decisions, we are too tolerant of situations and people that we shouldn’t be, and they think that it is a result of the environment... I think the degree of tolerance and all of this is an issue of rather being much more aware of the repercussions of some of the actions that you would rather not make, e.g. firing non–performers... now I tend to think more about the likely after effects of these”; “ I’ve had conversations about whether we have become too soft in the way we manage people...then I ask the question, is it this process that has made us soft or did this process identify that we are soft on managing because we didn't create the environment for the tough conversation to take place...it's the chicken and egg debate”. The need to balance this with business issues was expressed: “too much emotional stuff can become one – sided... you need to meet the teams where they are at, unless you do this it can be radical in contexts where they have never done this emotional work before”.

Difficulty in following through and sustaining the interventions: As articulated by some: “sometimes the openness and honesty of the conversations is not continued back into the work place. I’m not sure what happens, perhaps some people close up again and go back to their former selves”.

Risk of losing some people: As articulated by the former CEO, “one of the risks is that you are going to lose some people, some people aren’t going to be comfortable with it – when you start going through the process of having to be open and transparent which in itself carries a degree of vulnerability, some people aren’t going to want to do that, and if this orientation becomes more powerful in the organisation, those people will eventually leave. They are either going to be squeezed out or they are going to jump because they don't like it anymore, and you have to be prepared for that. It is not right for everyone. However I have been surprised at really hard-nosed people like investment bankers who I didn't think would respond - but some of the most cynical people I know have turned around too”.

DISCUSSION

This section discusses the following key themes:

- On balancing a traditional rational with a clinical approach in organisational culture interventions.
- What are some of the distinctive conditions and decision-making processes that may warrant the incorporation of a clinical approach to large-scale culture change processes?
- Key individual and team shifts, intended and unintended outcomes.
- Quantitative outcomes.
- What are the key components of the intervention that contributed to these shifts framed from a clinical intervention perspective?
- What are the resistors or possible difficulties in such an approach?

On balancing a traditional rational with a clinical approach in organisational culture interventions

Insights from the findings support the central hypothesis as well as the existing research in highlighting the wisdom of developing an integrated intervention that balances both the traditional rational and an emotional approach to change processes.

Historically in this bank the common practice was to make a clear separation between rational and softer practitioners or consultants as the literature suggests. Previously the primary consultants interfacing with senior management had emphasised a rational perspective. For example while Oliver Wyman looked at organisational redesign and McKinsey looked at issues such as strategy, the softer practitioners, such as the psychologists, had focused more on the human resources areas of the business. In a sense the softer approaches were considered neither good nor relevant enough for senior leaders. Yet, for the senior leaders in the bank, the findings show that they experienced this cultural intervention as both rational and deeply emotional.

With hindsight the intervention was designed the way it was, without the benefit of a literature review and was motivated by our own experiences and desire to respond to the client brief. The crisis in the bank might also have motivated the client to seek a solution different from the previous dominance of a rational approach. In the design and implementation of the intervention, the traditional rational side of the intervention was

addressed through the initial scoping, strategy and alignment work where the future direction and the link with the business imperative were articulated and well understood. The strategy was then interpreted in a rational and scientific way into processes such as a leadership multi-rater (360 degree) assessment instrument. However the cultural intervention was also designed with a very clear intention to balance rational and clinical approaches. Theoretical models and tools providing rational content were combined with other processes such as personal narrative, clearing and peer feedback, specifically to deal with feelings, emotions and unconscious behaviours. In these processes unconscious individual and group dynamics were highlighted, emotions and feelings were surfaced and people were sensitised to and supported in understanding the irrational side of human behaviour. The shifts show that clinical concepts were introduced into a very traditional corporate environment in a credible way that they were not considered soft and fluffy, and in a way that they were seen to contribute to people's personal lives as well as their work environments.

