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## LEADERSHIP AND INSTITUTIONAL PAIN

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### Abstract

This article will describe connections between human and institutional pain in the midst of ministry crises. Included are a brief overview of how pain functions, followed by two leadership theorists' ideas of how to move out of the pain phase and into the healing phase without losing forward momentum or minimizing the impact of the pain. Particularly in religious settings, leaders encounter challenges when they seek to move forward in the midst of pain. The expectation that they will be pastoral often overcomes their capacity to act decisively, even when the community needs both healing and clearly thought-out action. This article proposes leadership practices that promote momentum while taking into account how pain works.

### Moving Forward Amidst Pain

In his article “Why Leaders Are a Pain,” William Willimon writes, “Caregiving, the default mode of most pastors, is always less costly than leading. But the problem with caregiving is that no group survives or thrives without continuously refitting and repositioning itself—and certainly not an institution that’s accountable to a living God.”<sup>1</sup>

During the past eleven years, I have served an institution that is very much in need of a sustainable path into the future with regard to finances and enrollment. I participated in numerous attempts at bold new directions that did not lead to the intended results. In the midst of an anxious system, I have sought to lead when controversies and crises threatened the institution’s much-needed progress. Much like a small boat on a roiling sea, I—along with colleagues, students, and constituents—felt every wave. At least once a year during those years (all while serving on the faculty, four

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<sup>1</sup> William H. Willimon, “Why Leaders Are a Pain,” *The Christian Century* (February 17, 2016): 20.

as associate dean and six as dean) I had cause to think consciously about how to provide a supportive pastoral presence while also moving the institution forward. Sometimes, especially lately, I have felt the need to choose between one or the other.

Only over the past year have I come to believe that the institution I serve has found a way into the future that can sustain its mission. Although there are no guarantees, and God is in the midst of it all, subverting any illusions we might have that we are in control, recent months have afforded me an opportunity to reflect on those days when I was attempting to lead while the institution's survival was threatened. I believe that the eternal is only something we find in another life, so the sustainability I describe is, by virtue of its existence in the material world, temporary. That said, I am confident enough that we have come to the other side of the sustainability question that I can reflect on what it has been like to seek to motivate a community forward despite, and in the presence of, what I will call "institutional pain."

### The Pain Process

I picked up Melanie Thernstrom's journalistic, multidisciplinary study, *The Pain Chronicles: Cures, Myths, Mysteries, Prayers, Diaries, Brain Scans, Healing, and the Science of Suffering*,<sup>2</sup> after a ministry student approached me to lead him in a directed study in conjunction with an extended unit of Clinical Pastoral Education (CPE). The student and I both had loved ones experiencing chronic back pain—for him, his wife; for me, my mother—and preparing for surgery. The student's CPE supervisor recommended the book, so we read it together.

While I was reading *The Pain Chronicles*, the school I serve as dean was moving out of a chronic financial malaise and into something new, uncertain, and risky; I was part of the

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<sup>2</sup> Melanie Thernstrom, *The Pain Chronicles: Cures, Myths, Mysteries, Prayers, Diaries, Brain Scans, Healing, and the Science of Suffering* (New York: Picador, 2010).

leadership team. The flashes of recognition I experienced during the process inspired me to assign the book to a group of Doctor of Ministry students who were studying leadership with me in an online course. Their resonance with the way in which pain works, in light of the diverse settings in which they serve, led me to give the book an even closer look.

The two areas of Thernstrom's study on pain that most poignantly reminded me of institutional leadership included, first, her breakdown of how pain functions, step-by-step, upon an injury; and second, how acute pain becomes chronic, and why chronic pain is inherently dysfunctional. The Apostle Paul uses the image of the community of Christ as a body (see 1Corinthians 12), where the church has many members with different functions, just as the body has many parts. Thernstrom's account of the way in which pain affects the body causes one to wonder if Paul was ahead of his time in understanding the parallels between interconnection within our body and among the bodies that gather as communities of faith.

Thernstrom describes the phases of pain through an extended illustration of a deer having experienced a blunt-force trauma.<sup>3</sup> First, a sharp, distinctly localized pain tells the deer to cease what it is doing. Then, a slow, persistent, diffuse pain indicates continuing injury. When the brain initiates the autonomic nervous systems that regulate bodily rhythms, respiratory and cardiovascular changes reset the heartbeat and breathing so that blood can get to the site of the injury. Initially, massive increases in adrenaline and other hormones give the deer needed strength to run away if danger persists, but then sluggishness sets in to force rest. White blood cells rush to the area to promote the beginnings of healing, raising the temperature around the injury. Sensation in the injured area intensifies and sensitivity increases so that further contact that might lead to reinjury is avoided. The brain's hypothalamus turns off all drives other

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<sup>3</sup> Thernstrom, 28.

than rest and healing, causing it to ignore desires like hunger and thirst.

