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LEADERSHIP NETWORK

# MANAGING LEADERSHIP ANXIETY

*Yours and Theirs*

STEVE CUSS



THOMAS NELSON  
*Since 1798*

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# CONTENTS

## *Introduction*

1. The Anxiety Gap
2. Anxiety, Freedom, and How the Gospel Works
3. Sources of Internal Anxiety
4. Idols, Vows, and the Story We Tell Ourselves
5. Sources of Relational Anxiety
6. Applying Family Systems to Leadership
7. Tools That Diffuse Anxiety
8. Genograms: What Has Been Handed Down
9. Verbatims: Knowing How You Show Up
10. A Wider Scope and a Deeper Capacity

## *Acknowledgments*

## *Further Resources*

## *Notes*

## *Bibliography*

## *About the Author*

# INTRODUCTION

*All people should strive to learn before they die,  
what they are running from, and to, and why.*

—JAMES THURBER<sup>1</sup>

Leaders face a steady onslaught of internal and external pressures we are not trained to handle. We focus on skill development and hone our gifts but too often neglect the most powerful leadership tool: awareness of what is happening under the surface. All manner of triggers, reactivity, and stories we tell ourselves bubble just under our conscious awareness. This boiling collective blocks our capacity to be present because it takes energy to manage, especially when we're not aware of it or when we're reacting unconsciously to anxiety in someone else. When I first started leading twenty-five years ago, I was all gusto but unaware of what was happening underneath. I had mixed motives, a huge shadow, false assumptions, drives I couldn't name, and plenty of well-meaning blunder. I was also highly reactive to anxiety in others. I have stories . . . so do the people I was serving.


This book will help diagnose what is causing your anxiety and also provide you with prescriptive tools to help diffuse anxiety—moving

you from being managed by anxiety to managing anxiety, both yours and theirs. You will become more self-aware, but becoming aware is only step one in the growth process. We all know people who are self-aware but do tremendous damage, or even people who use self-awareness as permission to stay the same. Awareness is critical to be sure, but it is not the path of growth, it is simply the gate. We unlock it and walk through it, but on the other side of self-awareness is difficult work that brings deeper freedom for us and those we serve.

This is no small journey.

A leader who discovers the cause of anxiety and uses the approach in this book to manage it has an increased capacity for anxious situations, difficult people, and ambiguity. By managing this bubbling cauldron, you can break through recurring patterns and lead in a

more effective gear.



*If you become not only self-aware but also group-aware and lead beyond awareness, you can create a healthy culture for people to thrive.*

A leader is not the only person whose anxiety gets in the way. A group of people like a family or a staff can develop a systemic anxiety that keeps them stuck. Once we've covered some individual tools that help diffuse

anxiety, we'll focus on group dynamics and how a leader can bring significant health to their team by addressing recurring relational patterns. You can notice not just your own or another's anxiety, but also your entire organization's or family's anxiety. Who always bulldozes over people, who gets the last word? Who stays silent and then calls a "meeting after the meeting" to talk behind others' backs? Most powerfully: How is your organization or family stuck in a chronic pattern? As you work through this material you will develop the capacity to notice not only your own anxiety, but also your entire group's anxiety.

This is where change and health really occur. If you become not only self-aware but also group-aware and lead beyond awareness, you can create a healthy culture for people to thrive. Whether you lead an

organization, a family, or a department, or if you just want to understand a difficult relationship in your life, these tools can give you fresh ways forward. Many people have implemented these practices regardless of their position in a group and seen healthy change.

Anxiety is contagious, which is why it shows up in groups as well as individuals. Have you ever had one of these situations?

- When someone is anxious, she talks to you about it, and now you are anxious about what she was anxious about.
- When you are leading a group and the group is highly anxious, their anxiety may be feeding off the anxiety of one member or focused on you because of change you are bringing.
- When someone massively overreacts to your leadership, either positively or negatively, he needs you to be someone that you are not. He is also projecting onto you expectations you cannot fulfill or blame that is not yours to own.
- When someone is anxious or hostile about another person, sometimes he is asking you to subtly or not so subtly join his team against the other.
- You struggle with personal anxiety unrelated to your leadership, and it affects the way you show up.
- Ongoing relational tension that either escalates with every encounter, or is an ever-present reality just under the surface. Everyone knows about it; no one talks about it.
- When you don't know what to do when you have to make a decision because you are the leader, and you want more information or context, but it's time to make the call.
- You experience anxiety from making a well-meaning mistake that damages people. You tried your best but were wrong. You still need to lead, but you are licking your wounds. Critics are giving you feedback on the decision from the sidelines, yet what stings most is they are technically right. They were uninvolved

and nowhere to be found when you had to make the call, but they are technically right.

