

Healing Leaders

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Energy is a hot commodity. Society pays dearly for it and for the expertise of those who know how to cultivate it.

Since health and productivity rely on vital people, our society increasingly values professionals who build human energy. As such, there is progressively more admiration for the work of leaders (who influence human energy on a mass scale) and efforts of Practitioners of Traditional Chinese Medicine (who influence energy one patient at a time.)

Whether you are a doctor or a leader, you know that energy propels action. Start it moving in the right direction and you get results: clinically and organizationally. We all agree that positive energy snowballs. As clinicians, we diagnose energy patterns and intervene using a variety of methods. Our clients improve their overall health as well as getting specific results with symptoms. In parallel, leaders employ strategic and tactical methods for long and short term energy gains in their organizations.

Most health care practitioners improve the world one person at a time, setting in motion a positive flow of energy in individuals. We hope that healthy individuals will influence society, but our interventions are not geared to generate collective well being.

Fine leaders, by contrast, intentionally inspire others to act for the betterment of a larger organization. As such, leaders have more societal impact than other people do. They are the bosses commanding human and economic resources . Budgets and people report to them. Their decisions move many.

When they blow on the water, it feels like a strong wind, not a gentle breeze.

I believe that one of the greatest services we can provide, as health care providers, is to take care of the leaders.

So who are these people and what makes them tick?

It takes a strong constitution and a lot of skill to take on so much responsibility. Leaders understand that organizational management is a marathon sport and train for the job as an athlete trains for competition, learning habits that improve their skills at planning, decision-making, communication and team work. Many perfect the art of attracting and empowering other leaders, so their team is strong. Many learn the arts of organizational strategy, structure and process, so that the direction and flow of work is made easier and productivity is increased. Savvy leaders employ organizational methods that disrupt negative or outdated approaches and then embed innovation.

On a personal level, many also eat well and exercise regularly to maintain personal strength. Calendar

management is a martial art.

Theirs is the art of influence and endurance.

So what happens when these people are unhealthy?

Many people suffer.

You have to understand the mind set of leaders to appreciate why.

Most leaders do not set out to take positions of authority. They are people with vision and a relentless desire to pursue their dreams. They are leaders because people follow them. Once they develop a following, they cultivate their influence with their constituents.

In their popular book *The Guru Guide*, the Boyett brothers write that "the one characteristic that separates leaders from non-leaders is that leaders have willing followers. Leadership is largely about the relationship between leaders and followers; therefore a central task for all leaders is to build and maintain a solid relationship with others."

There are a few genius isolates who make it to the top, but the successful ones always empower a partner with solid relationship skills to create a leadership team. Leaders define themselves as key levers in complex social systems, not as independent characters with charismatic bully platforms.

Many come from rudderless families that relied on them, as children, to set direction. Others are from families that modeled success. In both cases, as children who aspire to leadership build the confidence that they can get things done, move people, and set direction.

In fact, goal orientation is a key personality trait. People in leadership positions learn early that they can set and achieve goals while motivating others to go along for the ride.

As they age, leaders suffer the same health issues as the general population. Genetic predisposition usually generates a few minor health issues - injuries that don't heal fully and need attention, menopause, or chronic problems like arthritis, hypertension, headaches, backache, high cholesterol or weight gain. Leaders are also more prone to occupational illnesses caused by their Type A behavior: anxiety, insomnia, acid reflux, irritable bowels and heart disease.

When I treat leaders, they often arrive with one chief complaint for which they want immediate help. They often deny that "minor", chronic symptoms exist, since they ignore pain trod on. Yet, when questioned, they admit that chronic issues affect their energy.

As important as they may be, leaders often will not address their own health (until a health issue is serious), putting the demands of their organizations before themselves. Many don't even notice the "minor problems," relying on a spouse or assistant to make things easier for them (without calling attention to a "weakness.") Yet leaders are under enormous pressure which can affect their health.