Thernstrom goes on to point out that other animals instinctively avoid the injured one, perhaps out of fear of disease or fear that the injured animal will lash out. She concludes her description of the pain process by pointing out the most notable difference between how animals experience pain and how human beings do: humans are the only animal that then asks, “Why me?” This human question of “why” does not seem to serve an evolutionary function. Yet the question is so universal for human beings, appearing across diverse cultures over thousands of years, that it seems as genetically coded into the experience of prolonged pain as inflammation and drowsiness.<sup>4</sup>

Each phase of the traumatic pain cycle Thernstrom describes has an institutional analog that I have witnessed firsthand, and in the midst of which I have been led or attempted to lead others. Each phase also suggests good practices for leaders walking a community through the institutional equivalent of blunt-force trauma, otherwise known as bad news.

1. *Distinctly localized pain tells the deer to cease what it is doing.*  
After an institution has experienced bad news, a frozenness sets in. Activity ceases as the news settled, and productivity comes to a standstill. Choosing the timing for sharing discouraging or disappointing news with a community must include consideration of the fact that all will come to a standstill for at least a short time while the community recovers from having been stunned.
2. *A slow, persistent, diffuse pain indicates continuing injury.*  
Communities that have been shocked with negative events come out of shock into an achy sadness that lasts differing amounts of time for different individuals. Those who are achy must be treated with kindness and care. Those who have moved forward from that ache are not to be shamed, as though they did not care.

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<sup>4</sup> Thernstrom, 32.

3. *Respiratory and cardiovascular changes initiate the autonomic nervous systems, reregulating bodily rhythms.* The pace of activity in communities that have experienced the trauma of bad news changes to make space for healing. This happens so automatically that the leader cannot hope to regulate the pace of the community, but rather must observe and acknowledge it, stepping into its rhythm.
4. *Massive increase in adrenaline and other hormones give the deer needed strength to run away if danger persists, but then sluggishness sets in to force rest.* Just like the human body in some ways becomes energized after an injury, and in other ways becomes extremely tired, the members of a community respond with varying levels of adrenaline and fatigue. Some members of communities in crisis or emerging from bad news become intense to the point where one wonders if they are finding gratification in negativity. Others deflate.
5. *White blood cells rush to the area to promote the beginnings of healing, raising the temperature around the injury, and sensation in the injured area increases in order that further touching and possible reinjury is avoided.* In a similar way, crises or acute conflicts in institutions draw attention and energy from the community into them. All energies rush to the locus of injury, which sometimes inflames the injured area and always drains energies from other areas.
6. *The hypothalamus in the deer's brain turns off all drives other than rest and healing, causing it to ignore desires like hunger and thirst.* Institutions that have experienced bad news akin to a blunt-force trauma quickly lose track of needs that were important moments before impact. Because everyone is so focused on the injured area of the institution—harmed individuals, imperiled finances, broken buildings—other needs go unmet. This, of course, becomes a problem in itself when fulfillment of mission falls victim to distraction.
7. *Others avoid the injured one.* Of course, any leader who has led an institution in pain, and then attempted to attend a professional gathering of peers, knows this impulse. When colleagues approach us and say, “Your life must

be so terrible right now,” we know that they are talking about us behind our backs, and it feels awful. When colleagues avoid us, not knowing what to say about work—the basis of our friendship—in conversation, we feel isolated but understand that distancing impulse.

8. *We ask “Why?”* Why me? Why now? Why not under someone else’s leadership? Understandably, leaders today can feel frustrated when they think of their forebears who might have had things relatively easy. Ministerial leaders in the late Modern era did not have to worry about how to get people to church, for instance; they had the whole culture working for them. A closer look at the history of religious communities, however, reminds us that leaders have never had it easy. Christian leaders were martyred, slaughtered, imprisoned, and persecuted. The pain is real, but it is not rare.