In all likelihood, a leader's bookshelf contains resources that attempt to address these types of situations but focus more on essential skills. Few of them get to the heart of why we show up the way we do, why certain people frustrate us, why we fall into predictable patterns, and why groups operate the way they do. Until we harness that power, our leadership is stunted and never integrates from our whole person.

The concepts in this book do not require formal training or a particular personality—they simply require some courage to look under the surface and the desire to break free from chronic patterns and triggers. If you are on a quest for health and freedom or want to make sense of difficult relationships, you can benefit from the diagnostic and prescriptive tools in this book. It has a leadership focus because almost all of us interact with and influence others, so this book is for anyone from pastors to parents to marketplace leaders. This material moves us from places we are stuck toward deeper impact and cultural health. Many people write about burnout. This material presumes that burnout and leadership fatigue has more to do with anxiety and relational stuckness than workload.

Some final thoughts:

- I was not raised inside the church or any religious system, but I began following the teachings of Jesus of Nazareth when I was a teenager. If you are not a follower of Christ, you can benefit from this book. But my worldview is centered on the teachings of the New Testament, particularly Jesus of Nazareth and Paul of Tarsus. As I have studied family systems theory, also known as Bowen theory, I have discovered parallels between this provocative theory and the freedom that the “good news” offers.



- Anyone can read this book alone, but it is best engaged in dialogue and story sharing, so I recommend discussing it with a group. Some of the application tools in the later chapters require a group to help you process. I teach these materials at our church over nine months because a slow orientation around these concepts is essential to helping them stick. Most leaders like to move through a book quickly, so I offer exercises that range from a few minutes to a couple of hours. The busy leader who chooses to skim can still benefit from the material, but you will gain more if you engage with people you trust over a period of time.
- A thought about pronouns: In order to reflect my respect and appreciation for leaders of all stripes, I interchange *he* and *she* as I describe a leader. This feels a little clunky, but I much prefer the clunk over single gender pronouns. Hopefully the grammatical clunk won't trip you up as you recognize female and male leaders of all persuasions.
- I was born and raised in Australia, and although I have lived much of my life in the United States, I still operate from an Australian point of view and vocabulary. I have been able to make the change to US spelling and some pronunciation, but I cannot refer to someone's mother as "mom," so you will see a reference to "mum" once in a while. What can I say? Mum will always be mum, and I trust my North American readers will be able to translate.
- All the stories in this book are true, but I have changed names and some identifying details to maintain anonymity.

Ready? Let's go.

o n e

## THE ANXIETY GAP



*Between stimulus and response there is a space. In  
the space there is the power to choose our response. In  
our response lies our growth and our freedom.*

—VICTOR FRANKL

**W**hat do you do when you don't know what to do? This leadership journey began when I was twenty-four years old and had been married six days. It was my first day as a hospital chaplain at the University of Tennessee Medical Center in Knoxville. It housed six hundred beds, home hospice, and the only level-one trauma ER in the region, complete with a LifeStar medical helicopter. This was when people used pagers, and I was given three pagers to begin my twenty-eight-hour shift. One pager was for my

units, one was for the emergency room, and one for the code team. That beeper buzzed violently and flashed bright blue anytime someone's heart stopped anywhere in the hospital. As one medical resident later put it, "The code team . . . when the patient's heart stops, yours starts racing."

So, first day on the job: slacks, dress shirt, comfy dress shoes, and a racing heart. The comfy shoes turned out to be the most important item because hospitals are a giant maze of stairs and wards covering several surface miles, and a chaplain can clock three or four miles on any given day. My wife dropped me and my overnight bag off at the front entrance with a kiss, a prayer, and "I'll see you at lunch tomorrow; you're going to do great." The doors opened, and I walked into a foreign world. I had never seen a dead body before. I had very little experience with grief. I had just finished a bachelor of arts in Bible and preaching, and this was my first full-time ministry assignment.