In looking at the individual and team shifts, it is clear that these are also described as a combination of rational and emotional. This is particularly evident, for example, if one looks at the categories of Team, Team Unity and Cohesion/Oneness/ Belonging (frequency counts of 162); Ways of Working (frequency counts of 105) and Alignment around Vision and Goals (frequency counts of 40); Depth and Emotion (frequency count of 65) and Openness (frequency count of 95) and Attitude (frequency count of 72) collectively demonstrate a combination of rational and emotional shifts. When one looks at the descriptors of the category of Depth and Emotion, words such as “open and deep”, “heart and soul”, “higher degree of emotional connection”, and a “family with common understanding of each other's needs and emotions” they clearly describe deep emotional shifts. This language is uncommon in organisational contexts, especially in banks.

What are some of the distinctive conditions and decision-making processes that may warrant the incorporation of a clinical approach to large-scale culture change processes?

As this thesis is based on a single case study the results are not directly generalisable. However the findings point to some unique conditions that may warrant the incorporation of a clinical approach in culture change. Based on this case study, Figure 3 below illustrates a summary of some of these distinctive conditions:

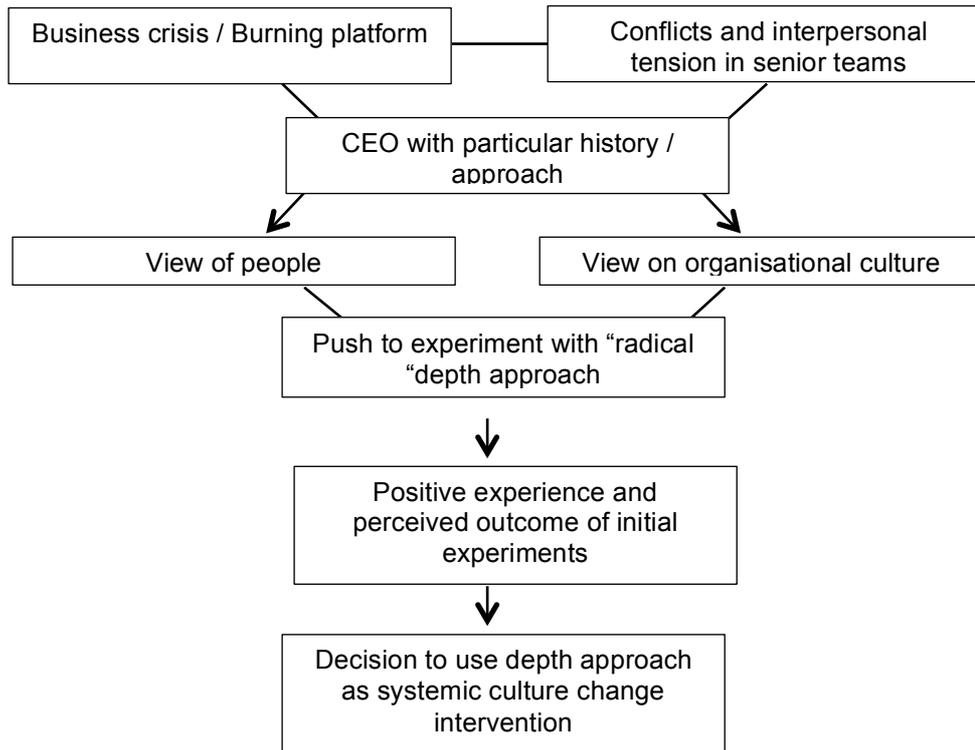


Figure 3: Some distinctive conditions and decision that may warrant a clinical approach to culture change

There are clearly a number of unique factors that may warrant a clinical approach to culture change. The blend between contextual factors, such as the business crisis and the high degree of conflict and tension amongst the executive teams acted as a backdrop and served as a catalyst to try something considered more radical in approach. The evidence provided in the literature review supports the fact that change does not start without a sense of discomfort or pain that produces a jolt in order to help break defensive routines. The business crisis could be perceived as the rational crisis or burning platform and the conflicts in interpersonal tensions could be perceived as the emotional platform for change. Again the case illustrates the importance of recognising and then balancing both of these aspects.