(It's not surprising that historically there is a trend among First Ladies to be drug or alcohol addicted, or to take on societal health issues as their popular cause. If you consider the president, vice president and first lady as significant players, each of the last three administrations found cardiac disease in the White House. The pressure is also on the leaders' inner circle.)

In political spheres, health challenges are considered "weakness" rather than natural to the aging process and to life. Some leaders will acknowledge health issues directly, while many choose to ignore them until they become debilitating.

If a leader ignores warning signs from his or her body, it is likely that he or she will ignore organizational warnings as well. The same part of the brain interprets intuition and gut feelings. As Daniel Goleman, author of "Working with Emotional Intelligence" writes: "...via the amygdala's related circuitry, particularly nerve pathways that run into the viscera, we can have a somatic response (a body sensation) - literally a "gut feeling" - to the choices we face." Thus, the BODIES of these leaders are in constant response to an organizational environment, like an amoeba in a Petri dish. External stressors penetrate and affect them.

If a leader ignores what his or her gut (or headache or insomnia or hypertension) is saying, it is likely that he or she will deny the importance of organizational signals of distress. Sometimes ignoring an unpleasant feeling is the right thing to do. Sometimes, however, valuable warning signs are lost and conditions quickly worsen. This can result in health crisis for the leader, or an organizational crisis for the company.

Here's an example:

I know a company president who chose to ignore what he thought were "minor symptoms" of fatigue, shortness of breath during exercise, and increased agitation. His human resource director pointed out these issues when I interviewed key staff prior to a leadership retreat. Witnesses described the president as "tired and agitated." His team was apprehensive about bringing information to him, fearing dismissal or punishment. They reported that he also deferred important customer feedback. Had he been well, and responsive, they would have brought this feedback to his attention, but they chose not to talk.

His fatigue led him to be less receptive. Over time, a pattern emerged where decisions were taken without adequate staff input.

When interviewed, the president reported feeling alone and unsupported. The leader and staff needed each other but could not communicate.

Three months later, the president was rushed to an emergency room with elevated heart enzymes, taken to a cardiac unit, and surgically given a stent to open a 90 percent clogged artery. We know that the organizational communication was just as clogged as the poor man's heart! Both required external intervention for a fix that could probably have been prevented.

Leaders have a profound impact on the people they lead. Underlings in organizations carefully study and often copy the leaders' behavior. In fact, leaders rely on five primary mechanisms to embed the culture they want. Of the top five, two are significant to health:

1. Leader reaction to critical incidents and organizational crisis;
2. Deliberate role modeling, teaching, mentoring by leaders.

Think, if a leader gets a headache, or worse, has a heart attack after a significant company event, what does that say to the followers?

Think again: if a leader DENIES the headache or heart attack, what does that say?

Denial of problems or avoidance of difficult issues are the most damaging of all leadership behaviors. The same part of the brain denies health issues that denies organizational problems. In short, it is healthier to acknowledge than deny for two reasons: firstly, denial provokes opposition ; and secondly, acknowledgment brings about a positive energy snowball that can be marshaled for positive results.

So, how can we have more impact on societal health?

Get to know the leaders in your practice. Help them build calibration skills so that they learn to RESPOND to sensory signals, rather than deny them. Ask them what sensations they feel in their workplaces when they feel resilient, so they can identify what "good" feels like. Ask them to notice symptoms of distress that occur at work, so that they can adjust their response to distress. Help them identify "truth-tellers" at home and at work who will give them honest feedback about their energy, mood and patterns of care. You also may need an organizational consultant in your repertoire of referral sources in case the organization needs help.

Above all remind leaders that their well being is critical to the many, not the few.

References

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2. Working with Emotional Intelligence, Daniel Goleman, c. 1998 Bantam Books, p.51
3. Organizational Culture and Leadership, Edgar Schein, Jossey Bass, 1991, p.224

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