I was participating somewhat by accident in clinical pastoral education, or CPE. It was by accident because my wife had one more year of college left, and I needed a job to provide for us. After looking into a few options, the local employment agency suggested I try chaplaincy. UT Medical Center just happened to be hiring its annual slate of chaplain residents, and in spite of my age, lack of experience, and lack of a graduate degree, they offered me the job. I didn't know what I was getting into, but the pay was enough to provide for us, and the experience sounded promising. I had no idea what an understatement that would become.

A chaplain resident is like a medical resident—you spend one year serving the spiritual needs of the hospital in a clinical learning environment. On that first morning the six new chaplain residents negotiated who got which departments of the hospital, and these departments became our "parish" for six months. For the second half of the year, we'd switch to another parish. We were the frontline response for any

situation needing a chaplain. The permanent chaplain staff each had other duties and would back us up as needed.

I was assigned the following: pediatrics; labor and delivery; neonatal intensive care; pediatric intensive care; and the heart floor, kidney floor, and their respective intensive care wards. In the second six months, I served in home hospice and home health, chemotherapy, radiation, pre- and post-surgery, surgical intensive care, and on the medical ethics board. Most days the residents worked 8:00 a.m. to 5:00 p.m., but four to six times each month we worked a marathon shift from eight in the morning until noon the next day. The overnight chaplain covered the ER and code team for those twenty-eight hours and the entire hospital through the evening and overnight.

After assigning our wards, Randy, one of the supervisors, toured us around the hospital. We started at the top floor and slowly wound our way down, visiting every ward and meeting staff and patients. The tour was utterly overwhelming—odd smells lingered; medical tubes were everywhere holding weird-colored fluids; people walked around in all kinds of medical shape, mostly bad shape. The intensive care units were worse and I couldn't keep eye contact with some of the patients. Then there was the pediatric intensive care unit with bald-headed kids fighting cancer and the neonatal intensive care unit with the smallest babies I'd ever seen. Within the first hour I was completely overwhelmed and wondered what sort of terrible mistake I had made when I agreed to this job.

Only the day before, Lisa and I had lazily left our honeymoon cabin in the Smoky Mountains and stopped by the grocery store to buy the first of everything a married couple needs: spices, toilet paper, and Tupperware. We needed three carts for all our stuff, and the receipt was two feet long. We proudly drove to our new home—married student housing—a 1970s single-wide trailer right on the French Broad River on the outskirts of Knoxville. Setting up our new

home felt like we were real adults, but touring the hospital sobered me up to just how young and inexperienced I was.

As Randy finished our tour my blue pager started buzzing.

“Which one is the blue one again?” I asked.

“That’s the code team. You need to go.”

Right. The pager that says someone’s heart has stopped. My heart had been racing for some time already.

And here, verbatim, is the full extent of the preparation I was given as a chaplain. I asked Randy, “What do I do now?”

“It will be interesting to find out, won’t it?” he replied.

I looked at Randy, thinking he was teasing me, but he was serious. Kind, but serious. I waited a few more seconds in case he’d give me more instruction, but he was silent.

“But what if I make a mistake?”

“You are going to make hundreds of mistakes this year.”

And with that little pep talk, I was on my own. I walked toward the intensive care waiting lounge but didn’t need to check in to see where I was needed; I could hear the commotion as I approached. Someone had died, people were screaming, and I was supposed to do something about it.

What do you do when you don’t know what to do?

Leaders are faced with countless situations where they only have a notion of what to do or partial information yet are required to act anyway. Most of the time leaders have to do something regardless of how equipped or ready they feel. I’ve read dozens of leadership books, and many of them define leadership. John Maxwell says that “Leadership is influence.”<sup>2</sup> Marcus Buckingham says that “Leadership is rallying others to a better future.”<sup>3</sup> Darcy Eikenberg defines leadership as “The courage to do the right things even when they are hard.”<sup>4</sup>

These are all accurate and helpful definitions. I’ll add mine: leadership is knowing what to do.

One of the simplest ways to know you are the leader in a group

is that people look at you when they don't know what to do. When I toured the hospital and my beeper went off, I didn't know what to do, so I looked to Randy because he was the leader.

A few minutes later, I was in the intensive care waiting lounge, and everybody was looking at me because they did not know what to do. I was the presumed leader because I was the chaplain. Never mind that I didn't know what to do either; I needed to do something.