Looking at change processes from a clinical perspective, the findings also support the notion of creating dissatisfaction or stress to catalyse change: high levels of discomfort or negative emotion in the case of the bank made change an imperative and helped break down defenses such as organisational denial and suppression. In this environment it was impossible to deny that there was a problem. The high levels of individual anxiety and

defensiveness (anger, blaming) in the top team contributed to the stress of the situation, with individuals regressing to fighting between themselves and then turning against each other, blaming each other rather than collectively addressing the real business related issues.

Against the background of the rational and the emotional platform for change, the findings suggest that the new CEO put forward a clear vision that engendered hope. Whilst the market criticised him, the concrete and symbolic acts that he undertook gave a strong sense to staff that he would do things in a different way. In addition amidst all the anxiety, his leadership was able to both role model and provide the containment required. Furthermore he modeled authenticity as a leader, by really listening (through for example staff roadshows) and by being open and showing his true self to people (through for example writing a daily diary that was available for all to read through the in-house bank network). These symbolic acts would support the critical importance of leadership in a culture change process, and would in this thesis support the leader-led hypothesis.

It seems to follow that the incorporation of a more clinical approach to change processes needs to be fully supported by the leader and ideally match the worldview of the leader or CEO. In this case, the CEO's view of people and his view on organisational culture were clearly resonant with a more clinical approach. The findings provide clear evidence of the strong contributing role of the CEO to the process. One might question whether senior leaders with a different orientation to people and to culture would indeed have chosen this intervention. This finding again further supports the leader-led hypothesis and emphasises the critical role of leadership, specifically the CEO. In this case, he not only played a central role in leading the culture change process, but also in containing the anxiety and providing adaptive social defenses to support the change process. For example, he ensured that containment was provided in a variety of forms: staff communication; roadshows; articulation of vision, purpose and strategies in strategic dialogue sessions and conceptual frameworks such as the Dagwood. Seemingly, these efforts also provided containment by offering some important rational dimensions of the change process and thus helped promote a more integrated approach for his teams to cope with the emotional challenges.

The data from this case suggests that the choice to use such an intervention on a larger scale is best taken with collective agreement and alignment amongst the top teams on both the rational and emotional dimensions of the change process. This seemingly can only

happen once senior leaders have had a chance to experience a clinical intervention themselves. The value of experiencing a clinical intervention enabled the teams to understand the impact and the importance of the emotional dimensions. In fact, it was during this experience that many skeptics of the approach changed their viewpoints and were able to endorse and support the intervention at a wider level in the organisation. This also suggests that while the type of impact and experience can be articulated and expressed by others, such as consultants, in a conceptual and rational way, the real impact can only be understood through felt experience. It also suggests that a conceptual and rational way of explaining such an intervention does not do it justice and that an emotional experiential process is necessary to really get executives change. This also indicates that in order to get buy-in to such an approach it would be advantageous to explain the process in a rational way and create an emotional experience of the intervention.

Key individual and team shifts, intended and unintended outcomes

The findings suggest that a combined focus on both supporting organisational health and addressing dysfunction was a key contributor to the shifts at an individual and a team level. The case study further seems to illustrate how psychoanalytically informed theory could be used to provide this dual focus on both organisational health and dysfunction or breakdown. Thus the application of theory need not be focused on one (health) or the other (dysfunction); in fact they can possibly be addressed simultaneously. The intention of the culture change intervention in this case was to improve organisational health. However in looking at the findings, whilst focusing on positive improvements, we also inadvertently dealt with dysfunctional aspects and dynamics that surfaced during the process. For example, in working towards personal and team effectiveness, many of the outcomes described deal with dysfunctional issues such as attitude (described by some as shifting from being negative, cynical, withdrawn), breakdown of trust, and conflict between team members and between leaders and their direct reports. This provides a different angle to the existing literature.

The research also shows that both shifts in individuals and teams, relate to the concept of authentic organisations. Shifts such as “being more authentic”, “being able to be real” (minimise presentation of false self), “higher degrees of openness and trust”, “more authentic resolution of conflict” and “openness”, support the idea that leaders can be more authentic both when looking at themselves, and when relating to others. The shifts portray the impact of the changes on individuals, in their relationships and within the teams, and help

us make sense of how such shifts contribute to more openness, trust and productive work environments. The findings therefore provide insights about how clinical approach can be used to create more authentic work cultures and organisations.