As stated earlier, Thernstrom not only describes the phases of acute pain in a way that provides insights into how communities experience blows to their identities, but she also delves helpfully into chronic pain and why it is so different from its acute cousin. Acute pain signals an illness or injury and relates directly to the healing functions of the body. Chronic pain sets in when acute pain is either insufficiently treated or one form of pain sets off a chain reaction of other pain responses that defy explanation. Thernstrom quotes pain specialist Dr. John Keltner as saying:

Pain is supposed to be a warning for something that is literally life-threatening. With chronic pain, every experience, every situation gets inappropriately stamped and experienced in the mind as life-threatening. We’re not supposed to be exposed to danger all the time. And we’re not supposed to be hearing an alarm bell all the time. You can see how pain has the potential to make someone go insane.<sup>5</sup>

I serve an institution that has seen its share of acute pain. In the 1990s, the school endured a series of deaths in the

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<sup>5</sup> Thernstrom, 317.

faculty and of the president. One faculty member shared with me his memory of traveling home from the last of the funerals after a string of losses, both expected and shocking, with a group of faculty members in a car, keeping complete silence for hours. And yet even those incidents did not represent chronic pain, although recovering from them took years.

Instead, I would point to the institution's financial woes as those that resembled chronic bodily pain. For more than a generation, the mood of scarcity was constant, and yet no attempts to alleviate it seemed sufficient. The net effect was a sense of what Thernstrom describes as "learned helplessness."<sup>6</sup> Learned helplessness results from believing that pain is "personal, pervasive, and permanent."<sup>7</sup> My institution believed that there was no way out of the financial difficulties, and those who attempted to find a way out found themselves discouraged.

In recent years, Thernstrom writes, those who treat chronic pain have emphasized not curing pain, but rather managing it. The blunt-force trauma of bad news requires an institutional response that honors the way in which acute pain behaves; treatment of chronic pain is different. Chronic pain approaches that emphasize improvement over eradication are characterized by encouraging hope for pain reduction, distraction from pain that is not serving an evolutionary purpose, and managing pain rather than adjusting life entirely around it.<sup>8</sup> Treatment for acute pain and chronic pain differ notably in healing of the individual body. This should signal to leaders who believe that institutions experience a version of pain that they should seek to identify whether their institutions are in the midst of acute or chronic pain before plotting a pastoral leadership strategy.

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<sup>6</sup> Thernstrom, 314.

<sup>7</sup> Thernstrom, 314.

<sup>8</sup> Thernstrom, 272.

## Pain and Systems

Just as the body is made up of a variety of systems, such as the digestive, the circulatory, and the immune, institutions follow systemic patterns. Rabbi Edwin Friedman is perhaps the best known among theorists who have taken an emotional systems approach to life in the congregation. He contributed the terms *homeostasis* and *triangulation* to the daily vocabulary of those who seek to lead change in religious life. In his ultimate book on leadership (ultimate in that it was assembled from notes after he died), Friedman writes about leadership in the midst of emotional systems in *A Failure of Nerve: Leadership in the Age of the Quick Fix*.<sup>9</sup>

*A Failure of Nerve* offers what one might consider a counterintuitive approach to leading an institution that is experiencing pain: self-differentiation. Where some might imagine that the leader must empathize with, take on, and share the pain of others in the emotional system as Willimon describes (see introduction above), Friedman counsels that the leader must know his or her own emotions and manage them. The leader must own goals and claim them, no matter how fraught the situation.

Friedman writes that leadership practices such as understanding the needs of our followers, choosing words carefully in order to manage how they are heard, and striving for consensus are, at this moment in history, outdated.<sup>10</sup> He defines emotional systems as

[A]ny group of people who have developed interdependencies to the point where the resulting system through which they are connected (administratively, physically, or emotionally) has evolved its own principles of organization. . . . The essential characteristic of systems thinking is that the functioning of any part of the network is due to its position in the network rather than its own nature.<sup>11</sup>

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<sup>9</sup> Edwin Friedman, *A Failure of Nerve: Leadership in the Age of the Quick Fix* (New York: Church Publishing, 1999, 2007).

<sup>10</sup> Friedman, 194.

<sup>11</sup> Friedman, 197.



He argues that these systems are far more influential on communities than leadership tactics of old, and the key to leading amidst them is to remain whole in the midst of emotional systems. To Friedman, self-differentiated leaders embody the following traits and practices:

- The capacity to take a stand in the midst of an intense emotional system.
- Saying “I” when others are demanding “we.”
- Containing one’s reactivity to the reactivity of others, which includes the ability to avoid being polarized.
- Maintaining a nonanxious presence in the face of anxious others.
- Knowing where one ends and another begins.
- Being able to cease automatically being one of the system’s emotional dominoes.
- Being clear about one’s own personal values and goals.
- Taking maximum responsibility for one’s own emotional being and destiny rather than blaming others or the context.<sup>12</sup>

In considering self-differentiated leadership in light of what we know about institutional pain, we can see that it is not the role of the leader to share the community’s pain. Friedman describes a separate-yet-together style of leadership, where the leader remains connected with the community without becoming fully subject to the emotional system.