Leadership is almost always intuitive because leadership situations are fluid and dynamic. Most of the time we don't exactly know what to do. We end up with a gap between not knowing what to do and needing to do something.

The gap is one of the most uncomfortable places to live because a leader feels immense internal and external pressure to *do something*. In that gap all kinds of interesting things emerge: a bubbling cauldron of anxiety, fear, childhood trauma, the stories we tell ourselves, idols, and more. All of these show up in leadership environments. So as a leader lives in the gap, she is faced with three options: (1) run from it and give up leading because it is too uncomfortable; (2) fake it and pretend she knows what she is doing and thus build a chasm of hypocrisy; or (3) develop a capacity to "mind the gap."

Minding the gap, as you might imagine, takes some sweat and tears, but the result can be a deeper level of freedom. When you find yourself in this gap, take a pause rather than blazing forward. If you pause and tune in to your inner dialogue, anxiety, triggers, what makes you mad, *who* makes you mad, assumptions you bring into every leadership situation, how you manage mistakes and how they inform your leadership, you can be free of the recurring patterns that keep you stuck.

But not only that.

Equally interesting is the *emotional context* of every leadership situation. Because leadership involves at least one other person, it involves at least one other boiling collective. So, leadership becomes

about the emotional context: yours and theirs. Managing anxiety under the surface: yours and theirs.

We begin by becoming more self-aware about how this unconscious material informs leadership. If a leader can, in the words of Henry Cloud, “think about the way you think,” he can become a very powerful presence, able to understand himself and, most powerfully, able to become fully present to the people he is called to lead and serve.

Every leader will find herself in an unfamiliar situation, no matter how much formal training or experience she has. She will make mistakes, deal with conflict, and change her leadership style to adapt to the organization. Every leader can benefit from a set of tools that help develop a hyper awareness to what is going on under the surface, in the mind and in the body. This hyper awareness offers the leader a rare gift of being able to manage, rather than be managed by, all this subtext.

Have you ever gone into a meeting dreading the conversation you need to have, so you play it out in your mind obsessively as if manic worry will help the meeting? Have you ever led a meeting and stepped on a landmine you didn't even know existed, and suddenly your well-intentioned leadership has turned into hurt feelings and misunderstanding? Have you struggled to focus on the person in front of you because your mind is elsewhere? Have you brought a previous situation into the present? Have you felt shame over a mistake and wish you could have a do-over?

Any honest leader will answer yes to all these situations. They are the frequent experience for every leader, and I believe they are the cause for leader burnout. Burnout has less to do with workload and more to do with internal and external leadership anxiety. As surely as the sun rises every morning, so will a leader face a situation where she is anxious or annoyed at the person she is leading, or she wonders why she feels ashamed. Or he gets tired of being *stuck in the same*

*pattern* with his team. Or he doesn't know what to do, yet he must do something.

That was the situation I faced after the code team pager went off. I walked into a war zone of grief and death called the intensive care waiting lounge.

The intensive care waiting lounge is a large room full of recliners. Families set up camp in that room while patients fight for life on the other side of the wall. Because of the open nature of the room, the hospital built a very small corner room to offer privacy for doctors to meet with families when they needed a medical update. Except it isn't like that at all. The small room isn't even a whole room—just four self-standing walls with no closed ceiling, lots of windows, and no privacy. I'm sure in the early days of the room's existence doctors pulled every family in for medical updates, but over time busy doctors decided to skip the effort if they had good news. Instead they'd just walk right over to the recliners and give the update in front of other families. If it was bad news, however, they'd walk over to the recliners and ask the family to come into the private room. This practice of selective updates in the small room caused families to name it the Death Room.



*Burnout has less to do with workload and more to do with internal and external leadership anxiety.*

I didn't know any of this at the time. I didn't know that the small room is the most hated and resisted room in the entire hospital. All I knew was that as I walked out of the elevator, there was screaming and wailing coming out of the small room. I felt everyone in the recliners looking at me as I walked in. The anxiety in me and around me was palpable. I could barely breath.