The findings also suggest a link between self-awareness and a more positive experience of life and indirectly of organisational life. Many of the shifts describe underlying attitudinal changes as well as a more positive and productive experience of colleagues and of working in a team. Some of the outcomes refer to positive impacts on home and family life. One might also argue that by increasing people's sensitivities to the irrational side of human behavior, they can better manage their lives and discover a more positive experience of work.

When discussing the findings at the level of individual and team shifts, I thought it would be helpful to acknowledge both the intended and unintended outcomes. I also thought it would be helpful to present the distinction between qualitative and quantitative measures. Figure 4 below presents these concepts graphically in a cube, with a number of sides, which demonstrate the distinctive yet interacting consequences of the intervention under discussion:

- The intended and unintended outcomes: how we understand the variations between what was planned for and what emerged out of the data regarding individual and team shifts.
- The positive enablers of the shifts: what contributed to the shifts, both in terms of factors relating to the intervention and those relating to individual change processes.
- The negative resistors: the difficulties in the process, both related to the intervention, and individual factors.
- The distinction between qualitative and quantitative measures and outcomes.

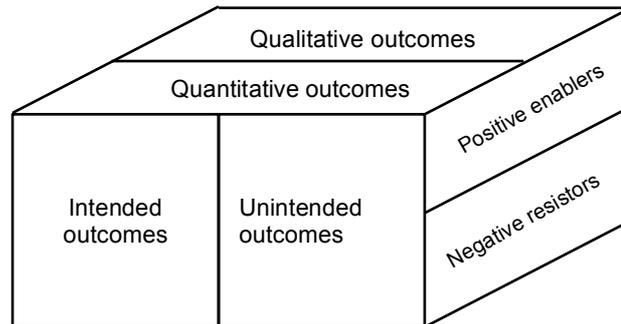


Figure 4: Conceptual understanding of the possible consequences of clinical interventions in organisations

The senior leadership group of the organisation spent considerable time getting alignment on the intended outcomes that the intervention was designed to achieve. As articulated by the group, they included:

- Personal mastery
- Team effectiveness
- Leadership
- Values alignment

Analysing the findings of the content analysis it is possible to combine the following categories of data with the descriptions in the original outcomes:

- Personal mastery could be described by the following content categories: self-confidence; empowerment; self-awareness. (These have combined frequency counts of 49).
- Team effectiveness could be described by the following content categories: team/ team unity/ cohesion/ oneness and belonging; understanding/ appreciating others. (These have combined frequency counts of 203).
- Leadership was not described by any content categories.
- Values alignment could be described by the content category values.

Looking at the above and the frequency counts of each category, there are a number of interesting observations:

The findings suggest that the outcomes of personal mastery and team effectiveness have been met through the intervention. In fact the frequency count of the combined category team effectiveness has an extremely high frequency count of 203. Thus the data supports

the hypothesis that culture change involves both individual and team shifts, however in this case there was far greater acknowledgement given to the team shifts. The case confirms the literature on team coaching and acknowledges the importance of a simultaneous focus on individual and team change processes. However this thesis strongly emphasises the critical nature of the team component of the change process, and of the contribution of “group cloud issues” and interpersonal learning process in supporting individual and team shifts.

However the outcomes of “leadership” and “values alignment” did not come through in the content categories. This may be because participants don't identify themselves with these words and that implicitly, the impact of the intervention might well lie in the realm of collective leadership in the team, rather than in individual leadership. It may be possible that the values, which mattered in the intervention, are best described by other content categories such as openness, attitude and trust. The literature speaks to the culture and values focus of many organisations. However this research suggests that the term culture and values is a more comfortable rational way of explaining irrational and emotional aspects that are often not palatable in organisations. Words such as depth and emotion are more accurate descriptors, but may be more problematic in some corporate environments.