This attitude toward leadership is particularly effective in the midst of chronic pain in an institution. Just as chronic pain is difficult to treat because it involves so many diffuse systems of the body (see Thernstrom<sup>13</sup>), chronic institutional pain pervades emotional systems. Pain in one area of the emotional body of the faith community is likely to crop up in the form of symptoms elsewhere, and pain persists in hidden ways. The leader’s attempts to empathize in order to cure will only have a localized effect, whereas her or his remaining separate from, yet together with, the emotional

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<sup>12</sup> Friedman, 183.

<sup>13</sup> Thernstrom, 317.

system in pain will cause the leader's effectiveness to endure and alleviate, even if only slowly.

### **Pain and Moving Forward**

Henry Cloud wanted to title his book on moving institutions forward *Repent!* His editors rejected the title, saying it was too dogmatically religious, so he went with *Never Go Back: 10 Things You Will Never Do Again*.<sup>14</sup> In this book, Cloud points out the tendency of institutions to repeat their mistakes and find themselves in harmful patterns. He writes about how leaders can disrupt death-dealing cycles to which all sorts of organizations fall prey.

The ten mistakes he names throughout the book (and these mistakes function as chapters in the table of contents) are familiar ones, which I have made and certainly will make again. They are as follows:

1. Return to what hasn't worked.
2. Do anything that requires you to be someone you're not.
3. Try to change another person.
4. Believe that you can please everyone.
5. Choose short-term comfort over long-term benefit.
6. Trust someone or something that seems flawless.
7. Take your eyes off the big picture.
8. Neglect to do due diligence.
9. Ask why you are where you are.
10. Forget that your inner life determines your outer success.

Cloud names these steps as ten different perspectives on a single human dilemma: when we are in pain, we do not formulate strategies for the future skillfully. Biologically, this tendency makes sense. When one considers the phases of pain through which an animal's body travels after a trauma, we can see that few of the behaviors look like moving forward. They are internally important, such as changes in blood flow and endorphin levels, but they do not involve getting back to business as usual.

The role of the leader, according to Cloud, is helping an institution turn away from ways of being that are not life-

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<sup>14</sup> Henry Cloud, *Never Go Back: 10 Things You Will Never Do Again*, Secret Things of God Series (New York: Howard Books, 2014).

giving. Often, this means turning away first, which is why he wished to call the book *Repent!* Cloud refers to repentance, or turning one's life around, as a form of "mental puberty,"<sup>15</sup> where one wakes up to reality. Using the metaphor of waking up from a deep sleep, Cloud writes that sometimes institutions come to reality abruptly due to a crisis, and other times they wake up gradually to a new reality to which they must respond.<sup>16</sup> In either case, the leader has to point the community in a new direction, because communities in pain are, just like a hobbled deer, disoriented.

### **Only God Can Cure; We Treat**

Thernstrom writes that those who treat chronic pain have begun to embrace practices of encouragement rather than cocktails of pain medication. In treatment mode, healers engage patients in conversation about how pain can improve, can be reduced, and can be managed.<sup>17</sup> Similarly, leaders can find great encouragement when they are reminded that there is little they can fix when their institutions are in pain, but much they can improve.

In this article, I have pointed out two dispositions for leadership that help a leader function when his or her institution is experiencing pain: (1) self-differentiation and (2) turning around toward the future. Self-differentiation involves the leader remaining separate from, yet connected to, the emotional system of the faith community. Turning around, never going back, is the practice of steering the community away from the mistakes that led them to the pain they are experiencing.

Based on what we know about the biology of pain, we can see that the body that has been wounded goes through a series of changes that are evolutionarily beneficial for the most part. They begin with stunned numbness, and coming out of the numbness can be quite terrible to experience, even though the pain is beneficial in light of possible

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<sup>15</sup> Cloud, 6.

<sup>16</sup> Cloud, 207.

<sup>17</sup> Thernstrom, 272.

reinjury. Leaders cannot summon numbness, and they cannot protect their communities from the acute discomfort that follows. What they can do is encourage the community to trust the pain process, believing that the pain will become more manageable and avoiding practices that make matters worse.

The institution I serve is experiencing simultaneous death and resurrection, and in the midst of it, I am surrounded by pain as well as excitement. Remaining separate from both of these extremes, yet together with the community; pointing to a bright future and encouraging those in pain now to believe improvement can happen; and recognizing that the wounded body is no less beloved by God: these are the sustaining practices that just might get me through this transition without losing my mind, losing faith, or losing hope.

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