I walked inside the room. There were more than a dozen family members, most of them screaming, and four or five doctors and nurses trying to calm them. I was struggling to track my many thoughts, but



one of them was, *Oh good, doctors and nurses are here, they will know what to do.*

One woman was banging her head against the wall in a rhythm while wailing loudly. Another was leaning over a trash can heaving and vomiting. One person was wildly swinging her arms in the air as if trying to punch the grief away. Some people were groaning, some were screaming at the top of their lungs and hyperventilating—it was a sheer onslaught of volume and guttural sounds that are indescribable. The experienced chaplains later told me this is known as “wailing and flailing.” The family’s matriarch had suddenly died on the surgery table from complications, and the nurses brought the family into the Death Room to give them the news. I turned up about three minutes later. Within moments all the white coats were gone, and I was alone with this wailing and flailing family. It turned out that the white coats had thought to themselves, *At least the chaplain is here; he’ll know what to do.* No one chooses to be in a situation like this, but this was my job. I was supposed to do something.

I stood there for a couple of minutes trying to tell myself that this was real life, it was time to act. Should I call a coroner? Should I usher the family into the ICU to see their mother? This would be my first-ever time being in the same room as a dead body. What if I passed out or threw up? Should I make funeral arrangements or does someone else? I had no idea, but I was getting very anxious just standing there in the middle of all this volume and commotion.

A leader can only handle the internal and external pressure to do something for so long. I could see the other families in the waiting lounge staring at me. All the noise from the Death Room was escalating their own anxiety, because they all had loved ones in the ICU fighting for their lives. I could feel the nurse who managed the waiting lounge desk looking at me—she didn’t want a noisy room. Everyone was anxious, including the young chaplain.

I attempted to talk to this grieving family. “Could someone tell me what happened?”

No response, no acknowledgment that I was even in the room. I walked closer to the hysterical woman and caught one of her swinging fists in my hand. I held it tightly and looked right into her eyes, trying to silently communicate that I cared. She settled down and I asked one of the family members to hold her hand as I worked my way to the lady hitting the wall with her head. I didn’t speak, I just took her shoulders and guided her to a seat. This seemed to be working pretty well. Okay, this must be what you do. Take charge. Be kind, but directive. These people were so upset they were barely able to function, let alone communicate. But as I walked over and made eye contact and reached out to touch them, they seemed to calm one at a time. *I can do this*, I thought.

A nurse walked in and beckoned me outside to talk. “Chaplain, we need the bed for another patient. Can you get this family to come visit their mum so we can turn the room?”

So that must be what I was supposed to do—hustle a grieving family in and out to free up needed bed space. It didn’t seem very compassionate, but at least I had a clear directive. I walked back in and asserted myself, “It’s time to go visit your mother.” But this announcement caused a huge regression and reactivated the wailing and flailing. We were back to square one.

At this point you may be thinking, gentle reader, that the chaplain staff had ill-equipped me for this particular moment, and you may be harboring some level of anger toward Randy, the supervisor, with his lack of advice when the pager first went off. I can relate. Why didn’t Randy tell me what to do? How irresponsible is a hospital to entrust the care of a family in shock to an inexperienced ministry student?

But Randy knew something I didn’t know: no one can prepare you for this. There is no manual, there is no procedure. Leadership in

the face of unhinged grief is pure intuition. All you can do is face it, manage yourself, and respond as situations arise.

Standing in that Death Room, I didn't know what I know now. Grief is a tornado. It shows up unexpectedly, it wreaks havoc, and it overstays its welcome. The tornado was churning in this room and all I had to ward off the storm was an umbrella. My mistake was thinking I could control *any* aspect of the situation.

But I also realized that I get very anxious when I don't know what to do, because I spent most of my childhood thinking I was stupid, and any time I don't know what to do—even to this day—I feel stupid. When I feel stupid I feel exposed, as if everyone around me knows I'm stupid. I also tend to obligate myself to people I barely know because I'm a chronic people pleaser. So when the nurse came in and pressured me to get the family into the unit, it hit two of my core issues: feeling stupid and pleasing a stranger. I suddenly felt relief that I had a direction and also felt obligated to do what the nurse wanted rather than what the family needed. I didn't know at the time that I hide my insecurity with certainty and confidence, that I'm prone to speak in absolutes even when I'm not sure, and that I have a deep need to be impressive.