The findings also suggest that there are many more positive unintended outcomes of such an intervention than were anticipated. They suggest that applying a clinical approach can produce a variety of changes at an individual, leadership, team and organisational level:

Individual level

- Individual attitudes, sense of openness and trust
- Relationships at home and with families
- Depth of connection and emotional expression
- Transformation and diversity

Leadership level

- The need to manage conflict and inter personal tensions in teams
- Levels of anxiety and conflict in being part of a senior team
- Assisting in accelerating and driving turnaround and change
- Providing a sense of collective leadership

Team level

- Ability to communicate and have courageous conversations required
- Overcoming obstacles and better performance and delivery
- Marking transitions with new teams and new leaders
- Defining team protocols, principles and practices

Organisational level

- Contribution to good governance and a risk mitigation strategy
- Attraction and retention of staff
- Supporting new ways of working for example working in new organisational structures such as cross functional matrix structures
- Levels of alignment to vision and goals and feeling part of a bigger whole
- Creation of a common language and tools

Reflecting on this, it seems that the findings not only apply to individual and team shifts, but also affect the experience of leading in an organisation. Another way of understanding the findings is that the intervention may well contribute to make things easier for leaders to lead their teams and drive transformation efforts. This is a significant finding, and may well make it easier to convince leaders of the applicability of such an approach.

The nature of the shifts described above, depict a blend of positive rational and emotional outcomes. This provides further evidence to support my central hypothesis that the distinctive unconscious conditions at play in culture change efforts require a balanced intervention approach that not only addresses the rational side of organisations, but also works at a deeper emotional level. The findings point to the conclusion that the application of a clinical approach has been effective in containing the anxiety evoked and in supporting both the individuals and teams in transitioning from a dysfunctional to a more functional mode of operating. Furthermore, in addition to the changes at the individual and team level, it could be argued that the shifts also influenced changes at a leadership and an organisational level. All of these together underscore the efficacy of incorporating a clinical approach in supporting wider systemic culture change.

In addition, it could be argued that the quantitative outcomes below provide similarly directionally positive confirmatory evidence, whilst acknowledging that there will be other variables impacting on the overall quantitative shifts.

Quantitative outcomes

The case study focuses primarily on the qualitative outcomes discussed above, however it is useful to also refer to the quantitative results of the culture intervention that have emerged through the Banks Staff Survey and the Barrett Values survey. Both of these instruments show positive trends between 2006 to 2013, for the entire organisation of 28 000 people. Unfortunately I was not able to get a cut of the data over this time period for the unit of analysis that the thesis focuses on, i.e. the sample group of Group Executive and Direct reports, as this exercise would have entailed too much manual processing.

The CEO in his roadshows and communications attributes the positive shifts in the Barrett and Staff Surveys to the cultural intervention, but it is hard to prove direct causality due to other intervening variables. However I believe it is helpful to briefly discuss the results as they show finding consistent to results from the thesis data:

- *Barrett Entropy scores from 2005 to 2012* for the entire organisation (see Appendix H). Entropy is defined by Barrett (1998) as being levels of dysfunctional behavior or amount of energy that is consumed by unproductive work. This is a measure of conflict, friction and frustration that exists in the organisation and according to this measure, a lower score is better than a higher score. Results from the Bank's Barrett Survey show levels of entropy have moved from 25% in 2005 (indicating significant issues requiring cultural and structural transformation) to 10 % in 2012 (indicating a healthy culture).
- Results from the *Bank's Staff Survey* for the entire organisation (see Appendix I) show consistent improvements between 2005 and 2012. The following dimensions are relevant to the cultural intervention: Leadership (36.1 % improvement); Organisational culture and values (35.2 %improvement); Communication (18 % improvement) and Relationships & Trust (16.2 % improvement).

Clearly both of these results show significant improvement in terms of a cultural shift. Whilst this cultural intervention has not reached the entire bank of 28 000 people, the results of these quantitative tools can be explained using the logic that leadership sets the tone of the culture and that cultural transformation starts with the personal transformation of the leadership group and this then impact the rest of the organisation. These findings support the view of a number of authors: Barrett (1998) believes senior leaders can be the tipping point of a cultural change process; Kotter (1998) and Kets De Vries and Balazs (1998) all speak about the significance of leaders in cultural change processes.