But Randy and the clinical pastoral education experience knew all of that. Well, to be fair, they didn't know all of that about me, they simply knew that if they put a person who is open to learning in a trauma environment for a year and help that person process how she or he shows up, that person would develop self-awareness and become a powerful pastoral presence in the face of massive grief and anxiety. It took me several weeks of dealing with grieving people full-time to realize that almost all the time I spoke, it was to quell my own anxiety, not to serve others. Once I was able to name and manage the internal and external pressure to “do something,” I could enter a room and pay attention to what that family actually needed.

The year I served as a chaplain I attended more than 250 deaths.

I sat with cancer patients, trauma patients, burn victims, and I held stillborn babies. I walked into rooms of high emotion, open hostility, and also rooms of detached indifference. I faced a gang fight in the emergency room waiting lounge, people who smelled putrid, chronically homeless people, mentally unstable people and violent people. I sat with a man full of shotgun pellets as he died. He had abused his wife for the last time, and she shot him, reloaded, and shot him again. I ministered to terrified parents of very sick young kids and prison transfers who were handcuffed to the gurney. I met with angry, exhausted, and grieving staff. I walked alongside people being rolled into a room, heads strapped down, wide eyes looking up at me, wondering if they'd make it.

A trauma hospital is a microcosm of the human experience, and I experienced all of it. I had no idea at the time how deeply impactful a year of trauma and death would be on my leadership capacity. So much came out of me that I didn't know was in me. I was more human than I could ever admit in Bible college: I was more fearful, doubtful, and less impressive. Under the surface of my cheerful, competent veneer was a shadow that blocked my capacity to serve people and offer true incarnational presence.

That was twenty-two years ago. Since then I have discovered that all of these dynamics show up in *every* leadership context, not just something as extreme as a trauma hospital. Leadership is vulnerable; it exposes a leader's blind spot and his shadow. A leader who wants to grow in self-awareness does not need a trauma context like a hospital, because all leadership puts pressure on a leader and reveals the gap a leader must manage. We all bring more than we realize into our context, and it has more effect than we appreciate.

I was surprised to learn that paying attention to what is going on under the surface is also an effective spiritual growth tool. After following Jesus for about a decade, I became stunted in my spiritual growth because I had thought that growth came from prayer and

Bible study. I didn't know that the "boiling collective" always bubbled under the surface, demanding my subconscious focus and blocking my spiritual growth. But after ten years and a professional Bible degree, one more Bible study was not going to do the trick. By paying attention to what was bubbling underneath and managing it, I discovered new levels of freedom and a profound encounter with God's grace. I experienced genuine spiritual breakthroughs of patterns that had previously kept me stuck.

When we are under pressure, tired, anxious, or feeling threatened, our tendency is to depend on ourselves rather than on God. This is because our "self" is somewhat tangible whereas God is invisible and can feel intangible. I think this is why Jesus, Paul, and the authors of Scripture talk so much about denying self and the dangers of the flesh. But the good news is that I don't have to depend on myself anymore. Jesus has now freed me from the tyranny of anxiety and freed me from having to cover what is happening under the surface. Thanks to grace, I am able to lead out of that depth rather than from a place of anxiety. This is no small thing and is an absolutely delightful side effect of doing this work.

Of course, none of us lead in a vacuum. Part of what makes leadership so fluid is the people we lead, who have their own boiling collective just under the surface like we do. Also, most of us lead more than one person at a time, so our team or family create a dynamic or a "system" that we also encounter. Effective leadership involves not only self-awareness, but group awareness and other-awareness—the ability to pay attention to the dynamic of human systems. No wonder leadership can be grueling. There is a lot going on!

We awaken to relational dynamics by studying family systems theory, founded by Murray Bowen in the 1950s. The chaplain in charge of our department, George, had studied directly under Murray Bowen and was a fellow student with Edwin Friedman. Friedman practiced family systems for years as a therapist before adapting

Bowen theory to congregations, organizations, and ultimately to leadership in his magnum opus *Failure of Nerve*.

George, the chaplain supervisor, pushed us to read systems theory and everything his fellow student, Friedman, had written. We learned to attend to not only *content* but also *process* when dealing with patients and their families. Not just what people are saying but *how people are relating*. I learned how to walk into a room and notice the system that was taking place. Who is the secret keeper? Who is the black sheep? Who takes over when a decision has to be made? Who waits to be called on and then complains that he's never given a voice in important decisions? Any group of people, whether they are family or a staff, take on relational patterns and become a system.