What are the key components of the intervention that contributed to these shifts framed from a clinical intervention perspective?

Based on findings from the case study, the figure below represents a summary of the key components of the intervention that contributed to the shifts in the culture intervention framed from a clinical paradigm:

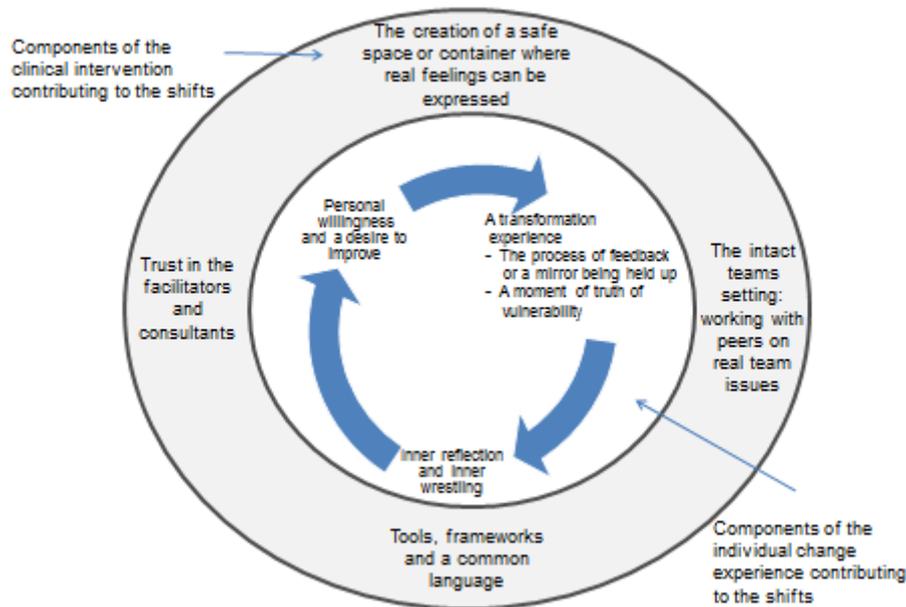


Figure 5: Key components of the intervention and the individual change process that contributed to the shifts

When looking at the key *components of the intervention* that contributed to the shifts, many can be explained by a psychoanalytically informed clinical paradigm supporting the research hypothesis that a clinical paradigm can contribute to individual and team shifts. When looking at the components of the clinical intervention, the findings support the literature review in two specific instances: the importance of a safe space or container; as well as the value of an intact team setting which allows for a simultaneous focus on individual and team processes. However this case also highlights a number of other key components:

- *The provision of tools and frameworks to provide a common language:* this can be seen to be a form of containment. Frameworks help to normalise behavior and also explain in an accessible and rational way, concepts such as unconscious drives, anxiety and defenses to an audience who are not familiar to the language of emotions. Findings

also show how some frameworks complemented by other processes help to create positive results out of an experience that otherwise would have been very anxiety provoking. For example, processes such as clearing logjams or difficult issues with team members is a form of containment and a mechanism for safety.

- *Trust in the facilitators and consultants:* this builds a sense of safety. In order for individuals and groups to express themselves, they need to have the experience of being “held” and contained by the practitioners, of feeling safe with them. Only with this, can they feel free to express previously repressed parts of themselves. This speaks to the importance of the skill of professional practitioners who can work with deeper underlying human feelings and behaviours.

Thus this research shows that there are additional ways to contain individuals and teams during transformation processes. It demonstrates the fact that individual and team transformation can best happen within a containing or holding environment. It supports the notion that in order for meaningful change to occur in the organisational setting, we have to reduce learning anxiety by providing for psychological safety and containment and by creating a holding environment where participants feel free to express themselves. Tools, frameworks and providing a common language, as well as trust in the facilitators help us to do this.