Many times I would walk into a room only to be beckoned out by a family member who wanted to tell me a secret about the person in the bed and their illness. A family member would ask me to side against another family member or would disparage a doctor until she walked into the room and then heap praise on her. These dynamics are not limited to a hospital. I could very well be describing your last staff meeting. Or Thanksgiving dinner. That's because according to Bowen and many who have developed family systems theory, any group of people organize into a system and that system can become chronically anxious over time. Regardless of the group being nuclear family, staffed employed, a missions group, or a congregation, if they are a group of people, they become a dynamic system, each affecting the other and the whole.

If you can learn some family systems theory, you can lead in an entirely different gear than you're leading now. You'll not neglect content, *what is being said*, but you'll add the ability to pay attention to process *how people are relating* and perhaps most powerfully, *how they are affecting your own anxiety*. Who is quiet all the time? Who takes all the energy in the room? Who needs the last word? Who is passive aggressive? Who always has a "meeting after the meeting"? Who acts

different depending on who is in the room? And most powerfully, what or who is stuck in a predictable pattern?

These are all process issues that a leader can learn to navigate. Once you get the hang of it, you'll find yourself becoming a sociologist of your own self and team—you'll be paying attention to yourself, the system, and what is being said all at the same time. If you really catch on to this approach, you'll help your team do the same. The healthiest teams are not the ones where only the leader is fully aware of these internal and external dynamics, they are the teams where the leader has equipped the entire team to be aware and to communicate freely with one another about it.

Creating an emotionally healthy culture for your people can help their spiritual growth. No one has to pretend anymore or hide or blame when they make a mistake. No one has to carry shame anymore or get defensive or hold private meetings about someone else. No one has to tiptoe around your shadow and issues—they can openly discuss them with you because you are less reactive and can handle difficult conversations about personal things. You no longer have to hide your own dark side. You can create an openly healthy system for people to thrive.

This is easy to write but difficult to live, and it takes some practice and effort. The stakes are high. Our world has so few leaders who know how to create a healthy culture in their organizations, churches, and even families. But if you're willing to do some personal work to notice what is bubbling under the surface, and if you can develop a family-systems muscle, your spiritual life and therefore your leadership can exponentially grow.

Anyone who is motivated to not only think about the way they think, but courageously walk down new pathways can experience connection with God in a deeper way. They can walk farther by faith because they are no longer being managed by their unconscious reactions.

This whole journey began for me in that intensive care waiting lounge. I spent almost three hours with that family and came away thinking I could never be an effective chaplain. For most of that encounter I felt utterly unskilled for the task at hand. Most leaders wonder if they really are the right person to lead, especially in the early years. I later presented this first encounter to our group of residents and supervisors using a tool called a verbatim. I gave myself a solid F for my efforts. I felt that I must be an imposter, the wrong person to do the job, but the experienced supervisors were much more gracious with me.

They explained that no amount of experience equips you to manage the wailing and flailing visits. You just get through them, and you almost always give yourself a failing grade. And so it is with some leadership encounters. No matter how much you train, you're going to lose a few, you're going to get it wrong, or you might lead your team down a path that ends in a brick wall of defeat. Even when you do it well, you'll grade yourself poorly. This material will not guarantee positive outcomes. You will lose a few positive outcomes. You will continue to deal with difficult people and unknown situations. But this material will forge a path through any leaderships scenario so you can get through to the other side. An essential part of our leadership journey is being kind to ourselves as we navigate these challenges. We all make mistakes, we all feel like imposters from time to time, but all of us can start by paying attention to how we show up and what triggers us. We all have the capacity to bravely die to our weaknesses and discover life on the other side of our assumptions, fears, and anxieties.



## DISCUSSION QUESTIONS

1. Talk about an early leadership role you had that you felt



ill-equipped to navigate. What was the role and why did you feel ill-equipped?

2. Can you think of a time recently when you didn't know what to do, but had to do something? What was that like for you? Can you name the pressures you were feeling, internally or externally?
3. Think of a time in your life when you led but gave yourself a low grade for your efforts. What happened?
4. Have you ever stepped on a "leadership land mine"—you're leading a group and someone blows up because of something you said or did, but you didn't see it coming?
5. Name a relational dynamic that has you confused or frustrated. It may be an employee or a family member, but it is a recurring pattern of behavior between you and this person that is getting nowhere.