When looking at components of the *individual change process* that contributed to the shifts, the case provides ample evidence that necessary preconditions for change during the intervention was a personal willingness and desire to want to improve. This is different from the literature on individual change processes that stresses a sense of negative emotion related to personal discomfort or stress to change as a precursor to individual change. This difference can be expected in corporate environments, as people were mandated to go through the process and were not self-selected. Thus the intervention itself may have served as a catalyst for change, rather than a disturbance or high level of stress, which is often a major inducement to individual change.

The findings moreover show that key transformative experiences were provided through the process of feedback and a mirror being held up, or through a moment of truth and vulnerability. These are similar to sources in the literature review that name a focal event signaling something significant happening that triggers the change. Feedback from a team leader or a colleague can lead one to help you understand and correct distortions in self-

perception and help reevaluate your behavior. A moment of truth or vulnerability is often described as a moment that provides for a cathartic experience where team leaders or team members can get something off their chests. Both of these findings again demonstrate the importance of feedback and emotional shifts in individual change processes.

What are the resistors or possible difficulties in such an approach?

This research was not primarily focused on resistors or difficulties in such an approach, and so the findings are by no means conclusive. However the findings again highlight the enormous amounts of anxiety that people feel about embarking on a process where they need to be honest, vulnerable and show more of themselves to others – especially in a traditional corporate environment such as a bank and especially when attendance is mandatory, not by choice. This is amplified in a wider rollout where there is a lot of “gossip” and “noise in the system” from previous people who have attended the interventions. This informal communication channel serves to heighten individual levels of anxiety, even before people are themselves exposed to the process. The findings support the literature on the high levels of anxiety that is involved in confronting and look at oneself in a space that is unfamiliar, and showing parts of oneself to others that have previously been unrevealed.

The finding on resistors further support the need to balance a traditional rational intervention with an emotional intervention, with the view that this can be seen as a “soft “ approach which is one – sided if not balanced by real business concerns.

FUTURE RESEARCH AND CONCLUSION

Future research:

My hope is that this thesis has contributed to a deeper understanding of the application of the clinical approach to large-scale culture change interventions. However due to the nature of single case research, the findings cannot be directly generalised to other organisations. It would therefore be helpful to do further research on other organisations to see whether other research confirms or disconfirms the findings in this thesis.

The topic could also be taken further: when looking at the individual and team shifts many of them are relevant to the concept of collective leadership, so future research looking at the links between the clinical approach and collective leadership would add to the existing body of knowledge; and more research on resistors and enablers in a clinically informed intervention would add to the body of useful knowledge both for theorists and practitioners.

Conclusion:

This case study demonstrates how and why psychoanalytically informed approaches can be used effectively on a large scale at a senior level in today's organisations in order to enhance individual and team functioning and in so doing impact on organisational wellness and health. It suggests that when leader – led, and when the leader sincerely identifies with a clinical paradigm worldview he/she can help organisations in crisis or turnaround and serve to create a more authentic work environment. The approach is helpful in that it balances and addresses the rational, as well as the deeper underlying emotional or irrational factors causing resistance and inhibiting change. The research shows that a clinically informed paradigm, when integrated with a rational approach can go beyond the quick fix and superficial models of human behavior to contribute positively to individual and team shifts, and produce intended and unintended outcomes.

When I take a metaview of the case, it is clear that part of the shifts relate to the measures we took as organisational consultants to ensure that we integrated an approach which dealt with deep underlying human behavior and balanced this with hard business decisions. However this would not have been possible without the wisdom, the emotional intelligence and worldview of the former CEO and his own commitment to integrating both the emotional and rational in his vision for change.

The case also advocates that in today's corporate environment, this approach does not only create authentic work environments, but can also contribute to a risk mitigant strategy. In the financial services industry in particular, it suggests that when there are more open and honest work environments there is less likelihood of costly failures. Astute leaders and investors recognise that culture and values is increasingly becoming one of the building blocks for sustainable growth and competitive advantage in organisations. I hope that case study has been able in a practical way, to add to the knowledge base on how and why it can be done.

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